

**Kansas Universal Service Fund  
Mar 16 - Feb 17 Carrier Remittance Worksheet For**

**Incumbent LECS / Electing Carriers (ECs) ONLY**

<b>A. Company Code</b> <b>KS 00</b>
B. Submission Date
<b>C. KUSF Assessments Collected from Customers</b> (Collected for Revenue Data Months Reported in Block E)
\$ _____
<b>D. N/A for ILECs/ECs</b>

E. Revenue Data Month(s):			
Mar-16	Jun-16	Sep-16	Dec-16
Apr-16	Jul-16	Oct-16	Jan-17
May-16	Aug-16	Nov-16	Feb-17
F. ORIGINAL		REVISION	

Please read complete instructions before completing.

**SECTION 1 - CARRIER IDENTIFICATION**

1. Company Name:	_____
1a. Complete Mailing Address:	_____
1b. Company Contact Name:	_____
1c. Telephone:	_____ E-Mail Address (required): _____
2. Primary Communications Business (Circle primary business and "X" other categories being reported):	
ILEC	Electing Carrier
<b>Agent - Attachment B must be filed for current fiscal year</b>	
3. Agent Name:	_____
3a. Complete Mailing Address:	_____
3b. Agent Contact Name:	_____
3c. Telephone:	_____ E-Mail Address (required): _____

**SECTION 2 - INTRASTATE RETAIL REVENUE DATA**

4. LOCAL EXCHANGE SERVICE.....	4.	_____
5. LOCAL PRIVATE LINE (REPORT TOLL PRIVATE LINE SEPARATELY ON NON-ILEC WORKSHEET)	5.	_____
6. WIRELESS, PAGING CHARGES ( Include AirTime and Roaming) .....	6.	_____
7. INTERCONNECTED VoIP.....	7.	_____
8. INTRASTATE SWITCHED TOLL (REPORT SEPARATELY ON NON-ILEC WORKSHEET)	8.	_____
9. ALTERNATIVE ACCESS, PAYPHONE, & DIRECTORY.....	9.	_____
10. MISCELLANEOUS & NON-RECURRING.....	10.	_____
11. TOTAL INTRASTATE RETAIL REVENUE (SUM OF LINES 4 THROUGH 10)(see instructions).....	11.	\$0.00
12. UNCOLLECTIBLES (BAD DEBT) written off during the reported revenue data month.....	12.	_____
13. NET INTRASTATE REVENUE (SUBTRACT LINE 12 FROM 11).....	13.	\$0.00

**SECTION 3 - PAYMENT CALCULATION**

14. 16/17 ASSESSMENT RATE .....	14.	<b>0.0653</b>
15. ILEC/EC: TOTAL NUMBER OF ACCESS LINES .....	15.	_____
16. GROSS KUSF ASSESSMENT (Line 13 x Line 14).....	16.	-
17. KUSF SUPPORT PAYABLE.....(ILECS/ECs ONLY) .....	17.	_____
<b>18. Lifeline Discount</b>		
# Lifeline Discount	Total Lifeline Discount	Incumbent LEC
Lines	Per Line	
_____	7.77	\$ -
_____	7.77	\$ -
Total	\$ _____	\$ -
18.		-
19. TOTAL KUSF ASSESSMENT (LINE 16 - LINE17 - LINE 18.) (Negative amount Equals KUSF payment to ILEC).....	19.	\$ -
20. ASSESSMENT TRANSFERRED FROM AFFILIATE/SUBSIDIARY (DUE FROM KS00 _____).....	20.	_____
21. NET KUSF ASSESSMENT/(PAYMENT) DUE (LINE 19 + LINE 20).....	21.	\$ -

Remittance Worksheets are due to GVNW on the 15th day of the current month, unless on a weekend, then due the next business day.  
Remittance worksheets received after the 15th of the month are subject to a 1.0% (12% APR) or \$100, whichever is greater, Late Worksheet Charge.  
Payments received by CoreFirst after the due date are subject to a 1% (APR 12%) Late Payment Charge.

**SECTION 4 - CHANGE IN COMPANY STATUS**

22. Change in Business Operations:	Business Sold: _____ (Date)	Business Merged: _____ (Date)	Business Ceased: _____ (Date)
23. Surviving Legal Entity:	_____		
24. Company Sold to/Merged With:	_____		

**SECTION 5 - CERTIFICATION**

Under penalties as provided by law, I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I acknowledge GVNW's authority to request additional information as necessary and to discuss the Company's KUSF obligations with the designated Agent.

25.	_____	_____	_____	_____
	Date	Officer Name	Officer Signature	Title
26.	_____	_____	_____	_____
	Date	Agent Name	Agent Signature	Title

Send payment to : (U.S. Mail) KUSF, PO Box 1512 Topeka, KS 66611-2122 (Overnight) CoreFirst Bank & Trust, Lockbox Dept., KUSF Box 1512, 3035 S Topeka Blvd, Topeka, KS 66611-2122  
Send CRW to:GVNW Consulting, Inc. 3220 Pleasant Run, Springfield, IL 62711 Questions: 217.862.1550 Fax: 217.698.2715 E-Mail: KUSF@GVNW.com