



Arkansas High Cost Fund

Year 2010 Carrier Revenue Report & Self Invoice

Please read the [instructions](#) and complete the report using MS Excel at www.r-l-s-a.com/arkansas

Select only one period

Carrier	1. ARHCF Assigned ID: _____ Click here to lookup the ID
	2. Company Name: _____
	3. Street Address: _____
	4. City, State, Zip Code: _____
	5. Main Telephone: _____
Contact	6. Name: _____
	7. Street Address: _____
	8. City, State, Zip Code: _____
	9. Contact Phone #(s): _____
	10. E-Mail Address: _____

<input type="radio"/> JAN 2010 <small>due by 2/19/10</small>	Jan-Mar
<input type="radio"/> FEB 2010 <small>due by 3/19/10</small>	<input type="radio"/> due by 4/20/10
<input type="radio"/> MAR 2010 <small>due by 4/20/10</small>	
<input type="radio"/> APR 2010 <small>due by 5/20/10</small>	Apr-Jun
<input type="radio"/> MAY 2010 <small>due by 6/21/10</small>	<input type="radio"/> due by 7/20/10
<input type="radio"/> JUN 2010 <small>due by 7/20/10</small>	
<input type="radio"/> JUL 2010 <small>due by 8/20/10</small>	Jul-Sep
<input type="radio"/> AUG 2010 <small>due by 9/20/10</small>	<input type="radio"/> due by 10/20/10
<input type="radio"/> SEP 2010 <small>due by 10/20/10</small>	
<input type="radio"/> OCT 2010 <small>due by 11/19/10</small>	Oct-Dec
<input type="radio"/> NOV 2010 <small>due by 12/20/10</small>	<input type="radio"/> due by 1/20/11
<input type="radio"/> DEC 2010 <small>due by 1/20/11</small>	

This report replaces a previous submission

Assessment	11. Intrastate Retail Revenues Only		→	
	12. Uncollectible Intrastate Retail Revenue Percentage	X		
	13. Uncollectible Intrastate Retail Revenues	<small>Line 11 times line 12 divided by 100 =</small>	→	
	14. Revenues Subject to Arkansas HCF Assessment	<small>Line 11 minus line 13 =</small>		
	15. Applicable Assessment Rate	<small>Rates are posted at www.r-l-s-a.com/arkansas</small>	X	
	16. Gross ARHCF Assessment	<small>Line 14 multiplied by line 15 =</small>		
Remit	17. Estimated Late Payment Charge of 2% per missed monthly cycle (\$50 min. per cycle)		+	
	18. Outstanding Debt, (Credit) or (Fund Support Amount)		+	
	19. Total Remittance Due to be received by administrator on or before 'due by' date	<small>Sum of Lines 16, 17 and 18. (Only if greater than \$1) =</small>		

[Payments may be made by EFT, ACH or by check. Make checks payable to ARHCF and note your assigned ID on the check.](#)

Unsigned reports may be submitted by email but will only be accepted from a preauthorized email address. Contact the administrator to register.

Please do not submit multiple copies of this report.

Signed worksheets may be submitted by fax, email, postal mail or courier. Under penalties as provided by law, I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I further acknowledge the Administrator's authority to request additional supporting information as may be necessary.

20. _____

Date	Authorized Signor Name	Authorized Signor Signature	Authorized Signor Title
Submit by US mail to	ARHCF P.O. Box 64273 Baltimore, MD 21264-4273	or by courier to	ARHCF phone (410) 347-6245 M&T Bank Lockbox 64273 8th Floor 1800 Washington Blvd. Baltimore, MD 21230
	or by fax to 717-231-6667		

Questions? Contact Rolka Loube Saltzer Associates at 717-237-6748 or msaltzer@r-l-s-a.com