State of Hawaii
Public Utilities Commission
Telecommunications Relay Services
Carrier Remittance Worksheet
For the Period July 1, 2015 - June 30, 2016

SECTION A	CARRIER IDENTIFICATION
Date:	Company Code: HW000_____
Company Name:	
Mailing Address:	
Email Address:	
Phone Number:	( )

SECTION B	REMITTANCE CALCULATION
1. Gross Revenues (Based on Prior Calendar Year) **(e.g., Current period is 2015; Report revenues from 1/1/2014 – 12/31/2014)** (Amount should match gross revenues reported for Hawaii PUC Fee purposes, HRS § 269-30)	
2. Less: Revenue Adjustments (describe, see Section E)	< >
3. Gross Intrastate Retail Revenues	
4. Hawaii TRS Contribution Factor	**.0012**
5. Gross Hawaii TRS Assessment (line 3 x line 4)	
6. Greater of line 5 or $12.00 (minimum due)	

If Line 6 is less than $1,200, this is your annual contribution to the TRS Fund for the period beginning July 1st of the current year to June 30th of the following year. Please pay the amount on line 6, in full, by July 26th of the current year. Send your remittance with a copy of this worksheet to the address listed below.

If Line 6 is $1,200 or more, continue to line 7 below.

SECTION C	MONTHLY CONTRIBUTION
7. Divide line 6 by 12	

Line 7 is your first monthly contribution to the TRS Fund, for the period beginning July 1st of the current year to June 30th of the following year. Send your 1st monthly remittance with a copy of this worksheet to the address listed below. Please pay the amount on line 7 by July 26th. Solix Inc. will then send you a bill for the remaining eleven monthly payments.

SECTION D — **CERTIFICATION**

Under penalties as provided by law, I certify that I am duly authorized to verify the foregoing information contained herein and that the information is true and correct to the best of my knowledge and belief.

Date	Officer / Authorized Name	Officer / Authorized Signature	Title

Contact Name & Title (if different from above)	Contact Phone	Contact email address

Questions???	Make checks payable to
Hawaii TRS Administrator Solix Inc. 30 Lanidex Plaza West, P.O. Box 685 Parsippany, NJ 07054 Phone (973) 581-7693 Fax (973) 599-6504	**"Hawaii TRS"** **and send with worksheet to:** Attn: Hawaii TRS Administrator Solix Inc. 30 Lanidex Plaza West, P.O. Box 685 Parsippany, NJ 07054

Company Name:_____ **Company Code: HW000**_____

SECTION E	DETAILS CONCERNING REVENUE ADJUSTMENT(S)
If revenue adjustment(s) are not explained here, amounts deducted may be disallowed and proposed assessments may be prepared against you.	
Describe amounts deducted from Gross Revenues to obtain Gross Intrastate Retail Revenues (list):	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	