



# NEVADA UNIVERSAL SERVICE FUND

## FISCAL YEAR 2017 REMITTANCE WORKSHEET INSTRUCTIONS

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### **I. Filing Requirements and General Instructions**

#### **A. Introduction**

The Nevada Universal Service Fund (NVUSF) was established by the Public Utilities Commission of Nevada (PUCN) pursuant to Nevada Revised Statutes 704.040 and Nevada Administrative Code (NAC) 704.6804 to 704.68056 for the following purposes as set forth in NAC 704.68043:

1. To ensure that the rates charged by a provider of basic service do not adversely affect universal service within all or a portion of the area served by that provider.
2. To provide money to facilitate the extension of basic service to customers not currently offered telephone service, and to improve basic telephone service to the extent other viable options are not available to provide or improve basic service.
3. To provide money to ensure that persons with low income and persons in rural, insular and high-cost areas have access to available intrastate telecommunications services that are reasonably comparable to those charged in the urban areas, subject to any limitations on the size of the fund for universal service imposed by the commission.
4. To provide money to ensure that the public or private nonprofit providers of health care, which serve persons in rural areas, have access to available intrastate telecommunications services that are reasonably comparable to those services available in urban areas at rates that are reasonably comparable to those charged in urban areas, to the extent that federal universal service support is not available pursuant to 47 C.F.R. 54.500 to 54.517, inclusive, to support fully that objective, and subject to any limitations on the size of the fund for universal service imposed by the commission.
5. To provide money to support discounts of rates for intrastate telecommunications services provided to eligible schools and libraries, to the extent that federal universal service support is not available pursuant to 47 C.F.R. 54.500 to 54.517, inclusive, to reimburse fully those discounts, and subject to any limitations on the size of the fund for universal service imposed by the commission.

NAC 704.68054 requires that all providers of telecommunications services in the state of Nevada contribute to the NVUSF.



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Through a competitive bid, Solix Inc. (Solix) was selected by the PUCN to serve as Fiscal Agent of the NVUSF for the period beginning July 2016 through June 2020.

Solix is pleased to be part of this important program which helps assure high quality and affordable telecommunications services for all citizens of Nevada. It is our privilege to serve you in working toward the goal of truly universal telephone service.

### **B. Who Must File**

The Nevada Administrative Code requires that the NVUSF be funded in a competitively-neutral manner by all telecommunications carriers that offer intrastate telecommunication services within the state of Nevada. All local exchange carriers, interexchange carriers, wireless companies, paging companies, competitive access providers, operator service providers, resellers, payphone service providers and other telecommunications service providers are required to contribute to the NVUSF.

***In order to locate the NVUSF rules on the PUCN Internet website:***

- 1. Go to the PUCN server home page <http://puc.nv.gov/>*
- 2. Click on "Utilities/Telecommunications, Regulatory Duties".*
- 3. Download or view the rules.*
- 4. Nevada Universal Services rules are NAC 704.6804 to 704.68056*

### **C. When and Where to File**

Quarterly worksheets must be received by the NVUSF fund administrator, Solix, by the 15th day of the month following the end of each quarter. See Attachment A for the FY2017 NVUSF reporting schedule.

***In order to locate the worksheet or instructions on the Solix webpage:***

- 1. Go to Solix' home page (<http://www.solixinc.com>).*
- 2. Click on "LOGIN"*
- 3. Under "Solix Universal Solutions" click on "Existing State Programs" then click on "Nevada USF"*  
*"Nevada USF Reporting Schedule - 2017"*  
*"Nevada Carrier Remittance Worksheet -2017"*  
*"Nevada Carrier Remittance Instructions- 2017"*



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**II. Line-by-Line Instructions for Completion of the NVUSF Worksheet for Carriers submitting paper forms**

**All information provided on the worksheet must be legible and printed in black or blue ink or typed.**

**Filing Identification Information**

The following blocks are located in the top margin of the worksheet. Fill in the information as follows:

**Block A - Company Code**

The company code starts with NV followed by six digits. For existing companies, this code is located in the top left corner of the packet cover letter. If this is the first filing for this company, and you have not been assigned a code, indicate “NEW” in this block.

**Block B - Revenue Data Period**

The Revenue Data Period indicates the Quarter and Year that corresponds to the revenue data being reported. In order to allow companies sufficient time to accumulate revenue information, data will be reported two weeks after the end of each quarter. For example, the April 15, 2016 submission will be based on January - March 2016 revenues, the July 15, 2016 submission will be based on April - June 2016 revenues, etc. **NOTE: Annual Reporting is still available for 2017 reporting.**

**Block C - Original or Revision**

Indicate whether this is the original or revised filing for the data period(s) being reported. Revisions should only be used to report errors, not to true-up data. Revisions will be processed in the quarterly cycle when they are received so companies will not be required to wait until the end of the fiscal year to correct a reporting error.

**Section 1 - Carrier Identification**

**Line 1 - Company Name**

Enter the carrier name that identifies the filing entity and any doing business as (d/b/a) names if applicable.

**Line 1a - Complete Mailing Address**

Enter the complete mailing address of the corporate headquarters of the carrier including street address, city, state, zip, suite numbers, floor, etc.

**Line 1b - Telephone**

Enter telephone number for the company headquarters. Enter email address for contact at company. (Not Agent)



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### **Line 2 - Primary Telecommunications Business**

Place an **X** in the box that best describes the principal carrier activity. Place a “✓” in any other boxes that represent additional lines of business being reported in the worksheet.

- ILEC - Incumbent Local Exchange Carrier - Provider of franchised local exchange service
- IXC - Interexchange Carrier - Facilities-based provider of interexchange services
- RES - Reseller - Leases underlying transmission facilities from facilities-based carrier for purposes of providing interexchange service
- CLEC - Competitive Local Exchange Carrier
- CAP - Competitive Access Provider - Competes with incumbent local exchange carrier to provide services that link customers with interexchange facilities, local exchange networks or other customers.
- WIR - Cellular telephone service provider (CEL), Paging Service Provider (PAG), personal communication service (PCS) provider and/or Commercial Mobile Radio Service (CMRS)
- OSP - Operator Service Provider - Companies other than LECs that provide services to customers needing the assistance of an operator such as to complete away from home calls or calls using alternate billing arrangements. These companies typically employ operators as well as credit and cash card technologies to complete calls
- PSP – Payphone Service Provider - Provides customers access to telephone networks through pay telephone equipment
- VoIP – Voice over the Internet Protocol - allows you to make telephone calls using a broadband Internet connection instead of a regular (or analog) phone line.
- Other - Check “Other” if none of the above categories describes the carrier. Please explain as indicated.

### **Line 3 - Parent Company**

Enter the name of the holding company or controlling company, if any.

### **Line 3a - Complete Mailing Address**

Enter the complete mailing address of the parent company of the carrier including street address, city, state, zip, suite numbers, floor, etc.

### **Line 3b - Telephone**

Enter telephone number for the parent company headquarters. Enter email address for contact at parent company (not Agent).



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### Section 2 - Revenue Data

**Revenues entered here should be for the revenue data period indicated in Block B of this form.** These revenues should correspond to the official books and records of the company except if the company is using projected numbers to be reconciled to actuals at the end of the funding period.

***Retail revenues include***, but are not limited to, revenues from the following types of services and charges:

- Federal Universal Service Support Revenue
- Local Service, including basic monthly charges, extended area service charges, local measured service usage and any directory related charges such as for additional listings or for non-publication or non-listing of a telephone number
- Enhanced services provided through the local switch such as call forwarding, caller identification and voice mail.
- Intrastate toll service.
- Directory Assistance service, both voice and electronic.
- Late Payment Charges
- Cellular telephone services, PCS, CMRS and paging services.
- **Voice over Internet Protocol (VoIP)** – Interconnected VoIP providers may choose among the same three methods for determining required contributions to the state USF that the FCC has found appropriate for determining interconnected VoIP providers’ contributions to the Federal USF, namely “safe harbor, actual revenue allocations between interstate and intrastate calls and the results of a traffic study. In imposing the obligation of VoIP providers to contribute to the NVUSF, the NVPUC supports use of the FCC “safe harbor” default percentage of 35.1%. Additionally, to the extent that the “safe harbor” percentage is higher than some providers’ actual intrastate use, providers may instead contribute to the fund based on actual revenue or by conducting a traffic study.

***Retail revenues do not include*** revenues derived from the following types of services and charges:

- Wholesale transactions, including access charges paid by or to a local exchange carrier, interconnection charges paid by or to a cellular provider.
- Services consisting primarily of the creation of artistic material or other information that is later transmitted over telecommunications equipment, including information services.
- Mobile radio and one-way paging services that do not have an electronic



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interface into the public switched network. Typically these services require the paged person to go to a telephone to respond to the page. Any wireless or paging services, including airphone revenues that do interface into the public switched network are included in the assessment.

- Telecommunications services provided inside a company's proprietary network.
- Sales and rentals subject to the sales and use tax including sales and rental of telephone equipment.
- Inside wire installation, billing and collection, or maintenance services sold to customers.
- Yellow pages advertising.
- Payments between aggregators and operator services providers, such as when an operator service provider pays a hotel for the right to put a pay telephone in the hotel's lobby.
- Video on demand, where a customer input selects only a video to be seen by a customer, and where there is no connection to the outside telephone system.

*\* Revenues reported on the remittance worksheet should be entered in dollars and cents rounded to two decimal places using half-up rounding. For example: \$488.885 would be rounded to \$488.89 and \$488.884 would be rounded to \$488.88.*

### **Line 4 – Intrastate Retail Telecommunications Service Revenues**

Enter the total assessable Intrastate Telecommunications Service Revenues pursuant to preceding Revenue Data instructions.

### **Line 4a – Federal USF Support Revenue**

Enter the total revenue received as Federal USF support.

### **Line 4b - Voice over Internet Protocol (VoIP) Revenue**

Enter the total assessable VoIP Revenues pursuant to preceding Revenue Data Instructions.

### **Line 4c – Total Assessable Revenue**

Enter the total of Line 4 + Line 4a + Line 4b.

## **Section 3 - Remittance Calculation -**

**Line 5 - NVUSF Assessment Rate for Jan 1, 2017 - Dec 31, 2017 is 0.1149% (0.001149) pursuant to Docket No. 16-08057 with a minimum contribution of \$10 per year.**



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**Line 6 - NVUSF Gross Assessment - Total Intrastate Revenue multiplied by the Assessment Rate. Pursuant to Docket No. 16-08057 companies with a calculated contribution of less than \$10 are required to contribute a minimum of \$10 per year.**

**Carriers that are approved to receive support from the NVUSF will report the following lines when entering online:**

**Line 7 - NPUC Authorized NVUSF Support Payment.**

**Line 8a – Lifeline reimbursement for the 1st month of the quarter. (Average customer count times approved rate. This amount can not exceed \$3.50 per line).**

**Line 8b – Lifeline reimbursement for the 2nd month of the quarter. (Average customer count times approved rate. This amount can not exceed \$3.50 per line).**

**Line 8c – Lifeline reimbursement for the 3rd month of the quarter. (Average customer count times approved rate. This amount can not exceed \$3.50 per line).**

**Line 9- Gross NVUSF Assessment minus PUCN Authorized NVUSF Support.**

**Section 4 - Change in Company Status**

**Line 9 - New Business Start Date**

If new business, enter the date that operations started in Nevada.

***\*\*\*Note: NVUSF assessments/revenues are due beginning with the date that operations started in Nevada, or with the April 2000 data month, whichever is later.***

**Line 10 - Business Status Change**

If business status has changed in Nevada, enter the date that the business was sold, merged, discontinued or had a name change and provide additional detail.

**Section 5 - Certification**

**Line 11 - Officer Name Information**

Enter date, officer name, officer signature, and officer title. The officer's signature attests to the accuracy of all information submitted on the remittance worksheet.



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**Line 12- Contact Name Information**

Enter date, contact name, contact phone and contact title. The contact person should be able to provide worksheet clarification and serve as the first point of contact for the NVUSF fund manager. This is where Agents put in their information.

**Line 13 - Complete Contact Mailing Address**

Enter the complete mailing address of the contact person including street address, city, state, zip, suite numbers, floor, etc. This is also where Agents put in their information. All billings, statements and notifications go to this address.

**Line 14 – Contact Email Address**

Enter the email address for the person to contact. **This is a required field.**

**Worksheet Submission**

In the bottom margin of the worksheet, please take note of submission address and contact information.

***Carriers reporting online, please continue to follow the instruction per the USP User Guide.***



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**FY 2017 NVUSF Reporting Schedule**  
**Fiscal Period January 1 – December 31, 2017**

<i>Quarterly Reporting</i>	
<b>REMITTANCES DUE ON OR BEFORE</b>	<b>REVENUE DATA MONTH(S) TO BE REPORTED</b>
April 14, 2017	January - March 2017
July 14, 2017	April - June 2017
October 16, 2017	July - September 2017
January 15, 2018	October - December 2017

<i>Annual Reporting</i>	
<b>REMITTANCE DUE ON OR BEFORE</b>	<b>ANNUAL REVENUE DATA TO BE REPORTED</b>
April 14, 2017	January – December 2017

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**ADDITIONAL NVUSF INFORMATION AND FILING CONSIDERATIONS**

- The NVUSF instructions provide descriptions of revenues and the corresponding Carrier Remittance Worksheet lines to be used. **Correct completion of Section 2** of the worksheet will avoid edit errors, revisions, additional contacts and possible penalties.
- **Forms without an authorized signature** will be considered incomplete.
- **Incomplete forms will be returned to carriers for completion.**
- **Carriers requiring** corrections to information initially submitted on NVUSF worksheet(s) should submit a **revised worksheet**. Revisions should be submitted for errors such as incorrect data on a worksheet or arithmetical errors, not for true-ups.

## NEVADA UNIVERSAL SERVICE FUND NUSF PAYMENT AND WORKSHEET SUBMISSION INFORMATION

Payments may be made by check or transmitted via electronic funds transfer. Please send both the Carrier Remittance Worksheet and payment to the bank. Payments should be transmitted as follows:

<p><u>For Regular Payments by Check:</u></p> <p>NVUSF PO Box 360343 Pittsburgh, PA 15251-6343</p>	<p>Please make payments payable to:</p>  <p><b>“NVUSF”</b></p> <p>Please include the NVUSF Company Code, assigned by Solix, to assure that payments are posted correctly.</p>   <p>Solix' Taxpayer Id. Number: (TIN): 22-3741663</p>
<p><u>For Overnight Payments by Check:</u></p> <p>Nevada USF Pittsburgh Lockbox Attn: 360343 500 Ross Street 154-0455 Pittsburgh, PA 15251-6343</p> <p>Telephone: (412) 234-4381 Note inside the overnight package: Deposit in Lockbox <b>360343</b></p>	
<p><u>For Electronic Funds Transfers:</u></p> <p>Identify the transmittal as: "NVUSF Payment"</p> <p>ABA #: <b>043000261</b> Account #: <b>058-5993</b> Mellon Bank, Pittsburgh, PA</p>	

**Please Note:** A **copy** of the Carrier Remittance Worksheet and a **copy** of the check or wire transfer should be sent to: →

**NVUSF Administration  
Solix, Inc.  
30 Lanidex Plaza West  
P.O. Box 685  
Parsippany, NJ 07054  
(973) 599-6504 - Fax**

*If you need additional information, please contact NVUSF Administration at (973) 581-5393 (Phone) or (973) 599-6504 (Fax).*