

Wisconsin 911 Fee Worksheet

Wisconsin Tax Account Number			SSN or FEIN	
Company Name			Period Begin Date	
Company Address			Period End Date	
City	State	Zip	Due Date	

PART I Monthly Fees on Communications Service Connections

A First 10 communications service connections with an assigned telephone number for each subscriber (including Voice over Internet Protocol connections). Calculate the total fee due that applies to each of the first 10 connections or lines of a service user's account. If a proration was used to collect for partial months, include the prorated months in Line 1 (e.g., one-half month should be included as 0.5 on Line 1).

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|--|----------------|
| 1. Number of connections, including connections for partial months | 1. _____ |
| Rate | x \$ 0.75 |
| 2. Total | 2. _____ |

B Additional communications service connections for each subscriber. Calculate the total fee due for each connection on line(s) in excess of 10 on each subscriber's account. The applicable fee for each connection or line after the first 10 is 1/10 of the per line fee used in Section A ($\$0.75 \times 1/10 = \0.075). If a proration was used to collect for partial months, include the prorated months in Line 1 (e.g., one-half month should be included as 0.5 on Line 3).

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| 3. Number of additional connections, including connections for partial months
(exclude those reported in Section A) | 3. _____ |
| Rate | x \$ 0.075 |
| 4. Total | 4. _____ |
| 5. Total 911 Fees for assigned telephone numbers
(Add Line 2 and Line 4) | 5. _____ |

PART II Fees For Prepaid Transactions

A Fees for prepaid transactions. Calculate the total fee due that applies to each retail transaction for a prepaid wireless telecommunications plan.

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| 6. Number of transactions | 6. _____ |
| 7. Refunds and credits: Enter the number of transactions for which
the fee was refunded to the purchaser and were previously reported
on a prior return or this return | 7. _____ |
| 8. Subtotal (Subtract Line 7 from Line 6) | 8. _____ |
| Rate | x \$ 0.38 |
| 9. Total | 9. _____ |

PART III Total Due

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|---|-----------|
| 10. Add Line 5 and Line 9 | 10. _____ |
| 11. Enter uncollectible amounts and other deductions. See #15 of the 911 fee FAQ to determine
what amounts may be deducted | 11. _____ |
| 12. Total Due or Refund (Subtract Line 11 from Line 10) | 12. _____ |

Your return must be filed through *My Tax Account* by the last day of the month following the end of the reporting period. For more information, go to <https://www.revenue.wi.gov/Pages/HTML/pfprofee.aspx>.

Avoid duplicate filing. Do not mail in this worksheet.