Kansas Universal Service Fund
Mar 21 - Feb 22 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-21	Jun-21	Sep-21	Dec-21
Apr-21	Jul-21	Oct-21	Jan-22
May-21	Aug-21	Nov-21	Feb-22
1st QTR	2nd QTR	3rd QTR	4th QTR
Semi-Annual Mar -Aug 21		Semi-Annual Sep 21- Feb 22	
Annual Mar 21 - Feb 22			
F: ORIGINAL	REVISION		

Please read complete instructions before completing.

SECTION 1 - PROVIDER 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): A CLEC or IXC must have a Certificate of Convenience from the Kansas Commission.

CLEC IXC WIRELESS/CELL 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. INTRASTATE 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. 21/22 ASSESSMENT RATE	14.	**0.1084**
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	$ -	18.	-

I certify that the KLSP 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 KLSP credit was, and will be, flowed-through in its entirety to each eligible subcriber.

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 Filing Penalty.
Payments received by CoreFirst after the due date are subject to a 1% (APR 12%) Late Payment Penalty.

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 U.S. Mail to: 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 via E-File at https://www.gvnwusf.com/ks. For mail or overnight delivery, see Attachment D.