Kansas Universal Service Fund
Mar 25 - Feb 26 Carrier Remittance Worksheet For
Incumbent LECS / Electing Carriers (ECs) ONLY

A. Company Code **KS 00**	
B. Submission Date	
C. KUSF Assessments Collected from Customers (Collected for Revenue Data Months Reported in Block E) $_____	
D. N/A for ILECs/ECs	

ILLUSTRATIVE

** This form must be filed online via E-File at **
https://usflogon.vantagepnt.com/

E. Revenue Data Month(s):			
Mar-25	Jun-25	Sep-25	Dec-25
Apr-25	Jul-25	Oct-25	Jan-26
May-25	Aug-25	Nov-25	Feb-26
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 (**required**):

2. Primary Communications Business (Circle primary business and "X " other categories being reported):

ILEC Electing Carrier

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 .	$0.00
12. UNCOLLECTIBLES (BAD DEBT) **written off during the reported revenue data month**	12 .	
13. NET INTRASTATE REVENUE (SUBTRACT LINE 12 FROM 11)	13 .	$0.00

SECTION 3 - PAYMENT CALCULATION

14. 25/26 ASSESSMENT RATE	14 .	**0.1215**
15. ILEC/EC: TOTAL NUMBER OF ACCESS LINES	15 .	
16. GROSS KUSF ASSESSMENT (Line 13 x Line 14)	16 .	-
17. KUSF SUPPORT PAYABLE……(ILECS/ECs ONLY)	17 .	

18. Lifeline Discount

# Lifeline Lines	Discount Per Line	Total Lifeline Discount		
	$7.77		18 .	-

I certifiy 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 facilitites, including those of another ETC. I also certify each KLSP credit was, 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 - LINE17 - LINE 18.) (Negative amount Equals KUSF payment to ILEC)	19 .	$ -
20. ASSESSMENT TRANSFERRED FROM AFFILIATE/SUBSIDIARY (DUE FROM KS00_____)	20 .	
21. NET KUSF ASSESSMENT/(PAYMENT) DUE (LINE 19 + LINE 20)	21 .	$ -

Remittance Worksheets are due to Vantage Point on the 15th day of the current month, unless on a weekend or holiday, then it is due the next business day.

Remittance worksheets received by Vantage Point after the due date are subject to a 1.0% (12% APR) or $100, whichever is greater, Late Filing Penalty.

Payments received and processed by CoreFirst Bank & Trust 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 report and to the best of my knowledge and belief it is true, correct and complete. I acknowledge Vantage Point's authority to request additional information as necessary and to discuss the Company's KUSF obligations with the designated Agent.

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 66601 (Overnight) CoreFirst Bank & Trust, Lockbox Dept., KUSF Box 1512, 3035 S Topeka Blvd, Topeka, KS 66611-2122 Contact the KUSF Administrator for ACH information.

File CRW via E-File at https://usflogon.vantagepnt.com/.