

STATE OF ARKANSAS
Arkansas Public Safety Trust Fund
Public Safety Fee (Wireless and VoIP)
Monthly Remittance Report
Effective 10/01/2019

Company Name: _____ TIN: _____

State of AR Permit No: _____

Collections Period (Month/Year): _____

No. Subscribers _____

Rate **\$1.30** _____

Gross Service Fees Collected _____

Net Service Fees Remitted =====

Prepared By: _____ Telephone: _____

Email: _____

I declare under penalties of perjury that the above return is true, correct and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Title: _____

Email: _____

Mail Report and
Payment by Check to:

Arkansas Public Safety Trust Fund
c/o Arkansas Division of Emergency Management
Building 9501, Camp Joseph T. Robinson
North Little Rock, AR 72199-9600
Phone: 501-683-6700
Fax: 501-683-7890
Email: accountsreceivable@adem.arkansas.gov