

TELECOMMUNICATIONS SERVICES SURCHARGE WORKSHEET FOR
 911-ENHANCED EMERGENCY REPORTING SYSTEM
 (Must be attached to Form LM11)

| A | B | C | D | E | F |
|-----|---|-------------------|-------------|---------------|---------------|
| | | <u>NEW CASTLE</u> | <u>KENT</u> | <u>SUSSEX</u> | <u>TOTALS</u> |
| | <u>Wirelines - Residential</u> | | | | |
| 1. | Residential Wireline Count (Include BRI Lines.) | | | | |
| 2. | Minus:Lifeline Wireline Count | | | | |
| 3. | Reportable Wireline Count | | | | |
| 4. | Multiply Line 3 by \$.60 = | | | | |
| 5. | Minus: Billing Adjustments | | | | |
| 6. | Corrected Billing | | | | |
| 7. | Minus: Uncollectables | | | | |
| 8. | Billing after Uncollectables | | | | |
| 9. | Minus: Adjustment for Refusal to pay | | | | |
| 10. | Net Billing | | | | |
| 11. | Minus: Adminstrative Costs | | | | |
| 12. | TOTAL TO BE REMITTED TO STATE: (Line 10 minus Line 11.) | | | | |
| 13. | Amounts Earmarked for Counties (Line 12 x .8333.) | | | | |
| 14. | (Add amounts from each county and enter total in Column F.) | | | | |
| 15. | Amount Earmarked for State fund (Line 12 minus Line 13.) | | | | |
| 16. | (Add amounts from each county and enter total in Column F.) | | | | |



TELECOMMUNICATIONS SERVICES SURCHARGE WORKSHEET FOR
 911-ENHANCED EMERGENCY REPORTING SYSTEM
 (Must be attached to Form LM11)

| A | B | C | D | E | F |
|-----|--|---------------------|---|---|---|
| | <u>Wirelines - Business and Wireless - Personal and Business</u> | <u>ENTIRE STATE</u> | | | |
| 17. | Wireless Line Count for Personal and Business | | | | |
| 18. | Non-Centrex Line Count (Include BRI Lines.) | | | | |
| 19. | Number of Centrex Systems with Less than 9 lines and Centrex BRI lines. | | | | |
| 20. | Add Lines 17, 18 and 19 for total count | | | | |
| 21. | Multiply Line 20 by \$.60 | | | | |
| 22. | Number of Lines in Centrex Systems with More than 9 lines | | | | |
| 23. | Multiply Line 22 by \$.067 | | | | |
| 24. | Number of Primary Rate Interface ISDN systems | | | | |
| 25. | Multiply Line 24 by \$3.00 (Surcharge rate times 5) | | | | |
| 26. | Add Lines 21 and 23 and 24 for total Billable Surcharge | | | | |
| 27. | Minus: Billing Adjustments | | | | |
| 28. | Corrected Billing | | | | |
| 29. | Minus: Uncollectables | | | | |
| 30. | Billing after Uncollectables | | | | |
| 31. | Minus: Adjustment for Refusal to pay | | | | |
| 32. | Net Billing | | | | |
| 33. | Minus: Administrative Costs | | | | |
| 34. | TOTAL TO BE REMITTED TO STATE FUND: (Line 32 minus Line 33.) | | | | |
| 35. | (Enter amount from Line 34 in Column F.) | | | | |
| 36. | Add amounts from Line 16 F and 35F. (Enter on Column C and on Line 4 of Form LM11) | | | | |



State of Delaware
 Division of Revenue
 P.O. Box 2340
 Wilmington, DE 19899-2340

TELECOMMUNICATIONS SERVICES SURCHARGE WORKSHEET FOR
 TELEPHONE RELAY SERVICE FUND
 (Must be attached to Form LM11)

| A | B | C | D | E | F |
|-----|--|--------------|---|---|---|
| | Wirelines - Business/Residential and Wireless - Personal and Business | ENTIRE STATE | | | |
| 38. | Wireless Line Count for Personal and Business | | | | |
| 39. | Non-Centrex Line Count (Include BRI Lines.) | | | | |
| 40. | Number of Centrex Systems with Less than 9 lines and Centrex BRI lines. | | | | |
| 41. | Add Lines 38 and 39 and 40 for total count | | | | |
| 42. | Multiply Line 41 by \$0.02 | | | | |
| 43. | Number of Lines in Centrex Systems with More than 9 lines | | | | |
| 44. | Multiply Line 43 by \$0.0022 | | | | |
| 45. | Number of Primary Rate Interface ISDN systems | | | | |
| 46. | Multiply Line 45 by \$0.10 (Surcharge rate times 5) | | | | |
| 47. | Add Lines 42 and 44 and 45 for total Billable Surcharge | | | | |
| 48. | Minus: Billing Adjustments | | | | |
| 49. | Corrected Billing | | | | |
| 50. | Minus: Uncollectables | | | | |
| 51. | Billing after Uncollectables | | | | |
| 52. | Minus: Adjustment for Refusal to pay | | | | |
| 53. | Net Billing | | | | |
| 54. | Minus: Administrative Costs | | | | |
| 55. | TOTAL TO BE REMITTED TO RELAY SERVICE FUND: (Line 53 minus Line 54.) | | | | |
| | (Enter on Line 5 of Form LM11.) | | | | |

