

# IDAHO UNIVERSAL SERVICE FUND FORM 1.0

DUE DATE: FIRST OF THE MONTH

REVISED 10/19

COMPANY NAME: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_ To \_\_\_\_\_

## LOCAL EXCHANGE SERVICES

	<u># OF LINES</u>		<u>SURCHARGE</u>
1. RESIDENCE LINES	_____	X .25	_____
2. PRO-RATED CHARGES	_____		_____
3. BUSINESS LINES	_____	X .44	_____
4. PRO-RATED CHARGES	_____		_____
5. TOTAL LOCAL SURCHARGE REVENUES (SUM LINES 1 THROUGH 4)			=====

## MTS/WATS TYPE TOLL SERVICES

6. INTRASTATE BILLED MTS & WATS MINUTES	_____
7. SURCHARGE RATE PER MINUTE	_____ \$0.0070
8. TOTAL MTS/WATS SURCHARGE REVENUES (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: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO:  
IDAHO UNIVERSAL SERVICE FUND  
1964 NORTH 300 EAST  
CENTERVILLE, UT 84014-1085

QUESTIONS?  
CALL ALYSON ANDERSON, ADMINISTRATOR  
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E-MAIL: alyson\_anderson@msn.com