

2023 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2022 Revenues)

Approval by OMB
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1, 2023

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

Block 1: Contributor Identification Information

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722.
If you are a new filer, write "NEW" in this block and a Filer 499 ID will be assigned to you.]

102 Legal name of filer

103 IRS employer identification number

[Enter 9 digit number]

104 Name filer is doing business as

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.]

- | | | |
|--|----------------------------|--|
| Audio Bridging (teleconferencing) Provider | CAP/CLEC | Cellular/PCS/SMR (wireless telephony inc. by resale) |
| Coaxial Cable | Incumbent LEC | Interconnected VoIP |
| Non-Interconnected VoIP | Operator Service Provider | Paging & Messaging |
| Private Service Provider | Satellite Service Provider | Shared-Tenant Service Provider / Building LEC |
| Toll Reseller | Wireless Data | Other Local |
| | | Other Mobile |
| | | Other Toll |

If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: →

106.1 Affiliated Filers Name/Holding company name (All affiliated companies must show the same name on this line.)

Check if filer has no affiliates

106.2 Affiliated Filers Name/Holding company IRS employer identification number

[Enter 9 digit number]

107 FCC Registration Number (FRN) [https://fjallfoss.fcc.gov/coresWeb/publicHome.do]
[For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]

[Enter 10 digit number]

108 Management company [if filer is managed by another entity]

109 Complete mailing address of reporting entity corporate headquarters

Street1
Street 2
Street 3
City State Zip (postal code) Country if not USA

110 Complete business address for customer inquiries and complaints

check if same address as Line 109

Street1
Street 2
Street 3
City State Zip (postal code) Country if not USA

111 Telephone number for customer complaints and inquiries [Toll-free number if available]

() - ext -

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

| | | | |
|---|--|---|--|
| a | | g | |
| b | | h | |
| c | | i | |
| d | | j | |
| e | | k | |
| f | | l | |

Use additional sheets if necessary. Each filer must provide all names used for telecommunications activities.

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Block 2-A: Regulatory Contact Information

| | |
|--|--|
| 201 Filer 499 ID [from Line 101] | |
| 202 Legal name of filer [from Line 102] | |
| 203 Person who completed this Worksheet | First MI Last |
| 204 Telephone number of this person | () - ext - |
| 205 Fax number of this person | () - |
| 206 Email of this person not for public release | |
| 207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent check if same name as Line 203 <input type="checkbox"/> check if same address as Line 109 <input type="checkbox"/> | Office Attn First name MI Last Email not for public release Phone () - ext- Fax () - Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA |
| 208 Billing address and billing contact person [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.] check if name and address same as Line 207 <input type="checkbox"/> | Company Attn First name MI Last Email not for public release Phone () - ext- Fax () - Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA |
| 208.1 Email address pertaining to ITSP regulatory fee issues | not for public release |

Block 2-B: Agent for Service of Process

All carriers and providers of interconnected and non-interconnected VoIP must complete Lines 209 through 213. During the year, these filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

| | |
|--|--|
| 209 D.C. Agent for Service of Process | Company Attn First name MI Last |
| 210 Telephone number of D.C. agent | () - ext - |
| 211 Fax number of D.C. agent | () - |
| 212 Email of D.C. agent | |
| 213 Complete business address of D.C. agent for hand service of documents | Street1 Street 2 Street 3 City State DC Zip |
| 214 Local/alternate Agent for Service of Process (optional) | Company Attn First name MI Last |
| 215 Telephone number of local/alternate agent | () - ext - |
| 216 Fax number of local/alternate agent | () - |
| 217 Email of local/alternate agent | |
| 218 Complete business address of local/alternate agent for hand service of documents | Street1 Street 2 City State Zip (postal code) Country if not USA |

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Block 2-C: FCC Registration and Contact Information Filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

| | | | |
|---|---|-------|---|
| 219 Filer 499 ID [from Line 101] | | | |
| 220 Legal name of filer [from Line 102] | | | |
| 221 Chief Executive Officer (or, highest ranking company officer if the filer does not have a chief executive officer) | First | MI | Last |
| 222 Business address of individual named on Line 221 check if same as Line 109 <input type="checkbox"/> | Street1 Street 2 Street 3 City | State | Zip (postal code) Country if not USA |
| 223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221) | First | MI | Last |
| 224 Business address of individual named on Line 223 check if same as Line 109 <input type="checkbox"/> | Street1 Street 2 Street 3 City | State | Zip (postal code) Country if not USA |
| 225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223) | First | MI | Last |
| 226 Business address of individual named on Line 225 check if same as Line 109 <input type="checkbox"/> | Street1 Street 2 Street 3 City | State | Zip (postal code) Country if not USA |

227 Indicate jurisdictions in which the filer provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Guam | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Idaho | <input type="checkbox"/> Midway Atoll | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Johnston Atoll | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wake Island |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota | |

| | | | |
|--|---|------|-------|
| 228 Year and month filer first provided (or expects to provide) telecommunications in the U.S. | <input type="checkbox"/> Check if prior to 1/1/1999, otherwise: | Year | Month |
|--|---|------|-------|

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Block 3: Carrier's Carrier Revenue Information

| | | | | | |
|--|---|---------------------------|---|-------------------|--|
| 301 | Filer 499 ID [from Line 101] | | | | |
| 302 | Legal name of filer [from Line 102] | | | | |
| Report billed revenues for January 1 through December 31, 2022. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. | | Total Revenues (a) | If breakouts are not book amounts, enter whole percentage estimates | | Breakouts Interstate Revenues (d) International Revenues (e) |
| See instructions regarding percent interstate & international. | | | Interstate (b) | International (c) | |
| Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms | | | | | |
| <i>Fixed local service</i> | | | | | |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and <u>PICC charges to IXCs</u> | | | | | |
| 303.1 | Provided as unbundled network elements (UNEs) | | | | |
| 303.2 | Provided under other arrangements | | | | |
| <u>Per-minute charges for originating or terminating calls</u> | | | | | |
| 304.1 | Provided under state or federal access tariff | | | | |
| 304.2 | Provided as unbundled network elements or other contract arrangement | | | | |
| <u>Local private line & special access service</u> | | | | | |
| 305.1 | Provided to other contributors for resale as telecommunications | | | | |
| 305.2 | Provided to other contributors for resale as interconnected VoIP | | | | |
| 306 | Payphone compensation from toll carriers | | | | |
| 307 | Other local telecommunications service revenues | | | | |
| 308 | Universal service support revenues received from Federal or state sources | | | | |
| <i>Mobile services (i.e., wireless telephony, paging, messaging, and other mobile services)</i> | | | | | |
| 309 | Monthly, activation, and message charges except toll | | | | |
| <i>Toll services</i> | | | | | |
| 310 | Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) | | | | |
| 311 | Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above) | | | | |
| 312 | Long distance private line services | | | | |
| 313 | Satellite services | | | | |
| 314 | All other long distance services | | | | |
| 315 | Total revenues from resale [Lines 303 through 314] | | | | |

See section III.C.2 of the instructions for the requirements applicable to revenue reported on this page. These records must be made available to the administrator or the FCC upon request.

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FCC Form 499-A/2023

Block 4-A: End-User and Non-Telecommunications Revenue Information

| | | | | | |
|---|---|---------------------------|---|----------------------|----------------------------|
| 401 | Filer 499 ID [from Line 101] | | | | |
| 402 | Legal name of filer [from Line 102] | | | | |
| Report billed revenues for January 1 through December 31, 2022. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. | | Total Revenues (a) | If breakouts are not book amounts, enter whole percentage estimates | | Breakouts |
| See instructions regarding percent interstate & international. | | | Interstate (b) | International (c) | Interstate Revenues (d) |
| Revenues from All Other Sources (end-user telecom. & non-telecom.) | | | | | |
| 403 | Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions | | | | |
| <i>Fixed local services</i> | | | | | |
| Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges | | | | | |
| <u>Traditional Circuit Switched</u> | | | | | |
| 404.1 | Provided at a flat rate including interstate toll service -- local portion | | | | |
| 404.2 | Provided at a flat rate including interstate toll service -- toll portion | | | | |
| 404.3 | Provided without interstate toll included (see instructions) | | | | |
| <u>Interconnected VoIP</u> | | | | | |
| 404.4 | Offered in conjunction with a broadband connection | | | | |
| 404.5 | Offered independent of a broadband connection | | | | |
| 405 | Tariffed subscriber line charges, Access Recovery Charges, and PICC charges levied by a local exchange carrier on a no-PIC customer | | | | |
| 406 | Local private line & special access service [Includes the transmission portion of wireline broadband Internet access provided on a common carrier basis.] | | | | |
| 407 | Payphone coin revenues (local and long distance) | | | | |
| 408 | Other local telecommunications service revenues | | | | |
| <i>Mobile services (i.e., wireless telephony, paging, messaging, and other mobile services)</i> | | | | | |
| 409 | Monthly and activation charges | | | | |
| 410 | Message charges including roaming and air-time charges for toll calls, but excluding separately stated toll charges | | | | |

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FCC Form 499-A/2023

Block 4-A: Continued

| | Total Revenues (a) | If breakouts are not book amounts, enter whole percentage estimates | | Breakouts | |
|----------------------|--|---|---------------|---------------------|------------------------|
| | | Interstate | International | Interstate Revenues | International Revenues |
| | | (b) | (c) | (d) | (e) |
| <i>Toll services</i> | | | | | |
| 411 | Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards | | | | |
| 412 | International calls that both originate and terminate in foreign points | 0% | 100% | | |
| 413 | Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412 | | | | |
| | Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above) | | | | |
| 414.1 | All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills | | | | |
| 414.2 | All interconnected VoIP long distance, including, but not limited to, itemized toll | | | | |
| 415 | Long distance private line services | | | | |
| 416 | Satellite services | | | | |
| 417 | All other long distance services | | | | |
| | In this section, report revenues other than U.S. telecommunications revenues, including information services, insider wiring maintenance, billing and collection, customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues. For more information, please see the FCC Form 499-A Instructions. | | | | |
| 418.1 | bundled with circuit switched local exchange service | | | | |
| 418.2 | bundled with interconnected VoIP local exchange service | | | | |
| 418.3 | other | | | | |
| 418.4 | non-interconnected VoIP revenues not included in any other category | | | | |

Block 4-B: Total Revenue and Uncollectible Revenue Information

| | | | | | |
|-----|---|--|--|--|--|
| 419 | Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418] | | | | |
| 420 | Gross universal service contribution base amounts [Lines 403 through 411 plus Lines 413 through 417] [See Table 3 in instructions.] | | | | |
| 421 | Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions.] | | | | |
| 422 | Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420 | | | | |
| 423 | Net universal service contribution base revenues [Line 420 minus line 422] | | | | |

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Block 5: Additional Revenue Breakouts

| | | |
|-----|-------------------------------------|--|
| 501 | Filer 499 ID [from Line 101] | |
| 502 | Legal name of filer [from Line 102] | |

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510.

See instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

| | | Block 3 Carrier's Carrier (a) | Block 4 End-User Telecom. (b) |
|-----|--|--|--|
| 503 | Southeast: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands | % | % |
| 504 | Western: Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming | % | % |
| 505 | West Coast: California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island. | % | % |
| 506 | Mid-Atlantic: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia | % | % |
| 507 | Mid-West: Illinois, Indiana, Michigan, Ohio, and Wisconsin | % | % |
| 508 | Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont | % | % |
| 509 | Southwest: Arkansas, Kansas, Missouri, Oklahoma, and Texas | % | % |
| 510 | Total: [Percentages must add to 0 or 100.] | % | % |

511 Revenues from resellers that do not contribute to universal service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded the filer has the option of identifying such revenues below. **As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)**

| | | (a) | (b) |
|-----|--|----------------|------------------------------|
| | | Total Revenues | Interstate and International |
| | Revenues from resellers that do not contribute to Universal Service | | |
| 512 | Gross TRS contribution base amounts [Lines 403 through 417 plus Line 418.4 less Line 511] | | |
| 513 | Uncollectible revenue/bad debt expense associated with TRS contribution base amounts shown on Line 512 | | |
| 514 | Net TRS contribution base revenues [Line 512 less Line 513] | | |

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ALTERNATIVE BILLING ARRANGEMENTS WORKSHEET

Please use this worksheet if your company requires invoices to be sent to different contacts and/or addresses (other than those specified on Line 208) for any of the following funds.

For any information left blank on this form, USAC will refer back to Line 208 as the default billing information.

499 Filer ID: _____ Legal name of the filing entity: _____

TRS- Telecommunications Relay Services

First Name: _____ Last Name: _____

Phone: _____ Extension: _____

Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

NANP- North American Numbering Plan

First Name: _____ Last Name: _____

Telephone: _____ Extension: _____

Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

LNP- Local Number Portability

First Name: _____ Last Name: _____

Phone: _____ Extension: _____

Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____