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TAF Annual Forecast Input Form

detailed costs for the calendar Year of _____

(must be remitted yearly)

Company ID#: _____

Contact Name: _____

Company Name: _____

Address: _____

Estimates For Annual Forecast:

| | |
|---|--|
| Estimated Gross Intrastate Regulated Revenue: | |
| Estimated Intercompany Payments: | |
| Estimated E911 Cost: | |
| Estimated Lifeline Cost: | |

Please prepare these estimates and submit *as soon as possible*. This data will be used in developing an estimated assessment ratio for the Targeted Accessibility Fund of New York.