



OREGON EMERGENCY COMMUNICATIONS TAX
Quarterly Return
Tax Year 2005

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

1 1st Quarter	Quarter 01/01/05 to 03/31/05	Due Date April 30, 2005 <i>Please do not send monthly</i>	Business Identification Number (BIN)	Program Code 520	Year 05	Period 03	Liability 1
	Is this an amended return? Check if yes. <input type="checkbox"/>				Federal Employer Identification Number (FEIN)		
				Telephone Number ()			

See back for instructions.

1. Total telecommunications accesses provided to 911 Emergency Reporting System....	1	
2. Tax rate	2	X 0.75
3. TOTAL TAX DUE (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 Number (SSN)	Date
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

PLEASE DO NOT DETACH VOUCHER

PLEASE DO NOT DETACH VOUCHER



Oregon Emergency Communications Tax

Program: 520 05 03 1
 Due Date: April 30, 2005
BIN:

For Tax Year
2005

Date Received at Revenue

Enter Payment Amount

\$

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2 <small>2nd Quarter</small>	Quarter 04/01/05 to 06/30/05	Due Date July 31, 2005 <small>Please do not send monthly</small>	Business Identification Number (BIN)	Program Code 520	Year 05	Period 06	Liability 1
	Is this an amended return? Check if yes. <input type="checkbox"/>				Federal Employer Identification Number (FEIN)		
Telephone Number ()							

See back for instructions.

1. Total telecommunications accesses provided to 911 Emergency Reporting System....	1	
2. Tax rate	2	X 0.75
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2	Oregon Emergency Communications Tax
<small>2nd Quarter</small>	

Program: 520 05 06 1
 Due Date: July 31, 2005

BIN:

For Tax Year 2005	Date Received at Revenue
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Enter Payment Amount

\$



OREGON EMERGENCY COMMUNICATIONS TAX

Quarterly Return

Tax Year 2005

FOR OFFICE USE ONLY

Date Received
Payment Received

3
3rd Quarter

Quarter 07/01/05 to 09/30/05	Due Date October 31, 2005 <i>Please do not send monthly</i>	Business Identification Number (BIN)	Program Code 520	Year 05	Period 09	Liability 1
Is this an amended return? Check if yes. <input type="checkbox"/>		Federal Employer Identification Number (FEIN)				
		Telephone Number ()				

See back for instructions.

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

DECLARATION

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Signature X	Social Security Number (SSN)	Date
PRINT Name Signed Above	Title	Telephone Number ()

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

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3
3rd Quarter

Oregon Emergency Communications Tax

For Tax Year
2005

Date Received at Revenue

Program: 520 05 09 1
Due Date: October 31, 2005

BIN:

Enter Payment Amount

\$

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OREGON EMERGENCY COMMUNICATIONS TAX

Quarterly Return

Tax Year 2005

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

4 <small>4th Quarter</small>	Quarter 10/01/05 to 12/31/05	Due Date January 31, 2006 <small>Please do not send monthly</small>	Business Identification Number (BIN)	Program Code 520	Year 05	Period 12	Liability 1
				Is this an amended return? Check if yes. <input type="checkbox"/>		Federal Employer Identification Number (FEIN)	
				Telephone Number ()			

See back for instructions.

1. Total telecommunications accesses provided to 911 Emergency Reporting System....	1		
2. Tax rate	2	X 0.75	
3. TOTAL TAX DUE (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 Number (SSN)	Date
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

PLEASE DO NOT DETACH VOUCHER

PLEASE DO NOT DETACH VOUCHER



Oregon Emergency Communications Tax

4th Quarter

Program: 520 05 12 1
 Due Date: January 31, 2006

BIN:

For Tax Year
2005

Date Received at Revenue

Enter Payment Amount

\$	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
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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 RETURNS OR PAYMENTS MONTHLY**. You must file a return even if there was no tax collected for the reporting period. The tax is imposed on each retail subscriber who has telecommunications service with access to the 911 emergency reporting system.

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 5 percent annually.

Final return. If this business is disposed of or closed, a "Final Return" must be filed immediately and the tax due must be paid. Write "Final Return" across the top of your return.

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.

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

Mail original 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.oregon.gov/DOR

Asistencia en español. Llame al 503-945-8618 en Salem o llame gratis al 1-800-356-4222 en Oregon.

OREGON 911 EMERGENCY COMMUNICATIONS TAX 2005 INFORMATION

Quarterly Tax Returns

Enclosed are **all four** quarterly tax returns for the 2005 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. *Please do not pay monthly.*

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

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.

If you did not provide telephone access in Oregon this quarter, put a zero on the form and return it.

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.