





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.

DRAFT - NOT FOR PUBLIC USE
Not Approved By OMB
TRS Fund Provider Form Jan 2025 Version
OMB Control Number 3060-0463
Estimated Average Burden Hours Per Response: 1.0 Hours

even there may be a violation or a potential violation of a FCC
secuting, enforcing, or implementing the statute, rule,
indicative 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
project (3060-0463). We will also accept your PRA comments

nsored by the Federal government, and the government may
tice. 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 attestir
Flat Rate Costs	For TTY, STS, or CTS providers, supply requested data for flat rate service
Per Minute Costs	For TTY, STS, or CTS providers, supply requested data for per minute rat
Add. Costs 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

Instructions
g officer information.
e contracts.
e service contracts.
TY, STS, and/or CTS above those associated with provisioning the service



TRS Fund Annual State Filing

Es

Jurisdiction

Preparer Name

Preparer's Email Address

Preparer's Telephone

Filing Period

Signed By:

Senior Officer Name

Senior Officer Title

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

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

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

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Date

[illegible]

[illegible]

[illegible]

[illegible]

Filing

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OMB Control Number 3060-0047

Estimated Average Burden Hours Per Response: 1.0 | Page 1 of 1

Approved By

OMB Control Number 3060

10 Hours Per Response: 1.0 |

flat rate, supply the following information.

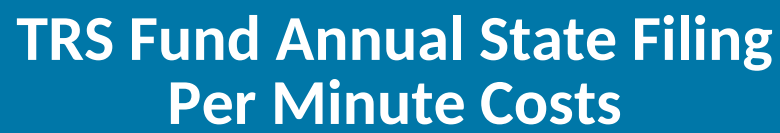
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rate, supply the following information.

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