

**Kansas Universal Service Fund  
Mar 26 - Feb 27 Carrier Remittance Worksheet For**

**Incumbent LECS / Electing Carriers (ECs) ONLY**

|  |
|--|
| A. Company Code <b>KS 00</b>   |
| B. Submission Date   |
| <b>C. KUSF Assessments Collected from Customers</b><br>(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-26                    | Jun-26 | Sep-26   | Dec-26 |
| Apr-26                    | Jul-26 | Oct-26   | Jan-27 |
| May-26                    | Aug-26 | Nov-26   | Feb-27 |
| 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) |                  |                            |       |
| 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. 26/27 ASSESSMENT RATE .....   | 14.               | <b>0.1267</b>           |
| 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.               | _____                   |
| <b>18. Lifeline Discount</b>  |                   |                         |
| # Lifeline Lines  | Discount Per Line | Total Lifeline Discount |
| _____   | \$7.77            | _____                   |
| 18.   |                   | -                       |
| I certify that the KLSF 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 KLSF credit was, and will be, flowed-through in its entirety to each eligible subscriber. |                   |                         |
| 18a . _____   | _____             | _____                   |
| Date  | Officer Name      | Officer Signature       |
| _____   | _____             | _____                   |
| 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/>.