

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

**For all carriers other than Incumbent LECs / Electing Carriers**

A. Company Code <b>KS</b>
B. Submission Date
<b>C. KUSF Assessment Collected from Customers:</b> (Collected for Revenue Data Months Reported in Block E) \$ _____
D. Circle Reporting Basis:      Safe Harbor      Study      Actual

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
1st QTR	2nd QTR	3rd QTR	4th QTR
Semi-Annual Mar -Aug. 16		Semi-Annual Sep 16- Feb 17	
Annual Mar 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:				
2. Primary Communications Business (Please circle primary business and "X" other categories being reported):										
CLEC	IXC	CEL	PAG	VoIP	CAP	OSP	PAY	SAT	Other: Please Explain:	
<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/ INTRASTATE TOLL PRIVATE LINE.....	5.	_____
6. WIRELESS/PAGING CHARGES (Include AirTime and Roaming) .....	6.	_____
7. INTERCONNECTED VoIP.....	7.	_____
8. INTRASTATE SWITCHED TOLL/LONG DISTANCE .....	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.	\$ _____ -
12. UNCOLLECTIBLES (BAD DEBT) written off during this reported revenue data month .....	12.	_____
13. NET INTRASTATE REVENUE (SUBTRACT LINE 12 FROM 11).....	13.	\$ _____ -

**SECTION 3 - REMITTANCE CALCULATION**

14. 16/17 ASSESSMENT RATE .....	14.	<b>0.0653</b>
15. TOTAL NUMBER OF ACCESS LINES (See Instructions) ILECS/ECs ONLY .....	15.	_____
16. GROSS KUSF ASSESSMENT (Line 13 x Line 14) .....	16.	\$ _____ -
17. KUSF SUPPORT PAYABLE (Competitive ETCs ONLY) .....	17.	_____
18. LIFELINE DISCOUNT [Facilities-Based providers]		
# Lifeline      Discount      Total Lifeline      Incumbent LEC		
Lines      Per Line      Discount		
_____      \$7.77      \$ _____ -		
_____      \$7.77      \$ _____ -		
Total      -      _____      \$ _____ -	18.	_____ -
19. TOTAL KUSF ASSESSMENT (LINE 16 - LINE 17 - LINE 18).....	19.	_____ -
20. ASSESSMENT TRANSFERRED TO ILEC/EC AFFILIATE (DUE TO KS00 _____) ILECS/ECs ONLY .....	20.	_____
21. NET KUSF ASSESSMENT/(PAYMENT) DUE (LINE 19 + LINE 20).....	21.	_____ -

**Remittance Worksheets and Payments are due on the 15th day of the current month, unless on a weekend, then due the next business day.**  
**Remittance worksheets received by GVNW after the due date 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.

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