



# Carrier Intrastate VoIP Percentage Report

(Form instructions appear on the next page.)

<b>Name</b>		<b>Date Submitted</b>	
<b>Title</b>		<b>Date Effective</b>	
<b>Phone</b>		<b>E-Mail</b>	
<b>Company</b>			

<input type="checkbox"/> Initial <input type="checkbox"/> Quarterly update <input type="checkbox"/> Corrected <input type="checkbox"/> Other: (please describe in comments below)
<b>Comments</b>

<b>ACNA (3 characters)</b>

<b>VoIP Factors (see related tariff - applicable only to intrastate, switched access traffic)</b>		
<b>State</b>	<b>PVUC</b>	<b>PVUC3</b>
AL		
AR		
CA		
CT		
FL		
GA		
IL*		
IN*		
KS		
KY		
LA		
MI*		
MO		
MS		
NC		
NV		
OH*		
OK		
SC		
TN		
TX*		
WI*		

(\* Already at rate parity for state – any VoIP factors will be ignored.

**PLEASE RETURN FORM, VIA E-MAIL, TO:**

**[g17687@ATT.COM](mailto:g17687@ATT.COM)**



## Carrier Intrastate VoIP Percentage Report

---

### FORM INSTRUCTIONS:

1. NAME (**Required**): Name of person submitting form on behalf of carrier.
  2. DATE SUBMITTED: Date form was submitted (e-mailed) to the mailbox. Default will be the date received.
  3. TITLE: Business title of person submitting the form.
  4. DATE EFFECTIVE (**Required**): Effective date of the submitted VoIP factors. Date must be the DATE SUBMITTED or a future date. Default will be the DATE SUBMITTED.
  5. PHONE (**Required**): Phone number (nnn-xxx-xxxx) of person submitting form. For follow-up.
  6. E-MAIL (**Required**): E-mail address (xxxx@domain.com) of person submitting form. For acknowledgement of receipt.
  7. COMPANY (**Required**): Name of carrier.
  8. REASON FOR REQUEST (**Required**):
    - a. INITIAL – First submission of VoIP factors
    - b. CORRECTION – Form correcting previously submitted VoIP factors.
    - c. QUARTERLY UPDATE – Subsequent update of current VoIP factors on a quarterly basis as consistent with tariff provisions.
    - d. OTHER – Please list reason for submission in COMMENTS section.
  9. ACNA (**Required**): Unique 3-character alphanumeric carrier ID (Access Carrier Name Abbreviation) that identifies you as the customer to which the Access Services bill is rendered. Submit one (1) Carrier Intrastate VoIP Percentage Report form for each ACNA you need to report.

NOTE: If your Telephony Company bill is comprised of multiple CIC traffic groups rolled-up under the same ACNA, then you need to submit one (1) set of "blended" VoIP factors at the aggregated CIC level for the ACNA.
  10. VOIP FACTORS (**Required**): Enter PVUC & PVUC3 VoIP percentages, in whole number percent format [xx%, *not* xx.x%] from 0% thru 100%, for each state that the ACNA operates in. If PVUC is entered for a state, but not PVUC3, then PVUC3 will default to the PVUC entry. If no entry is supplied for a state, but carrier has billing for that state, then the PVUC factor will default to zero (0).
-