

EXHIBIT B

ANNUAL MCS REPORT TO THE OFFICE OF STATE TREASURER

All state entities that accept MCS payment, whether participating in a statewide contract or approved to utilize another MCS provider, shall submit the following information to OST annually within 30 days after fiscal year-end. Attach additional pages if necessary.

A.

1. Fiscal Year: _____
2. Name of entity accepting MCS: _____
3. Location transaction accepted: _____
4. Type of fees and taxes collected: _____
5. Total dollar receipts by transaction type: \$ _____
6. Number of transactions by transaction type: _____
7. Description of fees paid to MCS provider: _____
8. Amount of fees paid to MCS provider: _____
9. Amount of appropriated funds and/or convenience fees collected: \$ _____

B.

Aggregate Annual Service Fees Paid - provide the annual dollar amount of all MCS processing fees (including interchange, access, assessment, transaction, and admin fees) remitted to the service provider, indicating the source of payment, such as:

1. States funds appropriated: \$ _____
2. Convenience fees: \$ _____
3. Fees and taxes collected added to price of goods/services: \$ _____

C.

Funds remitted to OST:

1. Excess MCS convenience fees:
Amount \$ _____
Date _____
2. Fees and taxes collected added to price of goods/services
Amount \$ _____
Date _____

Prepared by: _____

Telephone #: _____

Email: _____

Date: _____