

**1999 FCC Form 499A Telecommunications Reporting Worksheet**

>>> Please read instructions before completing. <<<

Approval by OMB

3060-0855

Expires \_\_/\_\_/\_\_

**Annual Filing -- due April 1.**

<b>Block 1: Contributor Identification Information</b>		101	Filer 499 ID	
102 Legal name of reporting entity				
103 IRS employer identification number				
104 Name telecommunications service provider is doing business as				
105 Principal communications business (check the one that best describes the reporting entity -- see directions)				
<input type="checkbox"/> CAP/CLEC		<input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale)		<input type="checkbox"/> Incumbent LEC
<input type="checkbox"/> Local Reseller		<input type="checkbox"/> OSP		<input type="checkbox"/> Payphone Service Provider
<input type="checkbox"/> Pre-paid Card		<input type="checkbox"/> Paging & Messaging		<input type="checkbox"/> Satellite
<input type="checkbox"/> Shared Tenant Service Provider		<input type="checkbox"/> Private Service Provider		<input type="checkbox"/> Toll Reseller
<input type="checkbox"/> SMR (dispatch)		<input type="checkbox"/> Other Local		<input type="checkbox"/> Wireless Data
<input type="checkbox"/> Other Mobile		<input type="checkbox"/> Other Mobile		<input type="checkbox"/> Other Toll
If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided:				
106 Holding company [All affiliated companies should show same name here]				
107 Management company (if carrier is managed by another entity)				
108 Complete mailing address of reporting entity corporate headquarters				
109 Complete business address for customer inquiries and complaints (if different from address entered on Line 108)				
110 Telephone # for customer inquiries and complaints		( ) -		
111 Additional Names For Carrier Activities		f		
a		g		
b		h		
c		i		
d		j		
e		k		
<b>Block 2-A: Personal Contact Information</b>				
112 Person who completed this worksheet				
113 Telephone number of this person		( ) -		
114 Fax number of this person		( ) -		
115 E-mail of this person				
116 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent				
117 Billing address: [Plan administrators will send bills for contributions to this address]				
<b>Block 2-B: Agent for Service of Process</b>				
118 D.C. Agent for Service of Process per 47 U.S.C 413				
119 Telephone number of D.C. agent		( ) -		
120 Fax number of D.C. agent		( ) -		
121 E-mail of D.C. agent				
122 Complete business address of D.C. agent for hand service of documents				
123 Alternate Agent for Service of Process (optional)				
124 Telephone number of alternate agent		( ) -		
125 Fax number of alternate agent		( ) -		
126 E-mail of alternate agent				
127 Complete business address of alternate agent for hand service of documents				

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