

**New Mexico State Rural Universal Service Fund  
2024 Carrier Remittance Worksheet**

(due the 15th of the month after the month being reported unless the 15th is a Saturday, Sunday or Holiday)

A. Company Code NM-
B. Submission Date

**\*ILLUSTRATIVE\***

\*\* This form must be filed electronically via E-File at  
<https://usflogon.vantagepnt.com/>

E. Revenue Data Month(s):			
Jan-24	Apr-24	Jul-24	Oct-24
Feb-24	May-24	Aug-24	Nov-24
Mar-24	Jun-24	Sep-24	Dec-24
1st QTR	2nd QTR	3rd QTR	4th QTR
F: ORIGINAL		REVISION	

SECTION 1 - CARRIER IDENTIFICATION			
1. Company Name			
1a. Complete Mailing Address			
1b. Telephone:	E-Mail Address (required):		
2. Primary Communications Business (Please circle primary business and "X" other categories being reported):			
LEC	IXC CAP CLEC CEL OSP PAG VOIP OTHER (explain)		
3. Parent Company:			
3a. Complete Mailing Address:			
3b. Telephone	E-Mail Address (required):		
SECTION 2 - REMITTANCE CALCULATION			
4. NUMBER OF NON-EXEMPT COMMUNICATION CONNECTIONS .....	4. _____		
5. 2024 ASSESSMENT RATE .....	5. \$ <b>1.13</b>		
6. REMITTANCE (Line 4 x Line 5) .....	6. \$ -		
SECTION 3 - LITAP CALCULATION			
Please Note: Backup is Required Before Payment is Issued. Please Provide FCC Form 497, Receipts, Vouchers, etc.			
7. ENTER THE SINGLE MONTH FOR WHICH QUALIFIED LIFELINE CUSTOMERS ARE REPORTED.....	7. _____		
7a.) Enter Each Reported SAC#.....	7a.) _____		
7b.) Enter the Sum of all Tier 3 Customers.....	7b.) _____		
8. RATE PER CUSTOMER (MAXIMUM SUPPORT PER CUSTOMER IS \$3.50).....	8. \$ -		
9. TOTAL ADJUSTED LIFELINE SUPPORT OR TRUE UPS & ADJUSTMENTS REPORTED THIS MONTH.....	9. _____		
10. LIFELINE DISCOUNT (Line 7b x Line 8) + (Line 9).....	10. \$ -		
11. INTEREST ACCRUAL AMOUNTS ON LIFELINE FUNDS .....	11. _____		
12. THE AMOUNT OF ADMINISTRATIVE, ADVERTISING, VOUCHER & OTHER LIFELINE EXPENSES .....	12. _____		
13. LITAP - TOTAL: (Line 10 + Line 11 + Line 12).....	13. \$ -		
14. LITAP - THE FOREGONE REVENUE RESULTING FROM THE DISCOUNTS PROVIDED TO LIFELINE CUSTOMERS AFTER AFTER REIMBURSEMENTS (Non-Add Item).....	14. _____		
SECTION 4 - NET REMITTANCE CALCULATION			
15. (NON-LITAP) NMSRUSF SUPPORT (Payable to Eligible Telecommunications Carriers) .....	15. _____		
16. NET NMSRUSF REMITTANCE: (Line 6) - (Line 13 + Line 15) A Negative Amount Indicates a NMSRUSF Payment is Due to the Carrier .....	16. \$ -		
SECTION 5 - CERTIFICATION			
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 further acknowledge Vantage Point Solutions authority to request additional information as necessary.			
_____	_____	_____	_____
Date	Officer Name	Officer Signature	Title
_____	_____	_____	_____
Date	Filer Name	Filer Signature	Filer Email
<b>For Regular Payment by Check:</b>	<b>For Overnight Payments by Check:</b>	<b>For Electronic Funds Transfer:</b>	<b>Identify your payments by providing the NMSRUSF Company Code.</b>
New Mexico USF P.O. Box 27561 Albuquerque, NM 87125-7561	New Mexico USF Attn: Lockbox Department 3900 Vassar NE Albuquerque, NM 87107	Identify the transmittal as: <b>NMUSF or NMSRUSF Payment</b> Bank of Albuquerque, N.A. Albuquerque, NM 87107 Contact Vantage Point Solutions for Account Information	
<b>Please make payments payable to: NMUSF, NMSRUSF or New Mexico USF</b>		Checks made payable to any other entity will not be processed and will be returned.	NMSRUSF - Vantage Point Solutions 2024