



Assessment Determination and Remittance Form MISSOURI UNIVERSAL SERVICE FUND

Secure, online form submission is available at www.missouri.usf.com

*****DO NOT USE THIS FORM AFTER MARCH 2012 REPORTING PERIOD*****

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

STEP 2 Check all that apply: ILEC CLEC IXC VoIP

STEP 3 Indicate the applicable reporting period

Beginning Date _____
(MM/DD/YYYY)

Ending Date _____
(MM/DD/YYYY)

Filing frequency is based on annual net jurisdictional revenues:

- *ABOVE \$50,000 - Remit monthly; use a monthly beginning and ending date for this step.*
- *BELOW \$50,000 - Remit quarterly; use a calendar quarter beginning and ending date for this step.*

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	A	Total Monthly / Quarterly Net Jurisdictional Revenues	
	B	MoUSF Assessment Rate	0.0029
	C=A x B		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**

