

2018 INDEMNIFICATION AGREEMENT

GROSS RECEIPTS TAX / STATE UNIVERSAL SERVICE FUND / PUC SURCHARGES/
TELECOMMUNICATION RELAY SERVICE SURCHARGES

ANY MODIFICATION TO THIS CERTIFICATE RENDERS IT NULL AND VOID

VALID ONLY FOR THE FOLLOWING STATE(S) INCLUDING COUNTY, MUNICIPAL, CITY AND SPECIAL
DISTRICTS THEREIN

<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho ⁴	<input type="checkbox"/> Minnesota ⁷	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Arizona ¹	<input type="checkbox"/> Illinois ⁵	<input type="checkbox"/> Missouri	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> California ²	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska ⁸	<input type="checkbox"/> South Carolina ¹²
<input type="checkbox"/> Colorado	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada ⁹	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Texas ¹³
<input type="checkbox"/> Delaware	<input type="checkbox"/> Kentucky ⁶	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Utah ¹⁴
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York ¹⁰	<input type="checkbox"/> Virginia ¹⁵
<input type="checkbox"/> Florida ³	<input type="checkbox"/> Maine	<input type="checkbox"/> North Carolina ¹¹	<input type="checkbox"/> Washington ¹⁶
<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> West Virginia ¹⁷
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wisconsin

1. Includes Transaction Privilege and Telecommunication Service Excise.
2. Includes Teleconnect, ULTS, DEAF, CHCF, and UUT.
3. Includes Communications Services Tax.
4. Includes Telecommunications Service Assistance Surcharge.
5. Includes Municipal Telecommunications Tax and Infrastructure Maintenance Fees.
6. Includes Lifeline Surcharge/TRS/TAP
7. Includes Telecommunication Access for Communication Impaired Persons
8. Includes City Business and Occupation.
9. Includes City Business License.
10. Includes NYS section 183, 184, 184(a), 186(e), Taxes and NYC Utility Excise/Franchise Tax.
11. Includes Privilege Tax on Gross Receipt from Toll Telecommunications Services.
12. Includes City License Tax.
13. Includes TIF, Equalization Surcharge, and Margins Tax.
14. Includes Emergency Service Charge for Poison Control Center, City Resort and City Utility User Tax
15. Includes Local Consumer Utility Tax.
16. Includes City Utility Tax.
17. Includes City Excise Tax.

ISSUED TO SELLER: **Carrier**

I certify that _____ (name of issuer/buyer)

(address of issuer/ buyer)

(accounts of issuer/ buyer)

is registered to do business in the above States and that services purchased during the period covered by the resale agreement are purchases for resale, whether wholesale or retail, in the normal course of business and will pay the tax to the proper taxing authority.

I further certify that if any telecommunications service so purchased tax-free is used or consumed by issuer as to make it subject to tax, issuer will pay the tax directly to the proper taxing authority when the applicable law so provides or when proper taxing authority informs vendor for added tax billing. This certificate will be considered a part of each order that our company may hereafter give to vendor and shall be valid until canceled by our company in writing or revoked by the state. I further agree to hold harmless, and indemnify, and defend Carrier and its affiliated entities from any claims (asserted or threatened), damages, penalties, interest, expenses, and/or liabilities based on or arising out of the failure to properly collect and/or remit taxes on services ordered hereunder.

I declare under penalties of making false statement that this certificate has been examined by me and to the best of my knowledge and belief, reflect true, correct, and accurate statements.

Acknowledged: _____ Print Name: _____

Title: _____ Date: ____/____/____