|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FCC Form 499-Q Telecommunications Reporting Worksheet**  Approval by OMB  **Quarterly Filing for Universal Service Contributors** > Please read instructions before completing < 3060-0855 | | | | | | | |
| **Block 1: Contributor Identification Information** | | | | | **101** Filer 499 ID | |  |
| **102** Legal name of reporting entity | | | |  | | | |
| **103** Filer’s IRS employer identification number | | | |  | | | |
| **104** Name telecommunications provider is doing business as | | | |  | | | |
| **105** Affiliated Filers Name  [All affiliated companies should show same name here. In most cases, the Affiliated Filers Name will be the holding company name | | | | Check if filer has no affiliates:  | | | |
| **105.1** Affiliate Filers Name IRS employer identification number | | | | [Enter 9 digit number] | | | |
| **106** Filer’s FCC Registration Number (FRN) | | | | [Enter 10 digit number] | | | |
| **107** Complete mailing address of reporting entity's corporate headquarters | | | |  | | | |
| **Block 2: Contact Information** | | | | | | | |
| **108** Person who completed this worksheet | | | First MI Last | | | | |
| **109** Telephone number of this person | | | ( ) - | | | | |
| **110**  Fax number of this person | | | ( ) - | | | | |
| **111**  Email of this person | | |  | | | | |
| **112**  Billing address and billing contact person:  [Bills for Universal Service contributions  will be sent to this address.] | | |  | | | | |
| **Block 3: Contributor Historical and Projected Revenue Information** | | | | | | | |
| **113**  Indicate which  quarterly filing  this represents | **Filing due**  November 1, 2020  February 1, 2021  May 1, 2021  August 1, 2021 | **Historical revenues (lines 115-118) for**  July 1 – September 30, 2020  October 1 – December 31, 2020  January 1 – March 31, 2021  April 1 – June 30, 2021 | | | | **Projected revenues (lines 119-120) for**  January 1 – March 31, 2021  April 1 – June 30, 2021  July 1 – September 30, 2021  October 1 – December 31, 2021 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **114** | Check if using safe harbor to allocate interstate/intrastate revenues for each of the following (as applicable):  Cellular & broadband PCS:  Paging:  Analog SMR:  Interconnected VoIP:  | | | |
| Historical billed revenues with no allowance or deductions for uncollectibles. See Instructions. | | Total Revenues  (a) | Interstate Revenues  (b) | International Revenues  (c) |
| **115** | Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP |  |  |  |
| **116** | End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues |  |  |  |
| **117** | All other goods and services |  | Column (b) and (c) not requested  for Lines 117 and 118 | |
| **118** | Gross-billed revenues from all sources [sum of above] |  |
| **119** | Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues | |  |  |
| **120** | Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues | |  |  |

|  |
| --- |
| **Block 4: CERTIFICATION: to be signed by an officer of the reporting entity** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **121** | I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. | | |  |
| I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies. | | | | |
| **122** Signature | |  | | |
| **123** Printed name of officer | | First MI Last | | |
| **124** Position with reporting entity | |  | | |
| **125**  Email of officer (Required if available) | |  | | |
| **126** Date | |  | | |
| **127** This filing is: | | Original filing | Revised filing [revisions due within 45 days of original filing deadline] | |

|  |  |  |
| --- | --- | --- |
| Do not mail checks with this form. **File this form online** https://forms.universalservice.org/portal/login For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888)641-8722 or via email: Form 499@usac.org | | |
| **PERSONS WILLFULLY MAKING 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** | | |
| *Save time, avoid problems – file electronically at* | [**http://forms.universalservice.org**](http://forms.universalservice.org) | FCC Form 499-Q /XX 2021 |