FCC Form 499-Q Telecommunications Reporting Worksheet				Approval by OMB	
Quarterly Filing for Universal Service Contributors > Please re	ead instru	actions before comp	leting <	3060-0855	
Block 1: Contributor Identification Information		<b>101</b> Fil	er 499 ID		
102 Legal name of reporting entity					
103 Filer's IRS employer identification number					
104 Name telecommunications provider is doing business as					
105 Affiliated Filers Name		Check if filer has no affiliates: $\square$			
[All affiliated companies should show same name here. In most case	es, the				
Affiliated Filers Name will be the holding company name		FT . 0 # 1			
105.1 Affiliate Filers Name IRS employer identification number		[Enter 9 digit number]			
106 Filer's FCC Registration Number (FRN) 107 Complete mailing address of reporting entity's corporate headquarters		[Enter 10 digit number]			
107 Complete maining address of reporting entity's Corporate neadquarters					
Block 2: Contact Information					
108 Person who completed this worksheet	First	1	MI Last		
109 Telephone number of this person	( ) -				
110 Fax number of this person		( ) -			
111 Email of this person		( )			
112 Billing address and billing contact person:					
[Bills for Universal Service contributions					
will be sent to this address.]					
Block 3: Contributor Historical and Projected Revenue Information					
113 Indicate which Filing due Historical revenues (li	ines 115-	118) for Projec	ted revenues (lines 119-1	20) for	
quarterly filing	2020				
this represents   November 1, 2020 July 1 – September 30, 2020 January 1 – March 31, 2021					
☐ February 1, 2021 October 1 – December 3	☐ February 1, 2021 October 1 – December 31, 2020 April 1 – June 30, 2021				
☐ May 1, 2021 January 1 – March 31, 2	January 1 – March 31, 2021 July 1 – September 30, 2021				
☐ August 1, 2021 April 1 – June 30, 2021 October 1 – December 31, 2021					
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	10				
uncollectibles. See Instructions.  115 Telecommunications provided to other universal service		(a)	(b)	(c)	
contributors for resale as telecommunications or as					
interconnected VoIP					
116 End-user telecommunications revenues including any pass-					
through charges for universal service contributions, but					
excluding international-to-international revenues					
117 All other goods and services			Column (b) a	nd (c) not requested	
118 Gross-billed revenues from all sources [sum of above]	renues from all sources [sum of above]			for Lines 117 and 118	
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					
120 Projected collected end-user interstate and international telecommunications revenues					
including any pass-through charges for universal service contributions, but excluding					
international-to-international revenues		Ŭ			
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 in					
		C	1 71	•	
122 Signature					
123 Printed name of officer First		MI	Last		
124 Position with reporting entity					
125 Email of officer (Required if available)					
126 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. File this form online https://forms.universalservice.org/portal/login 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					
Save time, avoid problems – file electronically at <a href="http://forms.universalservice.org">http://forms.universalservice.org</a> FCC Form 499-Q / 2021					