

Kansas Universal Service Fund

Mar 19 - Feb 20 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-19	Jun-19	Sep-19	Dec-19
Apr-19	Jul-19	Oct-19	Jan-20
May-19	Aug-19	Nov-19	Feb-20
1st QTR	2nd QTR	3rd QTR	4th QTR
Semi-Annual Mar -Aug 19		Semi-Annual Sep 19- Feb 20	
Annual Mar 19 - Feb 20			
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	

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. 19/20 ASSESSMENT RATE	14.	0.0688
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 (ILECS ONLY)	17.	_____
18. LIFELINE DISCOUNT [Facilities-Based providers]		
# Lifeline Lines	Discount Per Line	Total Lifeline Discount
_____	\$7.77	\$ _____
_____	\$7.77	\$ _____
Total		\$ _____

I certify that the KLSIP credits I am requesting were directly provided service by my Company using the Company's own facilities or the Company's own facilities and combination of its own facilities and resale of another's facilities, including those of another ETC. I also certify each KLSIP credit is, and will be, flowed-through in its entirety to each eligible subscriber.

18a.	Date	Officer Name	Officer Signature	Title
	_____	_____	_____	_____

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 Contact GVNW for ACH information.

File CRW Electronically at <http://www.gvnw.com/USF/KansasUSF.aspx> or email CRW to kusf@gvnw.com. For mail or overnight delivery, see Attachment D.