

# **Quarterly Return**

Tax Year 2004

FOR OFFICE USE ONLY								
Date Received								
Payment Received								

1	

Quarter	Due Date	Business Ide	entification Number (BIN)	Progran	n Code	Year	Period	Liability
01/01/04 to 03/31/04	April 30, 2004			52	20	04	03	1
			Is this an amended return? Check if yes.		ederal E	mployer Id	entification N	umber (FEIN)
				T	elephon	e Number		
					(	)		

Total telecommunications accesses provided to Tax rate	.1	Х	0.75		
3. <b>TOTAL TAX DUE</b> (multiply line 1 x line 2)	.3 \$				
	DECLARATION				
I declare under the penalties for false swearing [OI my knowledge it is true, correct, and complete.	RS 305.990(4)] that I have examined	d this docum	ent and to	the bes	st of
Signature	Social Security Number (SSN)	Date			
X					
PRINT Name Signed Above	Title	Telepho	one Number		

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** 

Please do not detach coupon

Please do not detach coupon



# **Oregon Emergency Communications Tax**

See back for instructions

Program: 520 04 03 1 Due Date: April 30, 2004

BIN:

For Tax Year <b>2004</b>	Date Received at Revenue

Enter Payment Amount

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# **Quarterly Return**

Tax Year 2004

	FOR OFFICE USE ONLY								
D	ate Received								
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┢	ayment Received								
Ι'	ayment received								
Ī									

Telephone Number

	1	Quarter	Due Date	Business Ide	ntification Number (BIN)	Prog	ram Code	Year	Period	Liability
2		04/01/04 to 06/30/04	July 31, 2004	<b>†</b>	•	ļ	520	04	06	1
2nd Quart	er				Is this an amended		Federal E	mployer Ide	entification No	umber (FEIN)

Total telecommunications accesses provided to Tax rate		.1 X 0.75			
3. TOTAL TAX DUE (multiply line 1 x line 2)	.3 • \$				
	DECLARATION				
I declare under the penalties for false swearing [C my knowledge it is true, correct, and complete.	PRS 305.990(4)] that I have examined	d this document and to the best of			
Signature	ignature Social Security Number (SSN)				
Χ					
PRINT Name Signed Above	Title	Telephone Number			

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

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2 2nd Quarter

# **Oregon Emergency Communications Tax**

See back for instructions

Program: 520 04 06 1 Due Date: July 31, 2004

BIN:

Date Received at Revenue

**Enter Payment Amount** 

\$	П	T				
Ψ						



# **Quarterly Return**

Tax Year 2004

FOR OFFICE USE ONLY								
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3	
3rd Quarter	

Quarter	Due Date	Business Identification Number (BIN	) Pro	gram Code	Year	Period	Liability
07/01/04 to 09/30/04	October 31, 2004	<b>†</b>	+	520	04	09	1
		Is this an amended return? Check if yes	- 1 1	Federal E	mployer Ide	entification No	umber (FEIN)
				Telephon	e Number		

Total telecommunications accesses provided to Tax rate		.1 X 0.75
3. TOTAL TAX DUE (multiply line 1 x line 2)		.3 • \$
	DECLARATION	
I declare under the penalties for false swearing [C my knowledge it is true, correct, and complete.	DRS 305.990(4)] that I have examined	d this document and to the best of
Signature	Social Security Number (SSN)	Date
X		
PRINT Name Signed Above	Title	Telephone Number

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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3 3rd Quarter

# **Oregon Emergency Communications Tax**

See back for instructions

Program: 520 04 09 1

Due Date: October 31, 2004

BIN:

For Tax Year <b>2004</b>	Date Received at Revenue
	Enter Payment Amount
Φ.	



# **Quarterly Return**

Tax Year 2004

4	
4th Quarter	

Quarter	Due Date	Business Identification Number (BIN)	Prog	ram Code	Year	Period	Liability
10/01/04 to 12/31/04	January 31, 2005		<b>†</b> ;	520	04	12	1
		Is this an amended return? Check if yes.		Federal E	mployer Ide	entification N	umber (FEIN)
		·		Telephon	e Number		
				(	)		

1. Total telecommunications accesses provided to 9	911 Emergency Reporting System	1		
2. Tax rate		2	X 0.7	5
3. TOTAL TAX DUE (multiply line 1 x line 2)		3 \$		
	DECLARATION			
declare under the penalties for false swearing [OFmy knowledge it is true, correct, and complete.	RS 305.990(4)] that I have examined	I this document	and to the b	est of
Signature	Social Security Number (SSN)	Date		
X				
PRINT Name Signed Above	Title	Telephone N	lumber	
		(	)	

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** 

Please do not detach coupon

Please do not detach coupon



# **Oregon Emergency Communications Tax**

See back for instructions

Program: 520 04 12 1 Due Date:

BIN:

January 31, 2005

For Tax Year	Date Received at Revenue
2004	
	Enter Payment Amount

Enter Payment Amount				
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#### 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

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

# **Department of Revenue**



955 Center St NE Salem OR 97301-2555

# OREGON 911 EMERGENCY COMMUNICATIONS TAX 2004 INFORMATION

#### **Quarterly Tax Return**

Enclosed are your quarterly tax return forms for the Oregon 911 Emergency Communications Tax program. Use them to report and pay the tax imposed on telecommunication accesses. The due dates are shown on the returns.

The quarterly reporting periods and due dates are as follows:

<b>Quarterly Reporting Periods and Due Dates</b>			
Quarter:	Ending:	Due Date:	
<b>1st quarter</b> (period 3)	03/31/04	04/30/04	
<b>2nd quarter</b> (period 6)	06/30/04	07/31/04	
<b>3rd quarter</b> (period 9)	09/30/04	10/31/04	
4th quarter (period 12)	12/31/04	01/31/05	

Please retain a copy of each completed return for your records.

#### **Who Must File**

Any corporation, individual, or group of individuals that provide telecommunications access to the 9-1-1 Emergency Reporting System must be registered with the Department of Revenue and shall collect this tax from each customer and pay the tax. Returns not filed by the due dates are delinquent. Delinquent returns and payments are subject to penalty and interest. Mail your returns and payments to: Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910.

#### **Business Identification Number**

Each taxpayer is identified by a business identification number (BIN) assigned by the department. Your BIN has been entered on your quarterly return forms. Please refer to your BIN when filing all tax returns, and in your inquiries with the department. Write your BIN on all payments made with your returns.

#### **Questions?**

For information, or if you have questions about your returns or payments, please contact Linda Rodgers in the Special Programs Administration Unit at 503-945-8356.