

State of Hawaii
Public Utilities Commission
Telecommunications Relay Services
Carrier Remittance Worksheet
For the Period July 1, 2016 - June 30, 2017

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 2016-2017; Report revenues from 1/1/2015 – 12/31/2015) (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 1 st of the current year to June 30 th of the following year. Please pay the amount on line 6, in full, by July 26 th 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 1 st of the current year to June 30 th of the following year. Send your 1 st monthly remittance with a copy of this worksheet to the address listed below. Please pay the amount on line 7 by July 26 th . 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
Contact Name & Title (if different from above)	Contact Phone	Contact email address

<p style="text-align: center;">Questions???</p> <p style="text-align: center;">Hawaii TRS Administrator Solix Inc. 30 Lanidex Plaza West, P.O. Box 685 Parsippany, NJ 07054 Phone (973) 581-7693 Fax (973) 599-6504</p>	<p style="text-align: center;">Make checks payable to “Hawaii TRS” and send with worksheet to: Attn: Hawaii TRS Administrator Solix Inc. 30 Lanidex Plaza West, P.O. Box 685 Parsippany, NJ 07054</p>
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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	