



TRS Fund Annual State Filing

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. statute, regulation, rule or order, your certification may be referred to the Federal, state or local agency responsible for investig regulation, or order. In certain cases, the information in your certification may be disclosed to the Department of Justice or a core FCC; or c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

We have estimated that this collection of information will take 1.0 hour annually. Our estimate includes the time to read the inst data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can imp Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduct if you send an e-mail to PRA@fcc.gov.

Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of inform not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you we number of 3060-0463.

THIS NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U. ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

eve there may be a violation or a potential violation of a FCC secuting, enforcing, or implementing the statute, rule, idicative body when a) the FCC; or b) any employee of the

look through existing records, gather and maintain required collection and reduce the burden it causes you, please write the roject (3060-0463). We will also accept your PRA comments

nsored by the Federal government, and the government may rtice. This collection has been assigned an OMB control

TION 552a(e)(3) AND THE PAPERWORK REDUCTION



TRS Fund Annual State Filing Instructions

Below are general instructions for completing this filing workbook. For complete instructions, please should be submitted to Rolka Loube by emailing TRSDataRequest@rolkaloube.com.

Worksheet	Inst
Filing Information	Use the provided areas to supply state, filing year, preparer, and attestin
Flat Rate Revenue	For TTY, STS, or CTS providers, supply requested data for flat rate service
Per Minute Revenue	For TTY, STS, or CTS providers, supply requested data for per minute rate
Add. Revenue Paid To Provider	Supply requested data for revenue received for programs that support T (i.e., outreach, billing, administration).

• reference the Annual Filing - State Instructions document. Any questions

ructions

ng officer information.

e contracts.

e service contracts.

TY, STS, and/or CTS above those associated with provisioning the service



Senior Officer Title

TRS Fund Annual State Filing

Jurisdiction	
Preparer Name	
Preparer's Email Address	
Preparer's Telephone	
Filing Period	
Signed By: Senior Officer Name	

I swear under penalty of perjury that I am

entity and that I have examined the foregoing reports and that all requested information has be accurate.

Persons willfully making false statements on this form can be punished by fine or imprisonment §1001.

Signature

_____, an officer of the above-named reporting een provided and all statements of fact, are true and

: under Title 18 of the United States Code, 18 U.S.C.

Date



TRS Fund Annual State | Flat Rate Costs

For each contact for which the state received TTY, STS, and/or CTS service at a 1

Duration	Rate	Rate Covers Services			Data Fad
Provider	TTY	STS	CTS	Rate Start	Rate End

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Filing

Approved By OMB TRS Fund State Form Jan 2024 Version OMB Control Number 3060-0463 Estimated Average Burden Hours Per Response: 1.0 Hour

flat rate, supply the following information.

Reported as Annual	Flat Rate Conversation Minutes Serviced During Rate Period				
Reported as Annual Total or Monthly Rate	Amount	TTY	STS	CTS	

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For each contract for which the state received TTY, STS, and/or CTS service at a per minute

Provider	Service	Rate Start	Rate End	Per Session or Conversation Minute

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rate, supply the following information.

Per Minute Rate	Minutes Serviced D	uring Rate Period
Per Minute Rate	Conversation	Session

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TRS Fund Annual State Fili Additional Costs Paid To Prov

For each contact for which the state received TTY, STS, and/or CTS service and $_{\rm I}$ following information.

Durality	Add. Costs Covers			Cont Charle	Cont Find
Provider	TTY	STS	CTS	Cost Start	Cost End

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paid additional funds above those related to provision service minutes, supply the

Reported as Annual Total or Monthly Cost	Amount	Program	Other Description

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