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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.