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TAF Monthly Estimate Report Form

for the Month / Year _____

(must be remitted monthly)

Company ID#: _____

Contact Name: _____

Company Name: _____

Address: _____

Regulated Revenue:

All Intrastate NY Regulated Revenue (This does NOT include such items as inside-wire and Internet fees): _____

Intercompany Payments:

a. Interexchange Carrier Access Charges: _____

b. Local Terminating Access (Reciprocal Compensation): _____

c. Bottleneck Billing & Collection Elements (ANI/Recording): _____

d. Wholesale Services Purchased for Resale (i.e., Total Service Resale "TSR"): _____

e. Wholesale Network Elements & Operator Services when bundled with services purchased at wholesale: _____

Total (a+b+c+d+e): _____

Life Line Cost:

a. Billable Revenue *without* Lifeline discount applied: _____

b. Actual Billed Revenue *with* Lifeline discount applied: _____

c. Federal Lifeline support applicable to intrastate jurisdiction: _____

Subtotal 1 (a-b-c): _____

d. Discounts Associated with Installation/Reconnection: _____

e. Federal Support for Installation/Reconnection: _____

Subtotal 2 (d-e): _____

f. Automatic Enrollment/Removal Costs : _____

Total (Subtotal 1 + Subtotal 2 + f) : _____

g. Number of Lifeline Customers: _____

E911 Cost:

a. Initial & Recurring Cost for collecting, processing and submitting data to the ALI Database Operator: _____

b. ALI Database Operator Only - Cost related to initial loading of data: _____

c. Trunking Costs from serving central office to another carrier's tandem control center: _____

d. Costs for up to two "free" trunks from tandem to PSAP: _____

e. Trunk Connection & Port Charges (T-Carriers limited to dedicated/reserved trunks): _____

f. Selective Routing Expense: _____

Total (a+b+c+d+e+f): _____

PIP Cost:

a. Access Line Charge: _____

b. Local Usage Charge: _____

c. Feature Charge: _____

Total (a+b+c): _____

Other Costs:

a. Addnl.Cost1: _____

b. Addnl.Cost2: _____

Total (a+b): _____