

## Appendix B

### Calling Services for Incarcerated People Third Mandatory Data Collection Excel Template

WC Docket No. 12-375

FCC Form 2302(a)

OMB Control No. 3060-1300 / Approved by OMB (March 2022)

Estimated Time Per Response: 350 Hours

| <b>A. General Company Information</b>  |  |
|--|--|
| (1) Company Name   |  |
| (2) Accounting Entity  |  |
| (3) Contact Person Information   |  |
| Name   |  |
| Title  |  |
| Email  |  |
| Phone Number   |  |
| (4) Holding Company Name   |  |
| (5) Filing Date (MM/DD/YYYY)   |  |
| (6) Headquarters Address   |  |
| (7) Publicly Listed (Y/N)  |  |
| <b>2019 General Company Information</b>  |  |
| (8) List all ICS-Related Services, including any Ancillary Services, that the Company provided at or for Facilities, or to Incarcerated Persons or those they call, during 2019. List all such services even if the Company only provided them at some Facilities. |  |
| (9a) Names of All Non-ICS Business Segments that the Company Engaged in During 2019  |  |
| (9b) 2019 Total Billed Revenues for each Listed Business Segment   |  |
| (9d) List all Non-ICS Business Segments the Company or an Affiliate Provided at or for Facilities, or to Incarcerated Persons or those they Call   |  |
| (10a) List Each Type of Asset that the Company used in its ICS-Related Operations. Include any type of asset whose net investment is less than 5% of the Company's total investments in a separate "Other" category.   |  |
| (10b) Provide the Net Investment in each Listed Type of Asset  |  |
| (10c) List each ICS-Related Product or Service that each Type of Asset Supported   |  |
| (10d) List each Non-ICS-Related Product or Service, if any, that each Type of Asset Supported  |  |
| (11) List the Names of all of the Company's Non-ICS Affiliates   |  |
| (12) Non-ICS Affiliates' Annual Billed Revenues: Enter Total Billed Revenues for 2019  |  |
| (13a) List all Business Segments in Which Non-ICS Affiliates Engaged   |  |
| (13b) Identify each Non-ICS Affiliate that Participated in the Supply of each Business Segment on your List  |  |
| (14) Enter Total Billed Revenues by each Non-ICS Affiliate for each Business Segment on your List  |  |
| (15) List All Types of Assets and Services that the Company Obtained from a Non-ICS Affiliate that were Used in the Provision of ICS-Related Services During 2019  |  |
| (15a) List Each Non-ICS Affiliate that Provided those Assets or Services   |  |
| (15b) List the Amounts the Company Paid its Non-ICS Affiliates for those Assets and Services   |  |
| (15c) List the Non-ICS Affiliates' Net Investment in those Assets and the Annual Total Expenses Incurred to Provide those Services   |  |
| <b>2020 General Company Information</b>  |  |

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| (8) List all ICS-Related Services, including any Ancillary Services, that the Company provided at or for Facilities, or to Incarcerated Persons or those they call, during 2020. List all such services even if the Company only provided them at some Facilities. |
| (9a) Names of All Non-ICS Business Segments that the Company Engaged in During 2020  |
| (9b) 2020 Total Billed Revenues for each Listed Business Segment   |
| (10a) List Each Type of Asset that the Company used in its ICS-Related Operations. Include any type of asset whose net investment is less than 5% of the Company's total investments in a separate "Other" category.   |
| (10b) Provide the Net Investment in each Listed Type of Asset  |
| (10c) List each ICS-Related Product or Service that each Type of Asset Supported   |
| (10d) List each Non-ICS-Related Product or Service, if any, that each Type of Asset Supported  |
| (11) List the Names of all of the Company's Non-ICS Affiliates   |
| (12) Non-ICS Affiliates' Annual Billed Revenues: Enter Total Billed Revenues for 2020  |
| (13a) List all Business Segments in Which Non-ICS Affiliates Engaged   |
| (13b) Identify each Non-ICS Affiliate that Participated in the Supply of each Business Segment on your List  |
| (14) Enter Total Billed Revenues by each Non-ICS Affiliate for each Business Segment on your List  |
| (15) List All Types of Assets and Services that the Company Obtained from a Non-ICS Affiliate that were Used in the Provision of ICS-Related Services During 2020  |
| (15a) List Each Non-ICS Affiliate that Provided those Assets or Services   |
| (15b) List the Amounts the Company Paid its Non-ICS Affiliates for those Assets and Services   |
| (15c) List the Non-ICS Affiliates' Net Investment in those Assets and the Annual Total Expenses Incurred to Provide those Services   |
| <b>2021 General Company Information</b>  |
| (8) List all ICS-Related Services, including any Ancillary Services, that the Company provided at or for Facilities, or to Incarcerated Persons or those they call, during 2020. List all such services even if the Company only provided them at some Facilities. |
| (9a) Names of All Non-ICS Business Segments that the Company Engaged in During 2021  |
| (9b) 2020 Total Billed Revenues for each Listed Business Segment   |
| (10a) List Each Type of Asset that the Company used in its ICS-Related Operations. Include any type of asset whose net investment is less than 5% of the Company's total investments in a separate "Other" category.   |
| (10b) Provide the Net Investment in each Listed Type of Asset  |
| (10c) List each ICS-Related Product or Service that each Type of Asset Supported   |
| (10d) List each Non-ICS-Related Product or Service, if any, that each Type of Asset Supported  |
| (11) List the Names of all of the Company's Non-ICS Affiliates   |
| (12) Non-ICS Affiliates' Annual Billed Revenues: Enter Total Billed Revenues for 2021  |
| (13a) List all Business Segments in Which Non-ICS Affiliates Engaged   |
| (13b) Identify each Non-ICS Affiliate that Participated in the Supply of each Business Segment on your List  |
| (14) Enter Total Billed Revenues by each Non-ICS Affiliate for each Business Segment on your List  |
| (15) List All Types of Assets and Services that the Company Obtained from a Non-ICS Affiliate that were Used in the Provision of ICS-Related Services During 2021  |
| (15a) List Each Non-ICS Affiliate that Provided those Assets or Services   |
| (15b) List the Amounts the Company Paid its Non-ICS Affiliates for those Assets and Services   |
| (15c) List the Non-ICS Affiliates' Net Investment in those Assets and the Annual Total Expenses Incurred to Provide those Services   |

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|  |  |  |  |  |  |  |  | <b>Other</b> |
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|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
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| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
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| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
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| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
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| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |  |
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| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |  |
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|-----|-----|-----|-----|-----|-----|-----|-----|--|
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |  |
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| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |  |
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| <b>B. Overview Information</b>                              | <b>2019</b> | <b>2020</b> | <b>2021</b> |
|---|-------------|-------------|-------------|
| (1) Company Name  | 0           | 0           | 0           |
| (2a) Number of Facilities                                   |             |             |             |
| (2b) Number of Prisons                                      |             |             |             |
| (2c) Number of Jails with ADP of 1,000 and above            |             |             |             |
| (2d) Number of Jails with ADP below 1,000                   |             |             |             |
| (2e) Number of Contracts                                    |             |             |             |
| (2f) Number of Prison Contracts                             |             |             |             |
| (2g) Number of Jail Contracts                               |             |             |             |
| (3a) Annual Total Expenses for ICS                          | 0           | 0           | 0           |
| (3b) Annual Total Expenses for Automated Payment Service    | 0           | 0           | 0           |
| (3c) Annual Total Expenses for Live Agent Service           | 0           | 0           | 0           |
| (3d) Annual Total Expenses for Paper Bill/Statement Service | 0           | 0           | 0           |
| (4a) Revenues from Inmate Calling Services                  | 0           | 0           | 0           |
| (4b) Revenues from Permissible Ancillary Services           | 0           | 0           | 0           |
| (4c) Revenues from Other Ancillary Services                 | 0           | 0           | 0           |
| (4d) Revenues from Non-ICS Products and Services            | 0           | 0           | 0           |
| (5a) Total Site Commissions                                 | 0           | 0           | 0           |
| (i) Total Monetary Site Commissions                         | 0           | 0           | 0           |
| (ii) Total In-Kind Site Commissions                         | 0           | 0           | 0           |
| (5b) Legally Mandated Site Commissions                      | 0           | 0           | 0           |
| (5c) Total Contractually Prescribed Site Commissions        | 0           | 0           | 0           |

| Company-Wide and Company-Wide, Service Specific Financial Information   | Company Wide |
|---|--------------|
| Total Billed Revenues   |              |
| <b>Investments and Expenses</b>   |              |
| Capital Assets:   |              |
| Tangible Assets   |              |
| Gross Investment  |              |
| Accumulated Depreciation  |              |
| Net Investment  |              |
| Capitalized Research and Development  |              |
| Gross Investment  |              |
| Accumulated Amortization  |              |
| Net Investment  |              |
| Purchased Software  |              |
| Gross Investment  |              |
| Accumulated Amortization  |              |
| Net Investment  |              |
| Internally Developed Software   |              |
| Gross Investment  |              |
| Accumulated Amortization  |              |
| Net Investment  |              |
| Trademarks  |              |
| Gross Investment  |              |
| Accumulated Amortization  |              |
| Net Investment  |              |
| Other Identifiable Intangible Assets  |              |
| Gross Investment  |              |
| Accumulated Amortization  |              |
| Net Investment  |              |
| Goodwill  |              |
| Gross Investment  |              |
| Accumulated Amortization  |              |
| Net Investment  |              |
| Gross Investment in Assets [row 8 + row 12 + row 16 + row 20 + row 24 + row 28 + row 32]  | 0            |
| Accumulated Depreciation and Amortization of Assets [row 9 + row 13 + row 17 + row 21 + row 25 + row 29 + row 33]               | 0            |
| Net Investment in Assets [row 35 - row 36]  | 0            |
| Accumulated Deferred Federal Income Taxes   |              |
| Accumulated Deferred State Income Taxes   |              |
| Customer Prepayments or Deposits  |              |
| Cash Working Capital (report "0" unless you elect in cells B123, G123, and L123 to claim an allowance for Cash Working Capital) | N/A          |
| Net Capital Stock [row 37 - row 38 - row 39 - row 40 + row 41]  | N/A          |
| Capital Expenses:   |              |

|  |     |
|--|-----|
| Depreciation - Tangible Assets   |     |
| Amortization - Capitalized Research and Development  |     |
| Amortization - Purchased Software  |     |
| Amortization - Internally Developed Software   |     |
| Amortization - Trademarks  |     |
| Amortization - Other Identifiable Intangible Assets  |     |
| Amortization - Goodwill  |     |
| Depreciation and Amortization of Assets [row 44 + row 45 + row 46 + row 47 + row 48 + row 49 + row 50]   | 0   |
| Weighted Average Cost of Capital (report the WACC reported in cell B118 if you elect to claim a WACC greater than 9.75%)                                       | N/A |
| Return [row 52 x row 42]   | N/A |
| Interest Other than Interest Paid on Customer Prepayments or Deposits  |     |
| Interest Paid on Customer Prepayments or Deposits  |     |
| Other Income Tax-Related Adjustments   |     |
| Federal Taxable Income [row 53 - row 54 - row 56]  | N/A |
| Federal Income Tax Rate  | N/A |
| Federal Income Tax Gross-Up Factor [row 58/(1 - row 58)]   | N/A |
| Federal Income Tax [row 59 x row 57]   | N/A |
| Federal Income Tax Not Deductible for State Income Tax Purposes  | N/A |
| State Taxable Income [row 57 + row 61]   | N/A |
| State Income Tax Rate (weighted average of the individual state income tax rates from cells B108, G108, and L108)  | N/A |
| State Income Tax Gross-Up Factor [row 63 /(1 - row 63)]  | N/A |
| State Income Tax [row 64 x row 62]   | N/A |
| Total Capital Expenses [row 51 + row 53 + row 55 + row 60 + row 65]  | N/A |
| <b>Operating Expenses:</b>   |     |
| Maintenance, Repair, and Engineering of Site Plant, Equipment, and Facilities  |     |
| Origination, Switching, and Transporting of Interstate, International, and Intrastate Communication and Termination of Interstate and Intrastate Communication |     |
| Termination of International Communication   |     |
| Field Service  |     |
| Network Operations   |     |
| Call Center  |     |
| Data Center  |     |
| Security Services relating to the Company's ICS-Related Operations, non-ICS Operations, or both  |     |
| Payment of Site Commissions  |     |
| Billing, Collection, Client Management, and Customer Care  |     |
| Sales and Marketing  |     |
| General and Administrative   |     |
| Other Overhead   |     |
| Taxes Other than Income Taxes  |     |
| Transactions Related to Mergers and Acquisitions   |     |
| Bad Debt   |     |

|   |     |
|---|-----|
| Total Operating Expenses [sum of rows 68-83]  | 0   |
| Total Operating Expenses Excluding Termination of International Communication Expense [row 84 - row 70] | 0   |
| Annual Total Expenses Excluding Termination of International Communication Expense [row 66 + row 85]    | N/A |

| 2019   |                           |
|--|---------------------------|
| (2d) ICS-Related Operations Revenue-Weighted Average of the  |                           |
| State  | State Income Tax Rate (%) |
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| Total  | N/A                       |
| Weighted Average of the Individual State Income Tax Rates (sum of the products of column B and column D) | 0.00%                     |

| c. Weighted Average Cost of Capital   |          |
|---|----------|
| Enter "Y" if you elect to claim a WACC other than 9.75%. If you enter "Y" and claim a WACC greater than 9.75% on row 52, report the components of the WACC and the WACC itself, as specified below. |          |
| Type of Capital   | Cost (%) |
| Debt  |          |
| Preferred Stock   |          |
| Equity  |          |



|   |       |
|---|-------|
| Total   | N/A   |
| Weighted Average Cost of Capital (sum of the products of col. B and col. D) | 0.00% |

| 2019  |  |
|---|--|
| d. Cash Working Capital   |  |
| <p>Enter "Y" if you elect to claim an allowance for Cash Working Capital. If you enter "Y," report the allowances claimed for Cash Working Capital on row 41 separately for Inmate Calling Services, Automated Payment Service, Live Agent Service, and Paper Bill/Statement Service.</p> |  |

2019

Services

| Inmate Calling Services | Automated Payment Services | Live Agent Service | Paper Bill/Statement Service |
|-------------------------|----------------------------|--------------------|------------------------------|
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| 0 | 0 | 0 | 0 |
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**e Individual State Income Tax Rates**

**(2d) ICS-Related Operati**

| ICS-Related Operations Revenue (\$) | Percent of Total ICS-Related Operations Revenue (%) |  | State  |
|-------------------------------------|---|--|--|
|                                     |   |  |  |
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|                                     |   |  |  |
| 0                                   | 0.00%   |  | Total  |
|                                     |   |  | Weighted Average of the Individual State Income Tax Rates (sum of the products of column G and column I) |

| Capital Outstanding (\$) | Percent of Total Capital Outstanding (%) |
|--------------------------|--|
|                          |  |
|                          |  |
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|   |       |
|---|-------|
| 0 | 0.00% |
|   |       |

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**d. Cash Wor**

Enter "Y" if you elect to claim an allowance for Cash Working Capital. If you enter "Y," report the allowances claimed for Cash Working Capital on row 41 separately for Inmate Calling Services, Automated Payment Service, Live Agent Service, and Paper Bill/Statement Service.





|     |     |     |   |
|-----|-----|-----|---|
| 0   | 0   | 0   | 0 |
| 0   | 0   | 0   | 0 |
| N/A | N/A | N/A | 0 |

**2020**

**Operations Revenue-Weighted Average of the Individual State Income Tax Rates**

| State Income Tax Rate (%) | ICS-Related Operations Revenue (\$) | Percent of Total ICS-Related Operations Revenue (%) |
|---------------------------|-------------------------------------|---|
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| N/A                       | 0                                   | 0.00%   |
| 0.00%                     |                                     |   |



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King Capital

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2020

Services

| Automated Payment Services | Live Agent Service | Paper Bill/Statement Service | Other Ancillary Services |
|----------------------------|--------------------|------------------------------|--------------------------|
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|                            |                    |                              | N/A                      |
| 0                          | 0                  | 0                            | N/A                      |

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| 0 | 0 | 0 | 0   |
|   |   |   | N/A |
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| N/A | N/A | N/A | N/A |
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2021

(2d) ICS-Related Operations Revenue-Weighted Average of the Individual State Income Tax Rates

| State  | State Income Tax Rate (%) | ICS-Related Operations Revenue (\$) | Percent of Total ICS-Related Operations Revenue (%) |
|--|---------------------------|-------------------------------------|---|
|  |                           |                                     |   |
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|  |                           |                                     |   |
| Total  | N/A                       | 0                                   | 0.00%   |
| Weighted Average of the Individual State Income Tax Rates (sum of the products of column L and column N) | 0.00%                     |                                     |   |

2021

**d. Cash Working Capital**

Enter "Y" if you elect to claim an allowance for Cash Working Capital. If you enter "Y," report the allowances claimed for Cash Working Capital on row 41 separately for Inmate Calling Services, Automated Payment Service, Live Agent Service, and Paper Bill/Statement Service.





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| 0   | 0   | 0 | 0 |
| 0   | 0   | 0 | 0 |
| N/A | N/A | 0 | 0 |







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| 0 | 0 | 0   | 0   |
| 0 | 0 | 0   | 0   |
| 0 | 0 | N/A | N/A |

| <b>Company-Wide Site Commissions</b>  | <b>2019</b> | <b>2020</b> |
|---|-------------|-------------|
| <b>a. Site Commissions and Revenue Sharing</b>  |             |             |
| <b>(1) Total Site Commissions</b>   |             |             |
| (a) Percentage of Total Site Commissions Paid by the Company During Each Year that is Attributable to the Company's ICS-Related Operations  |             |             |
| <b>(2) Total Legally Mandated Site Commissions</b>  |             |             |
| (a) <b>Total Monetary Site Commissions:</b> Total Legally Mandated Site Commissions that were also Monetary Site Commissions  |             |             |
| (i) <b>Total Fixed Site Commissions:</b> Total Legally Mandated Site Commissions that were both Monetary Site Commissions and Fixed Site Commissions  |             |             |
| (aa) <b>Total Upfront Payments:</b> Total Legally Mandated Site Commissions that were both Monetary Site Commissions and Fixed Site Commissions and that were paid at the signing of a contract for ICS or during the first year of a contract for ICS for each year of the reporting period              |             |             |
| (ii) <b>Total Variable Site Commissions:</b> Total amount of all Legally Mandated Site Commissions paid by the Company that were both Monetary Site Commissions and Variable Site Commissions   |             |             |
| (b) <b>Total In-Kind Site Commissions:</b> Total amount of Legally Mandated Site Commissions paid by the Company that were also In-Kind Site Commissions  |             |             |
| (ii) <b>Total Fixed Site Commissions:</b> Total amount of all Legally Mandated Site Commissions paid by the Company that were both In-Kind Site Commissions and Fixed Site Commissions  |             |             |
| (aa) <b>Total Upfront Payments:</b> Total amount of all Legally Mandated Site Commissions that were both In-Kind Site Commissions and Fixed Site Commissions and that were paid at the signing of a contract for ICS or during the first year of a contract for ICS for each year of the reporting period |             |             |
| (iii) <b>Total Variable Site Commissions:</b> Total amount of all Legally Mandated Site Commissions paid by the company that were both In-Kind Site Commissions and Variable Site Commissions   |             |             |
| <b>(3) Total Contractually Prescribed Site Commissions</b>  |             |             |
| (a) <b>Total Monetary Site Commissions:</b> Total Contractually Prescribed Site Commissions paid by the Company that were also Monetary Site Commissions  |             |             |

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| <p>(i) <b>Total Fixed Site Commissions:</b> Total Contractually Prescribed Site Commissions paid for by the Company that were both Monetary Site Commissions and Fixed Site Commissions</p>  |  |  |
| <p>(aa) <b>Total Upfront Payments:</b> Total Contractually Prescribed Site Commissions that were both Monetary Site Commissions and Fixed Site Commissions and that were paid at the signing of a contract for ICS or during the first year of a contract for ICS for each year of the reporting period</p>              |  |  |
| <p>(ii) <b>Total Variable Site Commissions:</b> Total amount of all Contractually Prescribed Site Commissions paid by the Company that were both Monetary Site Commissions and Variable Site Commissions</p>   |  |  |
| <p>(b) <b>Total In-Kind Site Commissions:</b> Total amount of Contractually Prescribed Site Commissions paid by the Company that were also In-Kind Site Commissions</p>  |  |  |
| <p>(ii) <b>Total Fixed Site Commissions:</b> Total amount of all Contractually Prescribed Site Commissions paid by the Company that were both In-Kind Site Commissions and Fixed Site Commissions</p>  |  |  |
| <p>(aa) <b>Total Upfront Payments:</b> Total amount of all Contractually Prescribed Site Commissions that were both In-Kind Site Commissions and Fixed Site Commissions and that were paid at the signing of a contract for ICS or during the first year of a contract for ICS for each year of the Reporting Period</p> |  |  |
| <p>(iii) <b>Total Variable Site Commissions:</b> Total amount of all Contractually Prescribed Site Commissions paid by the company that were both In-Kind Site Commissions and Variable Site Commissions</p>   |  |  |
| <p><b>b. Security Not Classified as Site Commissions</b></p>   |  |  |
| <p>a. Law Enforcement Support Services</p>   |  |  |
| <p>b. Call Security Services</p>   |  |  |
| <p>c. Call Recording Services</p>  |  |  |
| <p>d. Call Monitoring Services</p>   |  |  |
| <p>e. Voice Biometrics Services</p>  |  |  |
| <p>f. Other Services</p>   |  |  |
| <p><b>c. Ancillary Services</b></p>  |  |  |
| <p>(1) <b>Ancillary Services:</b> Enter "Yes" if you Charged Customers Automated Payment Service Fees, Live Agent Service Fees, Paper Bill/Statement Service Fees, Fees for Single-Call and Related Services, Third-Party Financial Transaction Services Fees During the Reporting Period. Otherwise, enter "No".</p>    |  |  |

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| (a) Enter "Yes" if you Charged Customers more than One Permissible Ancillary Service Charge Fee in Connection with the Same Interstate, International, or Mixed-Jurisdictional Transaction During the Reporting Period. Otherwise, enter "No". |  |  |
| <b>Automated Payment Service</b>   |  |  |
| (2) <b>Ancillary Service Expenses:</b> Enter Annual Total Expenses in Providing Automated Payment Service, Paper Bill/Statement Service, and Live Agent Service  |  |  |
| (a) <b>Automated Payment Services:</b> Enter the Annual Total Expenses Incurred in Providing Automated Payment Service   |  |  |
| (i) Identify each Affiliate, if any, the the Company Used in Providing its Automated Payment Service   |  |  |
| (ii) Enter "Yes" if the Company used a Third Party in Providing its Automated Payment Service. Otherwise, enter "No".  |  |  |
| (aa) If you Entered "Yes," Identify each such Third  |  |  |
| (bb) Enter the Amount the Company paid to each listed Third Party for providing Automated Payment Service  |  |  |
| <b>Live Agent Service</b>  |  |  |
| (b) <b>Live Agent Services:</b> Annual Total Expenses Applicable to Live Agent Service   |  |  |
| (i) Identify each Affiliate, if any, the the Company Used in Providing its Live Agent Service  |  |  |
| (ii) Enter "Yes" if the Company used a Third Party in Providing its Live Agent Service. Otherwise, enter "No".   |  |  |
| (aa) If you Entered "Yes," Identify each such Third  |  |  |
| (bb) Enter the Amount the Company Paid each Listed Third Party to Provide Live Agent Service.  |  |  |
| <b>Paper Bill/Statement Service</b>  |  |  |
| (c) <b>Paper Bill/Statement Services:</b> Enter Annual Total Expenses Applicable to Paper Bill/Statement Service   |  |  |
| (i) Identify each Affiliate that the Company used in Providing its Paper Bill/Statement Service  |  |  |
| (ii) Enter "Yes" if the Company used a Third Party in Providing its Paper Bill/Statement Service. Otherwise, enter "No."   |  |  |
| (aa) If you Entered "Yes," Identify each such Third  |  |  |
| (bb) Enter the Amount the Company Paid each Listed Third Party to Provide Paper Bill/Statement Service   |  |  |
| <b>(d) Single-Call and Related Services</b>  |  |  |
| (i) List each Entity that Charged the Company for Billing Services for Single-Call and Related Services. Indicate Whether each Listed Entity is a Third Party.   |  |  |
| (ii) Enter the Amount the Company Paid each Third Party for Billing Services in Connection with Single-Call and Related Services   |  |  |

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| (iii) Enter the Amount the Company Paid a Third Party for Billing Services in Connection with Single-Call and Related Services that th Company then Passed Through to Customers  |  |  |
| (iv) Enter the Amount the Company Paid to an Entity other than a Third Party for Billing Services in Connection with Single-Call and Related Services  |  |  |
| (v) Enter the Amount the Company Paid to an Entity other than a Third Party for Billing Services in Connection with Single-Call and Related Services that the Company Passed Through to Customers  |  |  |
| <b>(e) Third Party Financial Transaction Services</b>  |  |  |
| (ii) List each entity that charged the Company for providing Third-Party Financial Transaction Services during the Reporting Period in connection with the Company's ICS-Related Operations. Indicate whether each listed entity is a Third Party.                                       |  |  |
| (iii) Enter the amount the Company paid to a Third Party for Third-Party Financial Transaction Services  |  |  |
| (iv) Enter the amount the Company paid to a Third Party for Third-Party Financial Transaction Services that the Company passed through to Customers  |  |  |
| (v) Enter the amount the Company paid to an entity other than a Third Party for Third-Party Financial Transaction Services   |  |  |
| (vi) Enter the amount the Company paid to an entity other than a Third Party for Third-Party Financial Transaction Services that the Company passed through to Customers   |  |  |
| <b>(3) Ancillary Services Revenues: Total Revenues Received from Customers for Providing Permissible Ancillary Services</b>  |  |  |
| <b>(a) Automated Payment Service Revenues: Total Amount of Revenues Received from Charging Automated Payment Fees</b>  |  |  |
| <b>(i) Payment Card Processing Revenues for Automated Payment Service:</b> of the Amount Reported for Total Automated Payment Fee Revenues Above, Enter the Amount of those Revenues Applicable to Payment Card Processing   |  |  |
| <b>(ii) Automated Payment Service Revenue-Sharing Agreements:</b> If the Provider has a Revenue Sharing Agreement with an Affiliate ot Third Party in Connection with Automated Payment Service, Including for any Payment Card Processing Functions enter "Yes". Otherwise, enter "No". |  |  |
| <b>(b) Live Agent Fee Revenues:</b> Enter the Total Revenues you Received from Charging the Live Agent Fee   |  |  |

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| <p>(i) Enter "Yes" if an Affiliate or Third Party Charged the Live Agent Fee for each Year During the Reporting Period. Otherwise, enter "No". If you have entered "Yes", Identify each such Affiliate or Third Party in the Next Cell and Provide the Amount Charged by the Affiliate or Third Party next to the Name.</p> |  |  |
| <p>(c) <b>Paper Bill/Statement Fee Revenues:</b> Enter the Total Revenues Received from Charging the Paper Bill/Statement Fee from each Year During the Reporting Period</p>  |  |  |
| <p>(d) <b>Single-Call and Related Services Revenues:</b> Enter the Total Amount of Revenues Received from Charging Fees for Single-Call and Related Services for each Year During the Reporting Period.</p>   |  |  |
| <p>(i) <b>Single-Call and Related Services:</b> Of the Amount Reported for Total Single-Call and Related Services Revenues above, enter the Amount of those Revenues you Received from Charging the Adopted, Per-Minute Rate in Connection with Single-Call and Related Services</p>  |  |  |
| <p>(ii) <b>Single-Call and Related Services Revenue Sharing Agreements:</b> if the Provider has a Revenue Sharing Agreement with an Affiliate or a Third Party in Connection with Single-Call and Related Services enter "Yes." Otherwise, enter "No."</p>  |  |  |
| <p>(e) <b>Third Party Financial Transaction Fee Revenue:</b> Enter the total revenues received from charging Third-Party Financial Transaction Fees for each Year</p>   |  |  |
| <p>(i) <b>Payment Card Processing Revenues from Third-Party Financial Transaction Services:</b> Of the amount reported for Total Third-Party Financial Transaction Fee Revenue, enter the amount of that revenue applicable to payment card processing for each Year during the Reporting Period.</p>                       |  |  |
| <p>(ii) <b>Third-Party Financial Transaction Fee Revenue Sharing Agreements:</b> If the Provider has a Revenue Sharing Agreement with an Affiliate or a Third Party in connection with Third-Party Financial Transaction Fees, enter "Yes." Otherwise, enter "No"</p>   |  |  |
| <p><b>d. Affiliate Transactions</b></p>   |  |  |
| <p><b>(2) Provider's Payments to Non-Accounting Entity Affiliates</b></p>   |  |  |
| <p>(a) <b>Total ICS Revenue Paid to Non-Accounting Entity Affiliates:</b> Enter the Amount of ICS Revenue the Provider Paid to any Non-Accounting Entity Affiliate during Reporting Period</p>  |  |  |



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| <p><b>(b) Total Automated Payment Fee Revenue Paid to Non-Accounting Entity Affiliates:</b> Enter the Amount of Automated Payment Fee Revenue the Provider Paid to any Non-Accounting Entity Affiliate during Reporting Period</p>  |  |  |
| <p><b>(c) Total Single-Call and Related Services Revenue Paid to non-Accounting Entity Affiliates:</b> Enter the amount of revenue from charging Fees for Single-Call and Related Services the Provider paid to any non-Accounting Entity Affiliate during each Year of the Reporting Period.</p> |  |  |
| <p><b>(d) Total Live Agent Fee Revenue Paid to Non-Accounting Entity Affiliates:</b> Enter the amount of Live Agent Fee revenue the Provider paid to any non-Accounting Entity Affiliate during each Year of the Reporting Period.</p>  |  |  |
| <p><b>(e) Total Paper Bill/Statement Fee Revenue Paid to Non-Accounting Entity Affiliates:</b> Enter the amount of Paper Bill/Statement Fee revenue the Provider paid to any Affiliate during each Year of the Reporting Period.</p>  |  |  |
| <p><b>(f) Total Third-Party Financial Transaction Fee Revenue Paid to Non-Accounting Entity Affiliates:</b> Enter the amount of Third-Party Financial Transaction Fee Revenue the Provider paid to any non-Accounting Entity Affiliate during each Year of the Reporting Period.</p>              |  |  |
| <p><b>(g) International Termination Payments to Affiliates:</b> Enter the total amounts paid by the Company to an affiliated international service provider during each Year of the Reporting Period to terminate International ICS Calls originating from the Facility.</p>                      |  |  |



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| <b>D. Facility-Specific Financial Information</b>                                 |  |
|---|--|
| <b>a. General Information</b>   |  |
| (1) Unique Facility Identifier  | <b>Unique Facility Identifier (fill in here)</b> |
| (2) Counter-Party to Contract   |  |
| (3) Unique Identifier for Each Contract   |  |
| Subcontractor Name (if applicable)  |  |
| (4) Facility Address  |  |
| (5) Facility Geographical Coordinates   |  |
| (6) Facility Type (Jail (J) or Prison (P))  |  |
| (7) Maximum Call Duration   |  |
| <b>b. Cost Allocation Results</b>   |  |
| <b>(1) Capital Assets</b>   |  |
| (a) Gross Investment  |  |
| (b) Accumulated Depreciation  |  |
| (c) Accumulated Amortization  |  |
| (d) Net Investment [row 14 - row 15 - row 16]                                     | 0  |
| (e) Accumulated Deferred Federal Income Taxes                                     |  |
| (f) Accumulated Deferred State Income Taxes                                       |  |
| (g) Customer Prepayments or Deposits  |  |
| (h) Cash Working Capital (report "0" unless you elect to claim an allowance)      |  |
| (i) Net Capital Stock [row 17 - row 18 - row 19 - row 20 + row 21]                | 0  |
| <b>(2) Capital Expenses and Related Tax Information</b>                           |  |
| (a) Depreciation  |  |
| (b) Amortization  |  |
| (c) Weighted Average Cost of Capital  |  |
| (d) Return [row 26 x row 22]  | 0  |
| (e) Interest Other Than Interest Paid on Customer Prepayments or Deposits         |  |
| (f) Interest Paid on Customer Prepayments or Deposits                             |  |
| (g) Other Income Tax-Related Adjustments  |  |
| (h) Federal Taxable Income [row 27 - row 28]                                      | 0  |
| (i) Federal Income Tax Rate   |  |
| (j) Federal Income Tax Gross-Up Factor [row 32/(1-row 32)]                        | 0  |
| (k) Federal Income Tax (row 33 x row 31)  | 0  |
| (l) Federal Income Tax Not Deductible for State Income Tax Purposes               |  |
| (m) State Taxable Income [row 31 + row 35]  | 0  |
| (n) State Income Tax Rate   |  |
| (o) State Income Tax Gross-Up Factor [row 37/(1-row 37)]                          | 0  |
| (p) State Income Tax {row 38 x row 36}  | 0  |
| Total Capital Expenses [row 24 + row 25 + row 27 + row 29 + row 34 + row 39]      | 0  |
| <b>(3) Operating Expenses</b>   |  |
| (a) Maintenance, Repair, and Engineering of Site Plant, Equipment, and Facilities |  |



|   |   |
|---|---|
| (b) Origination, Switching, and Transporting of Interstate, International and Intrastate Communication and Termination of Interstate and Intrastate Communication |   |
| (c) Termination of International Communication  |   |
| (d) Field Service   |   |
| (e) Network Operations  |   |
| (f) Call Center   |   |
| (g) Data Center   |   |
| (h) Security Services Relating to the Company's ICS-Related Operations  |   |
| (i) Billing, Collection, Client Management, and Customer Care   |   |
| (j) Sales and Marketing   |   |
| (k) General and Administrative  |   |
| (l) Other Overhead  |   |
| (m) Taxes Other than Income Taxes   |   |
| (n) Transactions Related to Mergers and Acquisitions  |   |
| (o) Bad Debt  |   |
| Total Operating Expenses [sum of rows 42-56]  | 0 |
| Total Operating Expenses Excluding Termination of International Communication Expense [row 57 - row 44]   | 0 |
| c. Annual Total Expenses for Inmate Calling Services Excluding Termination of International Communication Expense [row 40 + row 58]                               | 0 |

| Provider-Supplied Facilities              |   |   |   | Subcon                                    |   |
|---|---|---|---|---|---|
| Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) |
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| <b>tractor-Supplied Facilities</b>        |   |   | <b>Provider-Supplied Facilities</b>       |   |   |
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| Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) |
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**Provider-Supplied Facilities**

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## D. Facility-Specific Information

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|   | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) | Unique Facility Identifier (fill in here) |
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| <b>d. Facility Specific Revenue and Demand Data</b>   |   |   |   |
| <b>(1) Annual Demand for Inmate Calling Services</b>  |   |   |   |
| (a) Total Billed Calls  |   |   |   |
| (b) Billed Calls Separately for:  |   |   |   |
| (i) Interstate Communication  |   |   |   |
| (ii) International Communication  |   |   |   |
| (iii) Intrastate Communication  |   |   |   |
| (c) Total Unbilled Calls  |   |   |   |
| (d) Total Billed and Unbilled Calls   |   |   |   |
| (e) Total Billed Minutes  |   |   |   |
| (f) Billed Minutes Separately for:  |   |   |   |
| (i) Interstate Communication  |   |   |   |
| (ii) International Communication  |   |   |   |
| (iii) Intrastate Communication  |   |   |   |
| (g) Total Unbilled Minutes  |   |   |   |
| (h) Total Billed and Unbilled Minutes   |   |   |   |
| (i) Average Daily Population  |   |   |   |
| (j) Total Number of ICS Accounts Opened   |   |   |   |
| (k) Total Number of ICS Accounts Closed   |   |   |   |
| (l) Total Admissions  |   |   |   |
| (m) Total Releases  |   |   |   |
| (n) Weekly Turnover Rate  |   |   |   |
| (o) Number of Incarcerated People Telephones Installed  |   |   |   |
| (p) Number of Incarcerated People Kiosks Installed  |   |   |   |
| <b>(2) Annual Demand for Automated Payment Service, Live Agent Service, Paper Bill/Statement Service, Single-Call and Related Services, and Third-Party Financial Transaction Service</b> |   |   |   |
| Billed Uses of Automated Payment Service  |   |   |   |
| Billed Uses of Live Agent Service   |   |   |   |
| Billed Uses of Paper Bill/Statement Service   |   |   |   |
| Billed Transactions for Single-Call and Related Services  |   |   |   |
| Billed Transactions for Third-Party Financial Transaction Service   |   |   |   |
| <b>(3) Annual Revenues from Inmate Calling Service</b>  |   |   |   |
| (a) Total Billed Revenues   |   |   |   |
| (b) Billed Revenues Separately for:   |   |   |   |
| (i) Interstate Communication  |   |   |   |
| (ii) International Communication  |   |   |   |

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| (iii) Intrastate Communication   |  |  |  |
| <b>(4) Annual Revenues from Automated Payment Service, Live Agent Service, Paper Bill/Statement Service, Single-Call and Related Services, and Third-Party Financial Transaction Service</b> |  |  |  |
| Revenues from Automated Payment Service  |  |  |  |
| Revenues from Live Agent Service   |  |  |  |
| Revenues from Paper Bill/Statement Service   |  |  |  |
| Revenues from Single-Call and Related Services   |  |  |  |
| Revenues from Third-Party Financial Transaction Service  |  |  |  |
| Total Revenues from Ancillary Services (sum of rows 39 through 43)   |  |  |  |

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2019

**Facility Specific Site Commissions**

Unique Facility Identifier (fill in here)

Unique Facility Identifier (fill in here)

Unique Facility Identifier (fill in here)

| <b>b. Site Commissions</b>  |  |  |  |
|---|--|--|--|
| <b>(1) Site Commissions</b>   |  |  |  |
| (a) Percentage of Total Site Commissions Paid by the Company During Each Year that is Attributable to the Company's ICS-Related Operations  |  |  |  |
| (b) List the Non-ICS Products and Services that the Company Provides at the Facility  |  |  |  |
| <b>(2) Legally Mandated Site Commissions</b>  |  |  |  |
| (a) <b>Recipient:</b> Name of the Entity or Entities to which you paid Legally Mandated Site Commissions in connection with ICS calls from the Facility. If Site Commissions were paid to more than one entity, allocate the payment between the relevant entities.                         |  |  |  |
| (b) <b>Legally Mandated Site Commission Authority:</b> For each year of the reporting period during which you paid Legally Mandated Site Commissions in connection with ICS calls from the Facility provide a citation to the authority requiring the such payment.                         |  |  |  |
| (c) <b>Total Monetary Site Commissions:</b> Total Legally Mandated Site Commissions that were also Monetary Site Commissions paid in connection with ICS calls from the Facility  |  |  |  |
| (d) <b>Recipient:</b> Enter the name of the entity or entities to which you paid Legally Mandated, Monetary Site Commissions in connection with ICS calls from the Facility.  |  |  |  |
| (i) <b>Fixed Site Commissions:</b> Legally Mandated Site Commissions that were both Monetary Site Commissions and Fixed Site Commissions paid in connection with ICS calls from the Facility  |  |  |  |
| (aa) <b>Recipient:</b> Name of the entity or entities to which you paid the Legally Mandated, Fixed, Monetary Site Commissions.   |  |  |  |
| (ad) <b>Upfront Payments:</b> Legally Mandated Site Commissions that were both Monetary Site Commissions and Fixed Site Commissions and that were paid at the signing of a contract or during the first year of a contract, in connection with the provision of ICS service at the Facility |  |  |  |

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| (aaa) <b>Recipient:</b> Name of the entity or entities to which you paid the Legally Mandated, Fixed, Monetary Site Commissions   |  |  |  |
| (ii) <b>Variable Site Commissions:</b> Amount of Legally Mandated Site Commissions that were both Monetary Site Commissions and Variable Site Commissions paid in connection with ICS calls from the Facility   |  |  |  |
| (aa) <b>Recipient:</b> Name of the entity or entities to which you paid the Legally Mandated, Variable, Monetary Site Commissions.  |  |  |  |
| (e) <b>In-Kind Site Commissions:</b> Amount of Legally Mandated Site Commissions that were also In-Kind Site Commissions paid in connection to ICS calls from the Facility  |  |  |  |
| (i) <b>Recipient:</b> Name of the entity or entities to which you paid the Legally Mandated, Variable Site Commissions  |  |  |  |
| (iii) <b>Fixed Site Commissions:</b> Amount of Legally Mandated Site Commissions that were both In-Kind Site Commissions and Fixed Site Commissions   |  |  |  |
| (aa) <b>Recipient:</b> Name of the entity or entities to which you paid the Legally Mandated, Fixed, In-Kind Site Commissions.  |  |  |  |
| (ad) <b>Upfront Payments:</b> Amount of Legally Mandated Site Commissions that were both In-Kind Site Commissions and Fixed Site Commissions and that were paid at the signing of a contract or during the first year of a contract in connection with the provision of ICS at the Facility |  |  |  |
| (aaa) <b>Recipient:</b> Name of the entity or entities to which you paid the Legally Mandated, Fixed, In-Kind Site Commissions  |  |  |  |
| (iv) <b>Variable Site Commissions:</b> Amount of Legally Mandated Site Commissions that were both In-Kind Site Commissions and Variable Site Commissions paid in connection with ICS calls from the Facility  |  |  |  |
| (aa) <b>Recipient:</b> Name of the entity or entities to which you paid the Site Commissions  |  |  |  |
| <b>(3) Total Contractually Prescribed Site Commissions</b>  |  |  |  |
| (a) <b>Recipient:</b> Name of the Entity or Entities to which you paid Legally Mandated Site Commissions in connection with ICS calls from the Facility. If Site Commissions were paid to more than one entity, allocate the payment between the relevant entities.                         |  |  |  |

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| (b) <b>Total Monetary Site Commissions:</b> Total Contractually Prescribed Site Commissions that were also Monetary Site Commissions paid related to the Facility  |  |  |  |
| (i) <b>Recipient:</b> Name of the entity or entities to which you paid the Site Commissions  |  |  |  |
| (ii) <b>Fixed Site Commissions:</b> Contractually Prescribed Site Commissions that were both Monetary Site Commissions and Fixed Site Commissions paid in connection with ICS calls from the Facility  |  |  |  |
| (ab) <b>Upfront Payments:</b> Contractually Prescribed Site Commissions that were both Monetary Site Commissions and Fixed Site Commissions paid related to the Facility at the signing of a contract for ICS or during the first year of a contract for ICS at the Facility for each year of the reporting period |  |  |  |
| (aaa) <b>Recipient:</b> Name of the entity or entities to which you paid the Site Commissions  |  |  |  |
| (iii) <b>Variable Site Commissions:</b> Amount of Contractually Prescribed Site Commissions that were both Monetary Site Commissions and Variable Site Commissions paid in connection with ICS calls from the Facility   |  |  |  |
| (aa) <b>Recipient:</b> Name of the entity or entities to which you paid the Site Commissions   |  |  |  |
| (c) <b>In-Kind Site Commissions:</b> Amount of Contractually Prescribed Site Commissions that were also In-Kind Site Commissions paid related to the Facility  |  |  |  |
| (i) <b>Recipient:</b> Name of the entity or entities to which you paid the Site Commissions  |  |  |  |
| (iii) <b>Fixed Site Commissions:</b> Amount of Contractually Prescribed Site Commissions that were both In-Kind Site Commissions and Fixed Site Commissions paid related to the Facility   |  |  |  |
| Commissions paid related to the Facility at the signing of a contract for ICS at the Facility or during the first year of a contract for ICS at the Facility   |  |  |  |
| (aaa) <b>Recipient:</b> Name of the entity or entities to which you paid the Site Commissions  |  |  |  |
| (iv) <b>Variable Site Commissions:</b> Amount of Contractually Prescribed Site Commissions that were both In-Kind Site Commissions and Variable Site Commissions paid in connection with ICS calls from the Facility   |  |  |  |

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| (aa) <b>Recipient:</b> Name of the entity or entities to which you paid the Site Commissions  |  |  |  |
| <b>c. Security Services Not Classified as Site Commissions</b>  |  |  |  |
| (1) Fully allocate and report the total dollar amount of costs the Company incurred to provide the following categories of services at each Facility for each Year of the Reporting Period. |  |  |  |
| (a) Law Enforcement Support Services  |  |  |  |
| (b) Call Security Services  |  |  |  |
| (c) Call Recording Services   |  |  |  |
| (d) Call Monitoring Services  |  |  |  |
| (e) Voice Biometrics Services   |  |  |  |
| (f) Other Services  |  |  |  |



















| <b>d. Ancillary Services Information</b>   | <b>Unique Facility Identifier (fill in here)</b> | <b>Unique Facility Identifier (fill in here)</b> |
|--|--|--|
| <b>Automated Payment Service</b>   |  |  |
| <b>(1) Automated Payment Fee Revenues:</b> Enter the amount of Automated Payment Fee Revenues the Accounting Entity received from Customers for ICS calls originating in the Facility during each Year of the Reporting Period.  |  |  |
| <b>(2) Automated Payment Fees Paid to An Affiliate:</b> Enter the amount of Automated Payment Fee revenue the Accounting Entity paid to any non-ICS Affiliate for ICS calls originating in the Facility during each Year of the Reporting Period.  |  |  |
| <b>(3) Affiliates Used in Providing Automated Payment Service:</b> List each Affiliate, if any, that the Accounting Entity used in providing its Automated Payment Service at each Facility for each Year of the Reporting Period.   |  |  |
| <b>(4) Third Parties Used in Providing Automated Payment Service:</b> List each Third Party, if any, that the Accounting Entity used in providing its Automated Payment Service at each Facility for each Year of the Reporting Period and enter the amount of Automated Pay Service for which the Company was billed by each listed Third Party at each Facility for each Year of the Reporting Period. |  |  |
| <b>(6) Payment Card Processing Revenue for Automated Payment Fees:</b> Of the amount reported for Automated Payment Fee Revenue above, enter the amount of that revenue attributable to Payment card processing fees charged in connection with calls at each Facility during each Year of the Reporting Period.   |  |  |
| <b>Single-Call and Related Services</b>  |  |  |
| <b>(7) Fees for Single-Call and Related Services:</b> Enter the amount of Fees for Single-Call and Related Services the Accounting Entity received from Customers in connection with its ICS-Related Operations at the Facility during each Year of the Reporting Period.  |  |  |
| <b>(8) Single-Call and Related Services Revenues Paid to An Affiliate:</b> Enter the amount of revenues from Fees for Single-Call and Related Services Customers paid to any Affiliate for ICS calls originating in the Facility during each Year of the Reporting Period.   |  |  |



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| <p><b>(9) Entities Charging the Accounting Entity for Billing Services:</b> List each entity that charged the Accounting Entity for billing services for Single-Call and Related services at each Facility for each Year during the Reporting Period. Indicate whether each listed entity is a Third Party.</p>   |  |  |
| <p><b>(10) Amounts Paid to Third Parties for Billing Services:</b> Enter the amount the Accounting Entity paid to a Third Party for billing services in connection with Single-Call and Related Services at each Facility during each Year of the Reporting Period.</p>   |  |  |
| <p><b>(11) Single-Call and Related Services Fees Passed through to Customers:</b> Enter the amount the Accounting Entity paid to Third Parties for billing services in connection with Single-Call and Related Services that were then pass through to Customers at each Facility during each Year of the Reporting Period.</p>                                       |  |  |
| <p><b>(12) Amounts Paid to Other Entities for Billing Services:</b> Enter the amount the Accounting Entity paid to entities other than Third Parties for billing services in connection with Single-Call and Related Services at each Facility during each Year of the Reporting Period.</p>  |  |  |
| <p><b>(13) Amounts Paid to Other Entities for Billing Services Passed Through to Customers:</b> Enter the amount the Accounting Entity paid to entities other than Third Parties for billing services in connection with Single-Call and Related Services that the Company passed through to Customers at each Facility during each Year of the Reporting Period.</p> |  |  |
| <p><b>Live Agent Service</b></p>  |  |  |
| <p><b>(15) Live Agent Fees:</b> Enter the amount of Live Agent Fee revenue the Accounting Entity received from Customers in connection with its ICS-Related Operations at the Facility during each Year of the Reporting Period.</p>  |  |  |
| <p><b>(16) Affiliates Used to Provide Live Agent Service:</b> List each Affiliate, if any, that the Accounting Entity used in providing its Live Agent Service at each Facility during each Year of the Reporting Period.</p>   |  |  |
| <p><b>(17) Third Parties Used to Provide Live Agent Service:</b> List each Third Party, if any, that the Accounting Entity used in providing its Live Agent Service at each Facility during each Year of the Reporting Period.</p>  |  |  |

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| <p><b>(18) Amounts Paid to Third Parties for Live Agent Service:</b> Enter the amount the Accounting Entity paid to each listed Third Party for Live Agent Service at each Facility during each Year of the Reporting Period.</p>  |  |  |
| <p><b>(19) Live Agent Fee Revenue Paid to an Affiliate:</b> Enter the amount of Live Agent Fee revenues the Accounting Entity paid to any non-ICS Affiliate for ICS calls originating in the Facility during each Year of the Reporting Period.</p>                                      |  |  |
| <p><b>Paper Bill/Statement Service</b></p>   |  |  |
| <p><b>(20) Paper Bill/Statement Fee Revenue:</b> Enter the amount of Paper Bill/Statement Fee revenue generated by calls originating in the Facility during each Year of the Reporting Period.</p>   |  |  |
| <p><b>(21) Affiliates Used to Provide Paper Bill/Statement Service:</b> List each Affiliate, if any, that the Accounting Entity used in providing its Paper Bill/Statement Fee Service at each Facility during each Year of the Reporting Period.</p>                                    |  |  |
| <p><b>(22) Third Parties Used to Provide Paper Bill/Statement Service:</b> List each Third Party, if any, that the Accounting Entity used in providing its Paper Bill/Statement Service at each Facility during each Year of the Reporting Period.</p>                                   |  |  |
| <p><b>(23) Amounts Paid to Third Parties for Paper Bill/Statement Service:</b> Enter the amount the Accounting Entity paid to each listed Third Party for Paper Bill/Statement Service at each Facility during each Year of the Reporting Period.</p>                                    |  |  |
| <p><b>(24) Paper Bill/Statement Fee Revenue Paid to an Affiliate:</b> Enter the amount of Paper Bill/Statement Fee revenue paid by the Accounting Entity any non-ICS Affiliate for ICS calls originating in the Facility during each Year of the Reporting Period.</p>                   |  |  |
| <p><b>Third-Party Financial Transaction Services</b></p>   |  |  |
| <p><b>(25) Third-Party Financial Transaction Fees:</b> Enter the amount of revenue from Third-Party Financial Transaction Fees the Accounting Entity received from Customers in connection with its ICS-Related Operations at the Facility during each Year of the Reporting Period.</p> |  |  |

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| <p><b>(26) Per-Transaction Charges for Third-Party Transactions:</b> Enter the per-transaction fee(s) charged to an end user for transferring money or processing other financial transactions to facilitate an end user's ability to make account payments via a Third Party, including a Third Party that is an Affiliate of the Provider. For each fee, indicate whether the Third Party receiving the payment is an Affiliate or non-Affiliate.</p> |  |  |
| <p><b>(27) Payment Card Processing Revenue from Third-Party Financial Transaction Fees:</b> Of the amount reported for Third-Party Financial Transaction Fees above, enter the amount of that revenue applicable to charging Customers for payment card processing for each Facility during each Year during the Reporting Period.</p>  |  |  |
| <p><b>(28) Entities Charging the Accounting Entity for Third-Party Financial Transaction Services:</b> List each entity that charged the Accounting Entity for providing Third-Party Financial Transaction Services at each Facility for each Year of the Reporting Period. Indicate whether each listed entity is a Third Party.</p>   |  |  |
| <p><b>(29) Amounts Paid to Third Parties for Third-Party Financial Transaction Services:</b> Enter the amount the Accounting Entity paid to Third Parties for Third-Party Financial Transaction Services at each Facility during each Year of the Reporting Period.</p>   |  |  |
| <p><b>(30) Amounts Paid to Third Parties for Third-Party Financial Transaction Services Passed Through to Customers:</b> Enter the amount the Accounting Entity paid to Third Parties for Third-Party Financial Transaction Services that the Company passed through to Customers at each Facility for each Year of the Reporting Period.</p>   |  |  |
| <p><b>(31) Amounts Paid to Other Entities for Third-Party Financial Transaction Services:</b> Enter the amount the Accounting Entity paid to entities other than Third Parties for Third-Party Financial Transaction Services at each Facility during each Year of the Reporting period.</p>  |  |  |
| <p><b>(32) Amounts Paid to Other Entities for Third-Party Financial Transaction Services Passed Through to Customers:</b> Enter the amount the Accounting Entity paid to entities other than Third Parties for Third-Party Financial Transaction Services that the Company passed through to Customers at each Facility during each Year of the Reporting Period.</p>   |  |  |

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| <p><b>(34) Third-Party Financial Transaction Fees Paid to an Affiliate:</b> Enter the amount of Third-Party Financial Transaction Fees paid by the Accounting Entity to any non-ICS Affiliate for ICS calls originating in the Facility during each Year of the Reporting Period.</p> |  |  |
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| Unique Facility Identifier (fill in here) | Notes  |
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|   | <p>The same question is asked in connection with Single-Call and Related Services (A10), Live Agent Service (A21), Paper Bill/Statement Service (A27), and Third-Party Financial Transaction Services (A37).</p> |
|   | <p>The same question is asked in connection with Live Agent Service (A18) and Paper Bill/Statement Service (A24).</p>  |
|   | <p>The same question is asked in connection with Live Agent Service (A19) and Paper/Bill Statement Service (A25).</p>  |
|   | <p>The same question is asked in connection with Third-Party Financial Transaction Service (A31).</p>  |
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|  | The same question is asked in connection with Third-Party Financial Transaction Service (A32).   |
|  | The same question is asked in connection with Live Agent Service (A20), Paper Bill/Statement Service (A26), and Third-Party Financial Transaction Service (A33). |
|  | The same question is asked in connection with Third-Party Financial Transaction Service (A34).   |
|  | The same question is asked in connection with Third-Party Financial Transaction Service (A35).   |
|  | The same question is asked in connection with Third-Party Financial Transaction Service (A36).   |
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## **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each ICS provider's response to Form 2302(a) (consisting of Word and Excel Templates) will take 350 minutes. We estimate that the time to read the instructions, look through existing records, gather and maintain the required data, and complete and review the response will take each provider to: (a) submit audited financial statements or reports, or similar documentation, for 2019, 2020, and 2021, to the Commission in the ordinary course of business; (b) respond to any Commission requirement that the provider clarify or supplement its response to the Commission records necessary to implement this collection and make such records available to the Commission upon request. If you have any suggestions that we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Attention: Paperwork Reduction Project (3060-1300). We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). **APPLICATIONS TO THIS ADDRESS.** Remember—you are not required to respond to a collection of information sponsored or required by a government agency unless it displays a currently valid OMB control number or if we fail to display a control number the collection has been assigned an OMB Control Number of 3060-1300.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13,**