# Relay Missouri Statement

Remittance for (Company Name): _____

For the Month of: _____

Number of Basic Access Lines Paying Surcharge: _____

Surcharge Applied Per Line: _____

Revenue Collected: _____

LEC Retention Amount: _____

Remittance Due: _____
(If revenue collected is less than $30.00, do not send this form to the MoPSC.)

Authorized Signature: _____

Date: _____

Contact Person for Questions: _____

Contact Person Phone Number: _____

Contact Person E-Mail: _____

Make Checks Payable to: Missouri Director of Revenue

Send Statement and Payment to:
Budget & Fiscal Services Department
Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102-0360