

**Texas Universal Service Fund
Remittance Worksheet For
Non -TUSF Recipients**

Form RMT-2
Page 1 of 1
July 2009

Section 1 – Reporting Information

1 Company Code: TX - _____ or <input checked="" type="checkbox"/> Box if new <input type="checkbox"/>		2 Submission Date: _____
3 <input type="checkbox"/> Original <input type="checkbox"/> Revision		
4 Revenue Data Period:	<input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP	YEAR: _____
Please check one:	<input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC	
	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR	
	<input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN	

Section 2 – Carrier Identification

5 Company Name: _____	
Complete Mailing Address: _____	
Company City, ST Zip _____	Company Contact Telephone: _____
Company Contact Name _____	Company Contact Email: _____
6 Primary Communications Business (Please "X" <u>primary</u> business reported): <input type="checkbox"/> CAP <input type="checkbox"/> CLEC <input type="checkbox"/> CLEC (TSR Only) <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> ILEC <input type="checkbox"/> IXC <input type="checkbox"/> OSP <input type="checkbox"/> PAG <input type="checkbox"/> RES <input type="checkbox"/> WIRELESS <input type="checkbox"/> Other (Explain) _____	

7a Parent Company Information: Parent Co Name: _____ Parent Co Mailing Address: _____ Parent Co Contact Name _____ Parent Co Telephone _____ Parent Co Email _____	7b Agent Contact Information Agent Company Name: _____ Agent Mailing Address: _____ Agent Contact Name _____ Agent Telephone _____ Agent Email _____
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Section 3 – Change in Company Status

8 New Carrier Name: _____	Previously Reported as: _____	Date of Change: _____
9 Business Status: Business Sold _____ (date)	Business Merged _____ (date)	or Business Discontinued _____ (date)
10 Company sold to or merged with: _____ If new business, date operations started in Texas: _____		

Section 4 – Gross TUSF Assessment

11 Total Taxable Telecommunications Receipts (Reported under Chapter 151 of the Texas Tax Code).....		11 _____
12 a) Interstate Receipts calculated on an actual basis	12a _____	12c _____
b) Interstate Receipts calculated using a safe harbor percentage	12b _____	
c) Total Interstate receipts (12a + 12b)		
13 a) Intrastate receipts calculated on an actual basis	13a _____	13d _____
b) Receipts to which safe harbor percentage is applied	13b _____	
c) Safe Harbor percentage as approved by PUCT in Docket No. 	13c _____ %	
d) Intrastate Receipts calculated using safe harbor percentage (Line 13b * Line 13c)		
e) Total Intrastate Receipts (13a + 13d)	<div style="border: 1px dashed black; padding: 5px; display: inline-block;">Rates 9/04-9/06 .0565 10/06 - 6/07 .05 7/07-12/08 .044 1/09 - .034</div>	13e _____
14 TUSF Assessment Rate		14 _____
15 Gross TUSF Assessment (Line 13e * Line 14)		15 _____

Section 5 – Certification

Under penalties as provided by law, I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I further acknowledge Solix Inc.'s authority to request additional supporting information as may be necessary.

16 _____ <i>Date</i>	_____ <i>Officer (First Name)</i>	_____ <i>(M.I.)</i>	_____ <i>Officer (Last Name)</i>	_____ <i>Officer Signature</i>	_____ <i>Officer Title</i>
()					
17 _____ <i>Date</i>	_____ <i>Contact (First Name)</i>	_____ <i>(M.I.)</i>	_____ <i>Contact (Last Name)</i>	_____ <i>Contact Phone</i>	_____ <i>Contact Title</i>

Questions ??? Solix, Inc. TUSF Administrator 30 Lanidex Plaza West P O Box 685 Parsippany, NJ 07054 (800) 899-6078 (Phone) (973) 599-6504 (Fax)	Make checks payable to "TUSF" and send with worksheet to: TUSF Department 1033 PO Box 121033 Dallas, TX 75312-1033	Please Send Payment and Remittance Worksheet Directly to P.O. Box Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> EFT / ACH / WIRE Administrative Use Only: Check #: _____
SIGNATURE MUST BE ON LINE 16		