Form PPD - Prepaid Wireless 911 Fee
North Dakota Office of State Tax Commissioner

(A) Check this box if this is an amended return.

Account Number: PPD-999999
Period Ending: MM/DD/YYYY

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXX
Address2: XXXXXXXXXXXXXXXXXXXXX
City State Zip: XXXXXXXXXXXXXXXXXXXXX

Check this box if your address has changed.

1. Total sales of prepaid wireless service (do not include sales tax or 911 fee) 999999999999999
2. Total exempt sales of prepaid wireless service 999999999999999
3. Sales subject to 911 fee (subtract line 2 from line 1) 999999999999999
4. Prepaid wireless 911 fee (multiply line 3 by fee rate) 999999999999999
5. Compensation discount (multiply line 4 by .03 - see instructions) 999999999999999
6. Net prepaid wireless 911 fee due (subtract line 5 from line 4) 999999999999999
7. Penalty (see instructions) 999999999999999
8. Interest (see instructions) 999999999999999
9. Total due with return (add lines 6, 7 and 8) 999999999999999

Taxpayer Signature:  
Title:  
Date:  

Contact Person (Please Print or Type):  
Contact Phone Number:  

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Form PPD - Prepaid Wireless 911 Fee Payment Voucher
North Dakota Office of State Tax Commissioner

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXX
Address2: XXXXXXXXXXXXXXXXXXXXX
City State Zip: XXXXXXXXXXXXXXXXXXXXX

PPD-999999

MM/DD/YYYY

999999999999999

Mail to: Office of State Tax Commissioner
PO Box 5623, Bismarck, ND 58506-5623
Form PPD - Prepaid Wireless 911 Fee
North Dakota Office of State Tax Commissioner
SFN 21849 (9-2018)

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Account Number

Period Ending

Due Date

1. Total sales of prepaid wireless service (do not include sales tax or 911 fee)

2. Total exempt sales of prepaid wireless service

3. Sales subject to 911 fee (subtract line 2 from line 1)

4. Prepaid wireless 911 fee (multiply line 3 by fee rate)

5. Compensation discount (multiply line 4 by .03 - see instructions)

6. Net prepaid wireless 911 fee due (subtract line 5 from line 4)

7. Penalty (see instructions)

8. Interest (see instructions)

9. Total due with return (add lines 6, 7 and 8)

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Form PPD - Prepaid Wireless 911 Fee Payment Voucher
North Dakota Office of State Tax Commissioner

Taxpayer Signature
Title
Date

Contact Person (Please Print or Type) Contact Phone Number

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.