



# Photographic Enforcement Systems

## - Designated Trauma Facility and EMS Account

a. T Code ■ 32240

• Report MUST be filed even if no payment is due.

c. City/County Identification Number ■	d. Report for fiscal year ending (mm/dd/yy)	e. ■	f. Due date of report
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g. \_\_\_\_\_  
City/County name and mailing address

**h. IMPORTANT**  
Blacken this box if your address has changed. Show changes by the preprinted information. →  1

i. ■	j. ■
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Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone number listed on this form.

Please check if fiscal year has changed from previous report

Transportation Code, Section 707.008

Not later than the 60th day after the end of the local authority's fiscal year, after deducting amounts the local authority is authorized by Subsection (b) to retain, the local authority shall:

- send \_\_\_\_\_ percent of the revenue derived from civil or administrative penalties collected by the local authority as authorized under this section to the Comptroller for deposit to the credit of the designated trauma facility and EMS account.
- deposit the remainder of the revenue in a special account in the local authority treasury that may be used only to fund traffic safety programs.

1. Total amount of civil and administrative penalties .....	1. ■ \$ _____ .
2. Less allowable expenses (Trans. Code Sec. 707.088(b)(1-4):	
a) costs of purchasing or leasing equipment ..... 2a.	\$ _____ .
b) installation of equipment and network ..... 2b.	\$ _____ .
c) operating enforcement system (including administrative cost) ... 2c.	\$ _____ .
d) system maintenance and upkeep ..... 2d.	\$ _____ .
Total allowable expenses (Total of amounts in Items 2a, 2b, 2c and 2d) .....	2. ■ \$ _____ .
3. Net revenue from photographic traffic enforcement systems (Item 1 minus Item 2) .....	3. ■ \$ _____ .
	<b>X</b>
4. TOTAL AMOUNT DUE THE STATE (Multiply amount in Item 3 by _____ %)	4. \$ _____ .
5. TOTAL AMOUNT OF PAYMENT (Same as Item 4) .....	5. ■ \$ _____ .

40-146 (Rev.1-19/5)

**\*\*\* DO NOT DETACH \*\*\***

City/County name	k. ■	l.
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■ T Code    ■ Identification no.    ■ Period

Complete this report and make the amount in Item 5 payable to:  
**STATE COMPTROLLER**

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS  
P.O. Box 149361  
Austin, TX 78714-9361

I, (type or print name) \_\_\_\_\_ certify that the information above is true and correct as shown in the records of the reporting office of the city or county named.

Authorized agent

**sign here** ▶

Title	Date
Daytime phone (Area code and number)	