State of Hawaii  
Enhanced 911 Board  
VoIP Communications Service Provider Surcharge Collection/ Submittal Return

VoIP communication service provider or reseller name:

Month covered by submission (mm/dd/yr to mm/dd/yr):

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Total VoIP communications service connections</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Less: Federal, State and County government entities</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Subtotal (Line A – Line B)</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Monthly surcharge rate</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Subtotal (Line C x Line D)</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Less: Surcharge revenues not collected</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Subtotal (Line E – Line F)</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Less: Administrative expenses (not to exceed 2% of surcharges collected)</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>TOTAL SUBMITTED (Line G – Line H)</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Mailing Address:       Telephone Number:     Email ID:

Attestation:
I declare that under penalties imposed by the Enhanced 911 Board (the Board), that this a true and correct return, prepared in accordance with the instructions provided by the Board and in compliance with Act 168(11), Session Laws of Hawaii 2011.

Signature: ___________________________ Date: _________________________

Print Name: ___________________________
State of Hawaii
Enhanced 911 Fund
VoIP\(^1\) Communications Service Provider Surcharge Collection/Submittal Return

Instructions

General Information for VoIP Communications Service Providers:

Introduction:
Act 168(11) (the Act), Session Laws of Hawaii 2011, established the Enhanced 911 Fund and that it be administered by the Enhanced 911 Board. Under the Act, “Communications Service Providers” and “Resellers” are responsible to collect a monthly enhanced 911 surcharge on its communications service connection and to remit those amounts to the Enhanced 911 Fund. The Enhanced 911 Board has developed the VoIP Communications Service Surcharge Collection/Submittal Return (the Return) as the form to accompany all submissions of (VoIP only) surcharges to the Enhanced 911 Fund. The purpose of this document is to provide instructions for completing the Surcharge Collection/Submittal Return.

Users of Surcharge Collection/Submittal Return:
The Surcharge Collection/Submittal Return is to be filled out by VoIP communications service providers and resellers only in accordance with the ACT which requires, “All communications service\(^2\) providers\(^3\) and resellers shall bill to and collect from each of their customers a monthly surcharge at the rate established for each communications service connection.”\(^4\)

Timing for Submission of Surcharge Collection/Submittal Return:
The VoIP Communications Service Provider Surcharge Collection/Submittal Return should be submitted to the Enhanced 911 Board along with the associated surcharge amounts on a monthly basis which requires a monthly enhanced 911 surcharge of $0.66 \(^5\) shall be imposed on each communications service connection.

The return along with the associated surcharges should be submitted no later than 60 days after the calendar month in which the surcharges were collected.\(^6\)

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\(^1\) Voice over Internet Protocol.
\(^2\) Act 168(11), page 3, lines 20-22; page 4, lines 1-4. Communications service means a service capable of accessing, connecting with, or interfacing with a 911 system, by dialing, initializing, or otherwise activating the 911 system, by dialing, initializing, or otherwise activating the 911 system by means of a local telephone device, commercial mobile radio service device, Interconnected Voice over Internet Protocol device, indirect communication through a service bureau or call relay service, such as alarm companies, or any other means.
\(^3\) Act 168(11), page 4, Line 9-10. Communications service provider is an entity that provides communications service to a subscriber.
\(^4\) Act 168(11), page 4, lines 5-8. Communications service connection means each telephone number or a device’s unique identifier assigned to a residential or commercial subscriber by a communications service provider, without regard to technology deployed.
\(^5\) HRS, §138-4(b)
\(^6\) HRS, §138-4(f).
Instructions for Return Completion:

**VoIP communications service provider or reseller name:** Name of the VoIP communications service provider or reseller.

**Month covered by submission (mm/dd/yy to mm/dd/yy):** The month covered by the return submission to be stated specifically from the start date to the end date applicable. For example, 03/01/2011 to 03/31/2011.

**Total VoIP communications service connections:** Self explanatory

**Less: Federal and County government entities:** The number of VoIP service connections that the VoIP communications service provider or reseller is claiming are exempt from the collection of the monthly surcharge.  

**Monthly surcharge rate:** The monthly surcharge rate is established at $0.66.  

**Less: Surcharge revenues not collected:** Any applicable surcharges for the reporting period that were billed but not collected by the VoIP communications service provider or reseller which the VoIP communications service provider or reseller is claiming as a deduction from the amount being submitted to the Enhanced 911 Fund.  

**Less: Administrative expenses:** Administrative expenses associated with billing and collecting the surcharge limited to a maximum of two percent.  

**Comments:** Any applicable comments from the VoIP communications service provider or reseller regarding its submission of the return to the Enhanced 911 Fund.

**Mailing Address:** Mailing address of the VoIP communications service provider or reseller submitting the return.

**Email ID:** Email ID that correspondence can be directed to if necessary regarding the VoIP communications service provider’s or reseller’s submission of the return.

**Attestation:** Attestation by a representative of the VoIP communications service provider or reseller regarding the accuracy of the information provided. All submissions of the return must be dated and accompanied by a signature.

**Surcharge Collection/Submittal Form Remittance Address:**

**Regular Mail:**
State Of Hawaii Enhanced 911 Fund  
Mail Code 61233  
PO Box 1300  
Honolulu, HI 96807-1300

**FedEx Delivery:**
First Hawaiian Bank  
OSD-Lockbox KIC2  
2339 Kamehameha Highway  
Honolulu, HI 96819

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7 HRS, §138-4(b)(1)  
8 HRS, §138-4(b)  
9 HRS, §138-4(e)