



OREGON EMERGENCY COMMUNICATIONS TAX

**Quarterly Return
Tax Year 2002**

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

1
1st Quarter

Quarter	Due Date	Business Identification No.	Program Code	Year	Period	Liability
1/1/02 to 3/31/02	April 30, 2002		520	02	03	1

Federal Identification No.
Telephone No. ()

Type of Business:

Corporation Partnership Individual Other _____

1. Total telecommunication accesses provided to 911 Emergency Reporting System	1		
2. Tax rate	2	X .75	
3. TAX DUE (box 1 X box 2)	3	\$	
4. Penalty (see instructions)	4	\$	
5. Interest (see instructions)	5	\$	
6. TOTAL DUE (add lines 3, 4, and 5)	6	\$	

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 Number	Date
PRINT Name Signed Above	Title	Telephone Number ()

Please read the instructions on the following page →

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**



OREGON EMERGENCY COMMUNICATIONS TAX

**Quarterly Return
Tax Year 2002**

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

2 <small>2nd Quarter</small>	Quarter 4/1/02 to 6/30/02	Due Date July 31, 2002	Business Identification No.	Program Code 520	Year 02	Period 06	Liability 1
--	-------------------------------------	----------------------------------	-----------------------------	----------------------------	-------------------	---------------------	-----------------------

Federal Identification No.
Telephone No. ()

Type of Business:

Corporation Partnership Individual Other _____

- 1. Total telecommunication accesses provided to 911 Emergency Reporting System 1
- 2. Tax rate 2
- 3. **TAX DUE** (box 1 X box 2) 3
- 4. Penalty (see instructions) 4
- 5. Interest (see instructions) 5
- 6. **TOTAL DUE** (add lines 3, 4, and 5) 6

1	
2	X .75
3	\$
4	\$
5	\$
6	\$

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 Number	Date
PRINT Name Signed Above	Title	Telephone Number ()

Please read the instructions on the following page →

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**



OREGON EMERGENCY COMMUNICATIONS TAX

**Quarterly Return
Tax Year 2002**

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

3
3rd Quarter

Quarter	Due Date	Business Identification No.	Program Code	Year	Period	Liability
7/1/02 to 9/30/02	October 31, 2002		520	02	09	1

Federal Identification No.
Telephone No. ()

Type of Business:

Corporation Partnership Individual Other _____

1. Total telecommunication accesses provided to 911 Emergency Reporting System	1		
2. Tax rate	2	X .75	
3. TAX DUE (box 1 X box 2)	3	\$	
4. Penalty (see instructions)	4	\$	
5. Interest (see instructions)	5	\$	
6. TOTAL DUE (add lines 3, 4, and 5)	6	\$	

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 Number	Date
PRINT Name Signed Above	Title	Telephone Number ()

Please read the instructions on the following page →

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**



OREGON EMERGENCY COMMUNICATIONS TAX

**Quarterly Return
Tax Year 2002**

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

4
4th Quarter

Quarter	Due Date	Business Identification No.	Program Code	Year	Period	Liability
10/1/02 to 12/31/02	January 31, 2003		520	02	12	1

Federal Identification No.
Telephone No. ()

Type of Business:

Corporation Partnership Individual Other _____

- 1. Total telecommunication accesses provided to 911 Emergency Reporting System 1
- 2. Tax rate 2
- 3. **TAX DUE** (box 1 X box 2) 3
- 4. Penalty (see instructions) 4
- 5. Interest (see instructions) 5
- 6. **TOTAL DUE** (add lines 3, 4, and 5) 6

X	.75
\$	
\$	
\$	
\$	

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 Number	Date
PRINT Name Signed Above	Title	Telephone Number ()

Please read the instructions on the following page →

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**

INSTRUCTIONS

General information

Each telecommunications provider is required to file a return and pay the tax quarterly. 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 services 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. 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.

Line 4. Enter penalty amount (if applicable).

Line 5. Enter interest amount (if applicable).

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 10 percent annually or 0.8333 percent per month (0.0274 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 (ORS).

Taxpayer assistance

Telephone:

Salem 503-378-4988
Toll-free within Oregon..... 1-800-356-4222

Internet www.dor.state.or.us

¿Habla español? Línea de mensaje. Las personas que necesitan asistencia en español pueden dejar un mensaje. El número disponible todo el año en Salem es 503-945-8618.

A message line is available all year for those who need assistance in Spanish. The number in Salem is 503-945-8618.

TTY (hearing or speech impaired only). These numbers are answered by machine only and are not for voice use. The toll-free number within Oregon is 1-800-886-7204. In Salem the number is 503-945-8617.

Americans with Disabilities Act (ADA). In compliance with the ADA, this information is available in alternative formats upon request. The toll-free number within Oregon is 1-800-356-4222. In Salem, call 503-378-4988.