

Kansas Universal Service Fund

Mar 18 - Feb 19 Carrier Remittance Worksheet

For all carriers other than Incumbent LECs / Electing Carriers

A. Company Code KS 00
B. Submission Date
C. KUSF Assessment Collected from Customers: (Collected for Revenue Data Months Reported in Block E) \$ _____
D. Circle Reporting Basis: Safe Harbor Study Actual

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
1st QTR	2nd QTR	3rd QTR	4th QTR
Semi-Annual Mar -Aug 18		Semi-Annual Sep 18- Feb 19	
Annual Mar 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: _____

2. Primary Communications Business (Please circle primary business and "X" other categories being reported):

CLEC	IXC	CEL	PAG	VoIP	CAP	OSP	PAY	SAT
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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/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. 18/19 ASSESSMENT RATE	14. 0.075
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 - 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 Carrier Remittance Worksheet 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.			
23. _____	_____	_____	_____
Date	Officer Name	Officer Signature	Title
24. _____	_____	_____	_____
Date	Agent Name	Agent Signature	Title

Send payment Via ACH or 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 E-Mail: KUSF@GVNW.com Fax: 217.698.2715