

# Idaho Universal Service Fund Form 1.0

Revised 10/10

Due Date: First of the Month

Company name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ To \_\_\_\_\_

## Local Exchange Services

	<u># of Lines</u>		<u>Surcharge</u>
1. Residence Lines	_____	x .12	_____
2. Pro-Rated Charges	_____		_____
3. Business Lines	_____	x .19	_____
4. Pro-Rated Charges	_____		_____
<b>5. Total Local Surcharge Revenues</b> (Sum Lines 1 through 4)			=====

## MTS/WATS Type Toll Services

6. Intrastate Billed MTS & WATS Minutes	_____
7. Surcharge Rate Per Minute	_____ \$0.0035
<b>8. Total MTS/WATS Surcharge Revenues</b> (Line 6 X Line 7)	=====
9. Intrastate Billed MTS & WATS Revenues	_____

## Surcharge

**10. Total Surcharge Revenues**  
(Sum Lines 5 and 8)

Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please print

E-MAIL: \_\_\_\_\_

Make Checks Payable To:  
Idaho Universal Service Fund  
1964 North 300 East  
Centerville, UT 84014-1085

Questions? Contact:  
Alyson Anderson, Administrator  
Phone: 801-294-5343 Fax: 801-294-5143  
E-MAIL: alyson\_anderson@msn.com