

**2004 FCC Form 499-A Telecommunications Reporting Works**

Approval by OMB

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

3060-0855

**Annual Filing -- due April 1.**

**Block 1: Contributor Identification Information**

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

101 Filer 499 ID [If you don't know your number, contact the administrator at (973)-560-4460. 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 reporting entity	
103 IRS employer identification number	
104 Name telecommunications service provider 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 directions.]	
<input type="checkbox"/> All Distance <input type="checkbox"/> CAP/CLEC <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) <input type="checkbox"/> Coaxial Cable <input type="checkbox"/> Incumbent LEC <input type="checkbox"/> Interexchange Carrier (IXC) <input type="checkbox"/> Local Reseller <input type="checkbox"/> Operator Service Provider (OSP) <input type="checkbox"/> Paging & Messaging <input type="checkbox"/> Payphone Service Provider <input type="checkbox"/> Prepaid Card <input type="checkbox"/> Private Service Provider <input type="checkbox"/> Satellite Service Provider <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC <input type="checkbox"/> SMR (dispatch) <input type="checkbox"/> Toll Reseller <input type="checkbox"/> Wireless Data	
If Other Local, Other Mobile or Other Toll is checked, <input type="checkbox"/> Other Local <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other Toll describe carrier type / services provided: -->	
106 a Holding company name (All affiliated companies must show the same name on this line.)	
106 b Holding company IRS employer identification number	
107 FCC Registration Number (FRN) [ <a href="https://svartifoss2.fcc.gov/cores/CoresHome.html">https://svartifoss2.fcc.gov/cores/CoresHome.html</a> ] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	
108 Management company [if carrier is managed by another entity]	
109 Complete mailing address of reporting entity corporate headquarters	
110 Complete business address for customer inquiries and complaints [if different from address entered on Line 109]	
111 Telephone number for customer complaints and inquiries [Toll-free number if available] (      ) -	
112 All trade names that you have used in the past 3 years in providing telecommunications. This should include all names by which you are identified on customer bills.	
a	g
b	h
c	i
d	j
e	k
f	l
	m

Use an additional sheet if necessary. Each reporting entity must provide all names used for carrier activities.

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**Block 2-A: Regulatory Contact Information**

201 Filer 499 ID [from Line 101]	
202 Legal name of reporting entity [from Line 102]	
203 Person who completed this Worksheet	
204 Telephone number of this person	(     ) -
205 Fax number of this person	(     ) -
206 E-mail of this person	
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	
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. ]	

**Block 2-B: Agent for Service of Process**

All carriers must complete Lines 209 through 213.  
During the year, carriers 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 per 47 U.S.C. §413	
210 Telephone number of D.C. agent	(     ) -
211 Fax number of D.C. agent	(     ) -
212 E-mail of D.C. agent	
213 Complete business address of D.C. agent for hand service of documents	
214 Local/alternate Agent for Service of Process (optional)	
215 Telephone number of local/alternate agent	(     ) -
216 Fax number of local/alternate agent	(     ) -
217 E-mail of local/alternate agent	
218 Complete business address of local/alternate agent for hand service of documents	

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**Block 2-C: FCC Registration and Contact Information**

Carriers 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 reporting entity [from Line 102]	
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	
222 Business address of individual named on Line 221	check if same as Line 109 <input type="checkbox"/>
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	
224 Business address of individual named on Line 223	check if same as Line 109 <input type="checkbox"/>
225 Third ranking company officer, such as President or Secretary ( Must be someone other than individuals listed on Lines 221 or 223)	
226 Business address of individual named on Line 225	check if same as Line 109 <input type="checkbox"/>

227 Indicate jurisdictions in which the filing entity provides telecommunications service. Include jurisdictions in which telecommunications service was provided in the past 15 months and jurisdictions in which telecommunications 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             |                                              |

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**Block 3: Carrier's Carrier Revenue Information**

301	Filer 499 ID [from Line 101]				
302	Legal name of reporting entity [from Line 102]				
	Report billed revenues for January 1 through December 31, 2003. 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)
<b>Revenues from Services Provided for Resale by Other Contributors to Federal Universal Service Support Mechanisms</b>					
<i>Fixed local service</i>					
303	Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs				
	a Provided as unbundled network elements (UNEs)				
	b Provided under other arrangements				
304	Per-minute charges for originating or terminating calls				
	a Provided under state or federal access tariff				
	b Provided as unbundled network elements or other contract arrangement				
305	Local private line & special access service				
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 (including wireless telephony, paging &amp; 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				

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

401 Filer 499 ID [from Line 101]					
402 Legal name of reporting entity [from Line 102]					
Report billed revenues for January 1 through December 31, 2003. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates Interstate (b) International (c)		Breakouts Interstate Revenues (d) International Revenues (e)	
<b>Revenues from All Other Sources (end-user telecom. &amp; non-telecom.)</b>					
403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions					
<i>Fixed local services</i>					
404 Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges					
a Provided at a flat rate including interstate toll service					
b Provided without interstate toll included (see instructions)					
405 PICC charges levied by a local exchange carrier on a no-PIC customer and tariffed subscriber line charges					
406 Local private line and special access service					
407 Payphone coin revenues (local and long distance)					
408 Other local telecommunications service revenues					
<i>Mobile services (including wireless telephony, paging &amp; messaging, and other mobile services)</i>					
409 Monthly and activation charges					
410 Message charges including roaming, but excluding toll charges					
<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					
414 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)					
415 Long distance private line services					
416 Satellite services					
417 All other long distance services					
418 Revenues other than U.S. telecommunications revenues. Information services, inside 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 (See instructions.)					

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**Block 4-B: Total Revenue and Uncollectible Revenue Information**

	Total Revenues (a)	Breakouts	
		Interstate Revenues (d)	International Revenues (e)
419 Gross billed revenues from all sources [incl. reseller & non-telecom.] [Lines 303 through 314 plus Lines 403 through 418]			
420 Universal service contribution base amounts [Lines 403 through 411 & Lines 413 through 417] See Figure 4 in instructions.			
421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419			
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]			

**Block 5: Additional Revenue Breakouts**

501 Filer 499 ID [from Line 101]	
502 Legal name of reporting entity [from Line 102]	

Most filers must contribute to LNP administration and must provide the percentages requested in Lines 503 through 510. Filing entities that use Line 603 to certify that they are exempt from this requirement need not provide this information.

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.

	(a) Total Revenues	(b) Interstate and International
Revenues from resellers that do not contribute to Universal Service	\$	\$

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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 reporting entity [from Line 102]	

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity 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 entities 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 reporting entity is exempt from contributing to:                      Universal Service                       TRS                       NANPA                       LNP Administration

Provide explanation below:

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604 Please indicate whether the reporting entity is                      State or Local Government Entity                       I.R.C. § 501Tax Exempt                       PUHCA § 34 (a)(1) Exempt

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 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 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 reporting entity 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-B of the instructions.

606 Signature	
607 Printed name of officer	
608 Position with reporting entity	
609 Business telephone number of officer	
610 E-mail of officer	
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. Send this form to: **Form 499 Data Collection Agent c/o NECA, 80 South Jefferson Road, Whippany, New Jersey 07981**  
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (973) 560-4460 or via e-mail: Form499@universalservice.org

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