

**Kansas Universal Service Fund
Mar 18 - Feb 19 Carrier Remittance Worksheet For**

Incumbent LECS / Electing Carriers (ECs) ONLY

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

E. Revenue Data Month(s):			
Mar-18	Jun-18	Sep-18	Dec-18
Apr-18	Jul-18	Oct-18	Jan-19
May-18	Aug-18	Nov-18	Feb-19
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
Agent - Attachment B must be filed for current fiscal year	
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 TOLL.....	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. 18/19 ASSESSMENT RATE	14.	0.0750
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.	_____
18. Lifeline Discount		
# Lifeline Lines	Discount Per Line	Total Lifeline Discount
_____	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 - CERTIFICATION

22. Same Contribution Methodology: _____ (Mark if your company uses the same methodology, including for bundled services, to contribute to the KUSF as that used for Federal USF contribution purposes)

Under penalties as provided by law, I certify that I have examined the information provided in 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.

23.	_____	_____	_____	_____
	Date	Officer Name	Officer Signature	Title
24.	_____	_____	_____	_____
	Date	Agent Name	Agent Signature	Title

Send payment via ACH 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. 2930 Montvale Dr., Ste B, Springfield, IL 62704 Questions: 217.862.1550 Fax: 217.698.2715 E-Mail: KUSF@GVNW.com