



**OREGON EMERGENCY COMMUNICATIONS TAX**  
**Quarterly Return**  
**Tax Year 2003**

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

**1**  
1st Quarter

Quarter <b>01/01/03 to 03/31/03</b>	Due Date <b>April 30, 2003</b>	Business Identification Number	Program Code <b>520</b>	Year <b>03</b>	Period <b>03</b>	Liability <b>1</b>
Federal Identification Number						
Telephone Number ( )						

1. Total telecommunications accesses provided to 911 Emergency Reporting System.... 1
2. Tax rate ..... 2
3. **TOTAL TAX DUE** (multiply line 1 x line 2) ..... 3

<b>X 0.75</b>	
\$	

**DECLARATION**

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature <b>X</b>	Social Security No.	Date
PRINT Name Signed Above	Title	Telephone No. ( )

Please read the instructions →

Mail this return on or before the due date shown above.

Mail to: **EMERGENCY COMMUNICATIONS TAX**  
**OREGON DEPARTMENT OF REVENUE**  
**PO BOX 14110**  
**SALEM OR 97309-0910**



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**2**  
2nd Quarter

Quarter <b>04/01/03 to 06/30/03</b>	Due Date <b>July 31, 2003</b>	Business Identification Number	Program Code <b>520</b>	Year <b>03</b>	Period <b>06</b>	Liability <b>1</b>
Federal Identification Number						
Telephone Number ( )						

1. Total telecommunications accesses provided to 911 Emergency Reporting System.... 1
2. Tax rate ..... 2
3. **TOTAL TAX DUE** (multiply line 1 x line 2) ..... 3

<b>X 0.75</b>	
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<b>3</b> <small>3rd Quarter</small>	Quarter	Due Date	Business Identification Number	Program Code	Year	Period	Liability
	07/01/03 to 09/30/03	October 31, 2003		520	03	09	1
	Federal Identification Number						
Telephone Number (      )							

1. Total telecommunications accesses provided to 911 Emergency Reporting System....	1	
2. Tax rate .....	2	<b>X 0.75</b>
3. <b>TOTAL TAX DUE</b> (multiply line 1 x line 2) .....	3	\$

**DECLARATION**

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<b>4</b> <small>4th Quarter</small>	Quarter	Due Date	Business Identification Number	Program Code	Year	Period	Liability
	10/01/03 to 12/31/03	January 31, 2004		520	03	12	1
Federal Identification Number							
Telephone Number (      )							

1. Total telecommunications accesses provided to 911 Emergency Reporting System....	1	
2. Tax rate .....	2	<b>X 0.75</b>
3. <b>TOTAL TAX DUE</b> (multiply line 1 x line 2) .....	3	\$

**DECLARATION**

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature X	Social Security No.	Date
PRINT Name Signed Above	Title	Telephone No. (      )

Please read the instructions

Mail this return on or before the due date shown above.

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**OREGON DEPARTMENT OF REVENUE**  
**PO BOX 14110**  
**SALEM OR 97309-0910**

# INSTRUCTIONS

## General information

Each telecommunications provider is required to file a return and pay the tax **quarterly**. **Please do not send monthly**. You must file a return even if there was no tax collected for the reporting period. The tax is imposed on each paying retail subscriber who has telecommunications service with access to the 911 emergency reporting system.

## Due date

Your tax return and payment of the tax is due on or before the last day of the month following the end of each quarter. **Please do not send monthly**. The due dates are April 30, July 31, October 31, and January 31.

## Instructions

**Line 1.** Enter the total number of telecommunications accesses provided to the 911 emergency reporting system for the quarter.

**Line 3.** Multiply the number of telecommunications accesses by the tax rate and enter the amount of tax due.

**Penalty.** A penalty is imposed if you mail your return and pay the tax after the due date. The penalty is 5 percent of the unpaid tax. If you file more than three months after the due date, add an additional penalty of 20 percent of the unpaid tax.

**Interest.** Interest is imposed on any unpaid tax from the due date until the date payment in full is received. The current interest rate is 7 percent annually or 0.5833 percent per month (0.0192 percent per day).

**Sign and date your return.** Please do not use red ink or staple your check or money order to this return.

Mail this return with your check payable to:

**EMERGENCY COMMUNICATIONS TAX  
OREGON DEPARTMENT OF REVENUE  
PO BOX 14110  
SALEM OR 97309-0910**

## What is the applicable law?

Chapter 533, Oregon laws of 1981. Chapter 401, Oregon Revised Statutes.

## Taxpayer assistance

### Telephone:

Salem ..... 503-378-4988

Toll-free within Oregon..... 1-800-356-4222

### TTY (hearing or speech impaired; machine only):

503-945-8617 (Salem) or 1-800-886-7204 (toll-free within Oregon).

**Americans with Disabilities Act (ADA):** This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 (toll-free within Oregon).

**For general tax information:** [www.dor.state.or.us](http://www.dor.state.or.us)

**Asistencia en español. Llame al 503-945-8618 en Salem.**



# Oregon

Theodore R. Kulongoski, Governor

Department of Revenue

955 Center St NE  
Salem OR 97301-2555

## 2003 Oregon 911 Emergency Communications Tax Information

### 2003 Quarterly Tax Returns

Enclosed are your quarterly tax return forms for the Oregon Emergency Communications (911) Tax program. These returns have been updated for the year 2003.

#### Quarterly Reporting Periods and Due Dates

Quarter:	Reporting Period:	Due Date:
1st quarter (period 3)	1/1/03 – 3/31/03	April 30, 2003
2nd quarter (period 6)	4/1/03 – 6/30/03	July 31, 2003
3rd quarter (period 9)	7/1/03 – 9/30/03	October 31, 2003
4th quarter (period 12)	10/1/03 – 12/31/03	January 31, 2004

***Always retain a copy of each completed return for your records.***

### Registration

A new registration form is enclosed. Please complete the registration form and mail it with your first quarter return on or before April 30, 2003.

### Business Identification Number

Each taxpayer is identified by a business identification number (BIN) assigned by the Oregon Department of Revenue. Your BIN is printed on your quarterly tax returns. Please use your BIN when filing all tax returns and in any inquiries with the department. Write your BIN on all payments submitted with your returns.

### Payments

To make sure your payments are credited correctly, carefully complete and send your *Oregon Emergency Communications Tax Quarterly Return* with every payment you make. If you do not carefully complete all the required items on the return, your payment may not be credited correctly. If this happens, you may have to pay penalties and interest.

### Questions?

For more information, please contact:

Linda Rodgers  
Program Coordinator  
Emergency Communications Tax Program  
Oregon Department of Revenue  
PO Box 14110  
Salem OR 97309-0910

503-945-8356