



**OREGON EMERGENCY COMMUNICATIONS TAX**  
**Quarterly Return**  
**Tax Year 2008**

**IMPORTANT**

**Please fill out these fields, then  
click the button below to continue to the form.**

**Business identification number (BIN):** \_\_\_\_\_

**Name and mailing address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU DO NOT NEED TO SUBMIT THIS COVER PAGE**

**Mail your completed return and payment voucher to:**

EMERGENCY COMMUNICATIONS TAX  
OREGON DEPARTMENT OF REVENUE  
PO BOX 14110  
SALEM OR 97309-0910



**OREGON EMERGENCY COMMUNICATIONS TAX**  
**Quarterly Return**  
**Tax Year 2008**

FOR OFFICE USE ONLY	
Date Received	
Payment Received	

<input type="checkbox"/>	Quarter	Due Date <i>Please do not send monthly</i>	Business Identification Number (BIN)	Program Code	Year	Period	Liability
	Federal Employer Identification Number (FEIN)			Amended return? Yes <input type="checkbox"/>			
				Mailing address change? Yes <input type="checkbox"/>			
Telephone Number (      )							

1. Total telecommunications accesses provided to 911 Emergency Reporting System ...	1	
2. Tax rate .....	2	<b>X 0.75</b>
3. <b>TOTAL TAX DUE</b> (multiply line 1 x line 2)..... (You may override auto-calculation)	3	\$

**DECLARATION**

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature X	Date
PRINT Name Signed Above	Title
	Telephone Number (      )

Mail this return on or before the due date shown above.

Mail to: **EMERGENCY COMMUNICATIONS TAX**  
**OREGON DEPARTMENT OF REVENUE**  
**PO BOX 14110**  
**SALEM OR 97309-0910**

**PLEASE DO NOT DETACH VOUCHER**

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**Oregon Emergency Communications Tax**

150-603-001 (Rev. 3-08)

For Tax Year

**2008**

Date Received at Revenue

Program:  
Due Date:

**BIN:**

Is this an **amended** return?  Yes

\$

**Enter Payment Amount**

# INSTRUCTIONS

## General information

Each telecommunications provider is required to file a return and pay the tax **quarterly**. **PLEASE DO NOT SEND RETURNS OR PAYMENTS MONTHLY**. You must file a return even if there was no tax collected for the reporting period. The tax is imposed on each retail subscriber who has telecommunications service with access to the 911 emergency reporting system.

**Penalty.** A penalty is imposed if you mail your return and pay the tax after the due date. The penalty is 5 percent of the unpaid tax. If you file more than three months after the due date, an additional penalty of 20 percent of the unpaid tax is due.

**Interest.** Interest is imposed on any unpaid tax from the due date until the date payment in full is received. The current interest rate is 9 percent annually.

**Final return.** If this business is disposed of or closed, a "Final Return" must be filed immediately and the tax due must be paid. Write "Final Return" across the top of your return.

## Due date

Your tax return and payment of the tax is due on or before the last day of the month following the end of each quarter. **Please do not send monthly**. The due dates are April 30, July 31, October 31, and January 31.

## Instructions

**Line 1.** Enter the total number of telecommunications accesses provided to the 911 emergency reporting system for the quarter.

**Line 3.** Multiply the number of telecommunications accesses by the tax rate and enter the amount of tax due.

**Sign and date your return.** Please do not use red ink or staple your check or money order to this return.

Mail original return with your check payable to:

**EMERGENCY COMMUNICATIONS TAX  
OREGON DEPARTMENT OF REVENUE  
PO BOX 14110  
SALEM OR 97309-0910**

## What is the applicable law?

Chapter 533, Oregon laws of 1981. Chapter 401, Oregon Revised Statutes.

## Taxpayer assistance

**General tax information** ..... [www.oregon.gov/DOR](http://www.oregon.gov/DOR)  
Salem ..... 503-378-4988  
Toll-free from an Oregon prefix ..... 1-800-356-4222

## Asistencia en español:

Salem ..... 503-378-4988  
Gratis de prefijo de Oregon..... 1-800-356-4222

## TTY (hearing or speech impaired; machine only):

Salem ..... 503-945-8617  
Toll-free from an Oregon prefix..... 1-800-886-7204

**Americans with Disabilities Act (ADA):** Call one of the help numbers for information in alternative formats.