

Universal Service Worksheet

Please read instructions before completing. Report actual amounts billed to customers and contributors during the filing period without subtracting uncollectibles or international settlement payments. Report revenues in whole dollars. Do not report negative amounts.

Block 1: Contributor Identification

1 Legal name of contributor			
2 IRS employer identification number	TRS Company Code		
3 Name contributor is doing business as			
4 Principal communications business (check only one)			
<input type="checkbox"/> Shared Tenant Service Provider	<input type="checkbox"/> Payphone Service Provider	<input type="checkbox"/> Private Service Provider	
<input type="checkbox"/> Incumbent LEC	<input type="checkbox"/> CAP/CLEC	<input type="checkbox"/> Local Reseller	<input type="checkbox"/> Other Local
<input type="checkbox"/> Cellular/PCS/SMR (wireless telephony)	<input type="checkbox"/> Paging & Messaging	<input type="checkbox"/> Wireless Data	<input type="checkbox"/> Other Mobile
<input type="checkbox"/> IXC	<input type="checkbox"/> Toll Reseller	<input type="checkbox"/> OSP	If Other Local, Other Mobile, or Other Toll is checked, describe contributor type below.
<input type="checkbox"/> Satellite	<input type="checkbox"/> Pre-paid Card	<input type="checkbox"/> Other Toll	
5 Holding company			
6 Management company (if contributor is managed by another entity)			
7 Principal Carrier Identification Code used for interexchange service			
8 Complete mailing address of contributor's corporate headquarters			
9 Telephone number for customer inquiries	()		

Block 2: Contact Information

10 Name of contact person			
11a Telephone number of contact person	()	11b Fax number	()
12 E-mail of contact person			
13 Complete mailing address of contact: <small>[Filing information and future Universal Service Worksheets will be sent to this address.]</small>			
14 Billing address: <small>[Bills for Universal Service contributions will be sent to this address.]</small>			

Block 3: Certification: (To be signed by an officer of the contributor.)

I certify that I am an officer of the above-named contributor, that I have examined this report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named contributor.

15 Signature			
16 Printed name of officer			
17 Position with contributor			
18 Date			
19	Year of data in Block 4	Filing Period	(Check one)
	<input type="checkbox"/> Due by September 1 Data for current year, January 1 through June 30	<input type="checkbox"/> Due by March 31 Data for prior year, January 1 through December 31	
20 This filing is:	<input type="checkbox"/> Original filing	<input type="checkbox"/> Revised filing	

Do not include a check with this filing. For additional information, please call the Universal Service Administrator. Mail this Worksheet to the Universal Service Administrator, not to the FCC. The Administrator's address and telephone number are available on the FCC's website.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

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