

Nebraska Public Service Commission

REMITTANCE FILER ONBOARDING FORM

**Instructions:** This form must be completed and submitted by *an authorized representative of the carrier*, or by a *third-party filer* who has been authorized through a completed [Filer Authorization Form](#) on file with the Nebraska Public Service Commission. Complete this form and return it to [psc.nusf@nebraska.gov](mailto:psc.nusf@nebraska.gov).

**Carrier name:**

**Services provided:**

(e.g., VoIP, paging, Wireless - postpaid)

Please note that prepaid wireless surcharge is collected by Nebraska Department of Revenue.

**Date of first assessable revenues or lines:**

**Fund and Filing Frequency:**

Please indicate all funds for which you will file remittance worksheets. For each fund to which you will remit, please indicate the filing frequency.

Companies may elect to remit to TRS on a quarterly or annual basis if a company estimates in good faith the TRS remittance obligation will be less than \$25 per month.

Companies may elect to remit to NUSF on a quarterly basis if a company in good faith estimates the NUSF annual remittance obligation will be less than \$1,400 per year.

|              | Not Filing | Monthly | Quarterly | Annually |
|--------------|------------|---------|-----------|----------|
| <b>TRS:</b>  |            |         |           |          |
| <b>NUSF:</b> |            |         |           |          |
| <b>E911:</b> |            |         |           |          |

**Filing accounts:**

Please list each person or organization that will be filing remittances on the carrier's behalf. If the filer is a third-party, a [Filer Authorization Form](#) must also be on file for each third-party organization.

| Filer first and last name | Email address | Phone number |
|---------------------------|---------------|--------------|
|                           |               |              |
|                           |               |              |
|                           |               |              |
|                           |               |              |
|                           |               |              |

Name:

Date: