

**FCC Form 499-Q Telecommunications Reporting Worksheet**  
**Quarterly Filing for Universal Service Contributors** > Please read instructions before completing <

Approval by OMB  
3060-0855

<b>Block 1: Contributor Identification Information</b>		<b>101</b> Filer 499 ID
<b>102</b> Legal name of reporting entity		
<b>103</b> Filer's IRS employer identification number		
<b>104</b> Name telecommunications provider is doing business as		
<b>105</b> 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: <input type="checkbox"/>
<b>105.1</b> Affiliate Filers Name IRS employer identification number		[Enter 9 digit number]
<b>106</b> Filer's FCC Registration Number (FRN)		[Enter 10 digit number]
<b>107</b> Complete mailing address of reporting entity's corporate headquarters		

<b>Block 2: Contact Information</b>				
<b>108</b> Person who completed this worksheet		First	MI	Last
<b>109</b> Telephone number of this person		( )	-	
<b>110</b> Fax number of this person		( )	-	
<b>111</b> Email of this person				
<b>112</b> Billing address and billing contact person: [Bills for Universal Service contributions will be sent to this address.]				

<b>Block 3: Contributor Historical and Projected Revenue Information</b>			
<b>113</b> Indicate which quarterly filing this represents	<b>Filing due</b>	<b>Historical revenues (lines 115-118) for</b>	<b>Projected revenues (lines 119-120) for</b>
<input type="checkbox"/>	November 1, 20152016	July 1 – September 30, 20152016	January 1 – March 31, 20162017
<input type="checkbox"/>	February 1, 20162017	October 1 – December 31, 20152016 January 1 – March 31, 20162017	April 1 – June 30, 20162017 July 1 – September 30, 20162017
<input type="checkbox"/>	May 1, 20162017	April 1 – June 30, 20162017	October 1 – December 31, 20162017
<input type="checkbox"/>	August 1, 20162017		

**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)
<b>115</b>	Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP			
<b>116</b>	End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues			
<b>117</b>	All other goods and services		Column (b) and (c) not requested	
<b>118</b>	Gross-billed revenues from all sources [sum of above]		for Lines 117 and 118	
<b>119</b>	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			
<b>120</b>	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.

<b>122</b> Signature	
<b>123</b> Printed name of officer	First MI Last
<b>124</b> Position with reporting entity	
<b>125</b> Email of officer (Required if available)	
<b>126</b> 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. Send this form to: **Form 499 Data Collection Agent c/o USAC 2000 L-700 12th Street, N.W. Suite 200900 Washington DC 2003620005**  
 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

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