

Behavioral Health Crisis Response Services

9-8-8 Trust Fund Report

State of Maryland - Comptroller of the Treasury

Revenue Administration Division

P.O. Box 207 Annapolis, Maryland 21404-0207

CHECK ONE: Telephone Company () 9-8-8 Service Carrier ()

Company Name: _____ Phone: _____

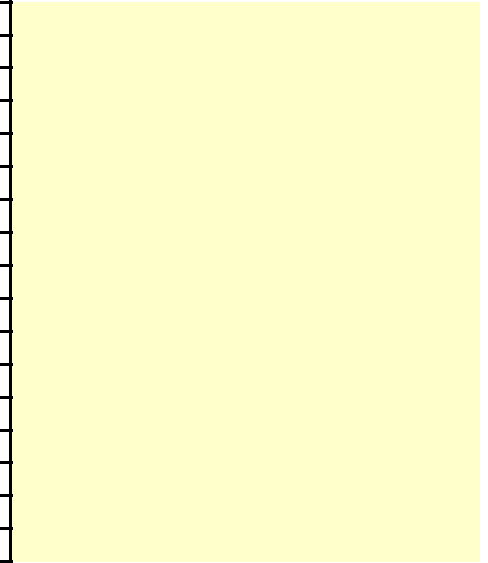
Mailing Address: _____

County	No. of Subscribers	Rate	Total Fees Collected
Allegany		\$ 0.25	\$
Anne Arundel		\$ 0.25	\$
Baltimore City		\$ 0.25	\$
Baltimore County		\$ 0.25	\$
Calvert		\$ 0.25	\$
Caroline		\$ 0.25	\$
Carroll		\$ 0.25	\$
Cecil		\$ 0.25	\$
Charles		\$ 0.25	\$
Dorchester		\$ 0.25	\$
Frederick		\$ 0.25	\$
Garrett		\$ 0.25	\$
Harford		\$ 0.25	\$
Howard		\$ 0.25	\$
Kent		\$ 0.25	\$
Montgomery		\$ 0.25	\$
Prince George's		\$ 0.25	\$
Queen Anne's		\$ 0.25	\$
St. Mary's		\$ 0.25	\$
Somerset		\$ 0.25	\$
Talbot		\$ 0.25	\$
Washington		\$ 0.25	\$
Wicomico		\$ 0.25	\$
Worcester		\$ 0.25	\$
Total	0		\$
9-8-8 Service Carrier (only)			
Collection Allowance	0.5% (mutiply by .005)		\$
		Total Remittance:	\$

Report Month: _____

Due on the 23rd of each month

Comments:



CHECK # _____

Accuracy Certified By: _____

Print Name

Title

Signature

Date

9-8-8 Trust Fund Report Instructions

Each company providing 9-8-8 accessible service in Maryland shall remit 9-8-8 Surcharge fees by completing the form titled “9-8-8 Trust Fund Report” as indicated below:

- Place an “X” in the space provided to identify if you are a **Telephone Company** or **9-8-8 Service Carrier**
- Enter the business information including **Company Name, Phone, and Mailing Address.**
- **Report Month** – identify the month/year of the collected fees (one month per form)
- Enter the **Number of Subscribers (9-8-8 Accessible Services)** remitting fees for that month for each county and Baltimore City
- The **Rate** (pre-populated – \$0.25 from each subscriber as defined above)
- Multiply the number of subscribers by the rate (\$0.25) and enter the **Total Fees Collected** for each county
- Calculate the sum of the amounts collected from all the counties and enter the **Total** in the space provided
- Applicable to 9-8-8 Service Carriers only, a .5 percent administrative fee may be retained. To calculate the **Collection Allowance**, multiply the **Total** by .005 and enter the results
- If you are telephone company enter the total fees collected next to **Total Remittance.** For 9-8-8 Service Carriers only – Subtract the Collection Allowance from the Total and enter the results next to **Total Remittance**
- **Comments Area** –
- All remittance forms must be signed and dated to certify accuracy

Make the check payable to “MD - Comptroller of the Treasury” (please indicate “9-8-8 Trust Fund” on the memo/note line) and send to the following address:

State of Maryland-Comptroller of the Treasury
Revenue Administration Division
P.O. Box 207
Annapolis, MD 21404-0207