

**2025 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2024 Revenues)**

Approval by OMB  
3060-0855

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

Annual Filing -- due April 1, 2025

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.

PERSONS MAKING WILLFUL 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

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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 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

602 Legal name of filer [from Line 102]

Section IV of the instructions provides information on which types of filers are required to file for which purposes. Any filer claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which filers meet the de minimis threshold based on information provided in Block 4, even if you fail to so certify below.]

603 I certify that the filer is exempt from contributing to: Universal Service [ ] TRS [ ] NANPA [ ] LNP Administration [ ]

Provide explanation below:

Four horizontal lines for providing an explanation.

604 Please indicate whether the reporting entity is State or Local Government Entity [ ] I.R.C. § 501 or State Tax Exempt (see instructions) [ ]

605 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 filer as defined in the instructions, 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 and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named filer is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in section II-C of the instructions.

606 Signature

607 Printed name of officer

First MI Last

608 Position with reporting entity

609 Business telephone number of officer

( ) - ext -

610 Email of officer || not for public release ||

611 Date

612 Check those that apply: [ ] Original April 1 filing for year [ ] New filer, registration only [ ] Revised filing with updated registration [ ] Revised filing with updated revenue data

Do not mail checks with this form. File this form online: https://forms.universalservice.org/portal/login
For additional information regarding this worksheet contact: (888) 641-8722 or via email: Form499@usac.org

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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: \_\_\_\_\_