



Assessment Determination and Remittance Form MISSOURI UNIVERSAL SERVICE FUND

Secure, online form submission is available at www.mousf.com

NEW FORM EFFECTIVE WITH REPORTING PERIODS BEGINNING ON JULY 1, 2013

STEP 1 Enter your full carrier name as certificated/registered with the Missouri Public Service Commission (example: ABC Telecom d/b/a XYZ Telecom):

CARRIER NAME: _____

STEP 2 Check all that apply: ILEC CLEC IXC VoIP

STEP 3	Indicate the applicable reporting period	Filing frequency is based on your prior year annual net jurisdictional revenues:	
	Beginning Date _____ (MM/DD/YYYY)	\$50,000 and above:	Remit monthly; use a month beginning and ending date for this step.
	Ending Date _____ (MM/DD/YYYY)	\$24,000 to \$49,999:	Remit quarterly; use a calendar quarter beginning and ending date for this step.
		Below \$24,000:	Below de minimis - no assessment due.

Missouri telecommunications carriers and interconnected voice over Internet protocol service providers must complete and return this form together with payment to the Missouri Universal Service Fund Administrator. Information provided will be treated confidentially and will be used only for the operations of the Missouri Universal Service Fund.

All telecommunications companies certificated to provide telecommunications services and all registered interconnected voice over Internet protocol service providers in Missouri are required to submit form and remit payment to the Missouri Universal Service Fund

except:

- (a) pay telephone providers;
- (b) shared tenant services (STS) providers; and
- (c) companies with annual net jurisdictional revenues below a de minimis level of twenty-four thousand dollars (\$24,000)

STEP 4: Enter Revenue in Box A **OR** amount collected in Box D; then enter uncollectibles (if applicable) in Box E.

A		Total Monthly / Quarterly Net Jurisdictional Revenues		
B		MoUSF Assessment Rate		0.0017
C=A x B	Complete Line C OR D*	Assessment Due for Reporting Period		
D		Amount Collected		
E		Net Realized Uncollectibles from Prior Period(s)		
F=(C or D) + E		MoUSF Surcharge Remittance		

* Carriers paying amount billed should complete Line C. Carriers paying amount collected should complete Line D.

STEP 5 **CERTIFICATION:** To the best of my knowledge, information and belief, I hereby certify that the information reported above is consistent with 4 CSR 240-31 (Missouri Universal Service Fund rules promulgated by the Commission) 392.550 RSMo Supp. 2008 . I further recognize that any intentionally false statement or declaration made herein is punishable under Section 575.060, RSMo 2008, as a class B misdemeanor.

Submission Date _____

Signature _____

Authorized Agent - Name and Title _____

Contact Name (if different from agent) _____

Contact Telephone # _____

Contact e-mail _____

Submit form online and remit payment to, or complete and mail executed form with payment to:

**Missouri Universal Service Fund
P.O. Box 752
Jefferson City, MO 65102-0752**

For overnight delivery:
238 Madison Street
Jefferson City MO 65101

Contact administrator to make arrangements for remittance by electronic funds transfer

Administrator contact: 573.634.1319
mousf@centralbank.net