

## STATE OF NEVADA

#### **PUBLIC UTILITIES COMMISSION**

HAYLEY WILLIAMSON Chair

> TAMMY CORDOVA Commissioner

RANDY J. BROWN Commissioner

STEPHANIE MULLEN Executive Director

May 10, 2024

RE: 2024 – 2025 TDD Surcharge for Assistance to Persons with Impaired Speech or Hearing

Dear Carrier:

Pursuant to Section 427A.797 of the Nevada Revised Statutes ("NRS") and Sections 707.010 through 707.040 of the Nevada Administrative Code ("NAC"), all providers of telecommunication access lines in Nevada, *including providers of voice over internet protocol service*, shall collect from their customers and transfer to the Public Utilities Commission of Nevada ("PUCN") a surcharge to fund services for persons with impaired speech or hearing. The quarterly Telecommunication Devices for the Deaf ("TDD") Report Form and remittance is due and payable to the PUCN on or before the due dates listed on the enclosed TDD Report Forms that are incomplete will be returned to the preparer.

The surcharge rate set by the PUCN for fiscal year 2025 is \$0.06 per month on each telecommunication access line of each customer of any carrier providing such lines in the State of Nevada.

A separate TDD Report Form or Letter must be submitted for *each* company by mail, email, or e-payment system.

Mail: TDD Report Form is available on the PUCN's website under the reporting section

(<a href="http://puc.nv.gov">http://puc.nv.gov</a>). Mail completed form and remittance to: Public Utilities Commission of Nevada, Attn: Fiscal Services, 1150 E. William Street, Carson City,

NV 89701.

**Email:** TDD Report Form is available on the PUCN's website under the reporting section

(http://puc.nv.gov). Email completed zero form or zero letter to: puc-

tdd@puc.nv.gov

**E-Payment System:** Visit the PUCN's website at: <a href="https://puc.nv.gov/eFile/ElecSystems/">https://puc.nv.gov/eFile/ElecSystems/</a> Select

Electronic Payment System \*\*\*Please use Edge in IE Mode\*\*\*

Payments can be made by selecting the **TDD Surcharge for Assistance to Persons** 

with Impaired Speech or Hearing link. For electronic payment technical

assistance, please contact Keri Simpson at ksimpson@puc.nv.gov

NRS 353.1467 requires "all payments of money owed to a Nevada state agency for taxes, interest, penalties or any other obligations that, in the aggregate, amount to \$10,000 or more must be made by any method of electronic transfer of money allowed by the state agency." Failure to transfer funds in the amount of \$10,000 or

more electronically is a violation of NRS 353.1467.

# Reporting Zero Access Lines:

If there are no access lines for the reporting period, you must still complete and submit one of the following items by the assigned deadlines:

• A quarterly TDD Report Form, reflecting zero access lines (by mail, email, or e-payment system).

OR

- A letter by mail or email, in lieu of quarterly TDD Reports Forms, that includes the following:
  - Company Name
  - Company CPC or CMRS License Number
  - Preparer's name and contact information
  - These statements:
    - 1. "Company is not currently providing telecommunication access lines in the State of Nevada and does not anticipate doing so within the July 1, 2024-June 30, 2025, reporting period."
    - 2. "If the company begins to provide telecommunication access lines at any time during the reporting period, this letter will not satisfy the company's TDD regulatory obligations, and the company will begin to submit a quarterly TDD Report (by mail or e-payment) and appropriate remittance for the reporting period."
- The letter must be signed and submitted by the Quarter 1 deadline to cover the entire reporting period. The letter will expire on June 30, 2025.

Should you have additional questions regarding these requirements, please contact Keri Simpson at 775-684-6187 or email puc-tdd@puc.nv.gov

Sincerely,

Breanne Potter Commission Secretary

Enclosure

# PUBLIC UTILITIES COMMISSION OF NEVADA

### TDD Surcharge for Assistance to Persons with Impaired Speech or Hearing Report Form

Company Name:  CPC or CMRS No:  Company Address:				 	
Telephone: E-Mail Address:					
Preparer Name: Preparer Company: Address: Telephone: E-Mail Address:					
<u>Quarter</u>	<u>Quarterly F</u>	<b>Quarterly Reporting Period</b>		<u> Due Date</u>	
Quarter 1 Quarter 2 Quarter 3 Quarter 4	Oct 1, 2024 - Jan 1, 2025 -	Jul 1, 2024 – Sep 30, 2024 Oct 1, 2024 – Dec 31, 2024 Jan 1, 2025 – Mar 31, 2025 Apr 1, 2025 – Jun 30, 2025		Oct 31, 2024 Jan 31, 2025 Apr 30, 2025 Jul 31, 2025	
Surcharge Month N	umber of Lines	Rate Per Line			
	x	\$0.06	= \$		
	x	\$0.06	= \$		
	x	\$0.06	= \$		
	TOTAL REMITTANCE				
Report form and applicab	ole surcharge are due no la	ter than October 31,	January 31, April 30	, & July 31 of each year.	
I,	, on behal	, on behalf of		, declare under	
[name of sign	• •	-	ompany name]		
	e laws of the State of Nevada	-	2		
	ssion of Nevada and declare	_		_	
	I that I have the authority to	-		•	
providing this information.	I further declare that the for	regoing information ha		-	
	Date				

All Sections of this form <u>MUST</u> be filled out for compliance. (Preparer Section only if applicable)