This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
07/09/2019	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Manning Municipal Communication & Television System Utility
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		321 Center Street (Number; street; rural route; apartment; or suite: number)
		Manning, IA 51455 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	names	IDENTIFICATION OF CABLE SYSTEM:
System	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural toule, aparlment, or suite number)
		(City: town; state; zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law

Accounting Period:	2013/1	FORM SA1-2E. PAGE 1t
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Manning Municipal Communication & Television System Utility	334
	Instructions: List each separate community served by the cable system. A "commu	unity" is the same as a "community unit" as defined in FCC rules: "a
D	separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	e home parks should be reported in parentheses below the Identified
	CITY OR TOWN	STATE
First	AND THE REPORT OF THE PARTY OF	lowa Committee C
Community		
Add Rows as Necessary		
		Detail British property by approved a medical commencer
	Hydra a tarring for the engineer of the particle particles of the engineer of factors (Silving)	
		 Experiment and the control of the cont
	decide englace and professional and englace and englaced	
		THE SECTION OF THE PROPERTY OF

Accounting Perio	d: 2019/1		·····						
	1								2E. PAGE 2.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYS	TEM ID#
Hamo	Manning Municipal Con	nmunicatio	n & Tel	evision Syst	em Util	lity			334
Secondary Transmission Service: Sub- scribers and Rates	system, that is, the retransmission about other services (including plast day of the accounting period Number of Subscribers: Bott down by categories of secondary each category by counting the niseparately for the particular service. Rate: Give the standard rate of unit in which it is generally billed category, but do not include discount applies to your system. Note that applies to your system. Note categories, that person or entity subscriber who pays extra for categories, that person or entity subscriber who pays extra for categories, that person or entity subscriber who pays extra for categories, that person or entity subscriber who pays extra for categories, that person or entity subscriber who pays extra for categories, that person or entity subscriber who pays extra for categories, that person or entity subscriber who pays extra for categories and would be counted to Block 2: If your cable system printed in block 1 (for example, the system).	pace E should on of television of year cable) in spa (June 30 or Dan blocks in spa y transmission umber of billingice at the rate charged for eac. (Example: "\$2 counts allowed in space E, the to their subsce: Where an in should be countable service to once again und has rate categoriers of services	SUBSCRIBERS AND RATES uld cover all categories of secondary transmission service of the cable ion and radio broadcasts by your system to subscribers. Give information space F, not here. All the facts you state must be those existing on the r December 31, as the case may be). space E call for the number of subscribers to the cable system, broken on service. In general, you can compute the number of subscribers in lings in that category (the number of persons or organizations charged te indicated—not the number of sets receiving service). each category of service. Include both the amount of the charge and the "\$20/mth"). Summarize any standard rate variations within a particular rate						
	with the number of subscribers a sufficient.	with the number of subscribers and rates, in the right-hand block. A two- or					on of the se	rvice is	
	BLOCK 1						BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIE	t t	RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBSCINE		ANGELIA	UAT	LGOITI OF SE	VIOL	OUBSCRIBERS	IVAIL
	Service to first set		346	67.45					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel	NEXESTAN	NiNeli						STATES.
	Commercial								
	Converter						Program.		
	Residential	A DATE OF STREET							
	Non-residential								
Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	te (not subscrit hose services te two exceptio or facilities furr hit in which it is rate column. te charged by to your cable sys separate charge	per) informathat are renders, you consider to usually be the cable at the cable are was merely and the cable are was merely and the cable are was merely and the cable are was merely are was merely are the the cable are the cable are was merely are was merely are the cable are the c	mation with respond offered in co do not need to ging nonsubscribers billed. If any rate system for each ished or offered ade or establish	mbinatio ive rate in . Rate in s are cha n of the a during th	n with any seconformation cond formation should arged on a varian upplicable service the accounting p	ndary transi erning (1) s d include bo ble per-proo es listed. eriod that w	mission ervices oth the gram basis, ere not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installa	ition: Non-resid	lential		433		
	• Pay cable		• Mot	el, hotel		NEW YEAR			
	Pay cable—add'l channel		• Con	nmercial		10.01.01.01.01.01			
•	Fire protection		1 1	cable		140111111111111111111111111111111111111	33/35/34/		
	Burglar protection	125 a 127 (173)	1	cable-add'l cha	nnel	- 12/12/2014/05/05/05/05			ar a dagaga
	Installation: Residential		• Fire	protection		- Andrewsky	400,474		
	• First set		• Burg	glar protection		1946,85,8	1,100,000		Part Mark
	Additional set(s)		Other s	services:			10.701.000		
	• FM radio (if separate rate)		• Rec	connect					

DisconnectOutlet relocationMove to new address

Converter

Accounting Period: 2019/1	FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#

334

Manning Municipal Communication & Television System Utility

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

- basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDSM	2	N N	DES MOINES, IA
KMTV	3	N	OMAHA, NE
KCWI	4	N	DES MOINES, IA
WOI	5	N	DES MOINES, IA
KETV	7		OMAHA, NE
KCCI	8	N	DES MOINES, IA
KPTM	12		OMAHA, NE
WHO	13	N	DES MOINES, IA
		Garage are consequently defined the	
d sa an channe and a straight at			

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Manning Municipal Communication & Television System Utility

334

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

ON	LOCATION OF STATIO	S/D	AM or FM	CALL SIGN	LOCATION OF STATION	S/D	AM or FM	CALL SIGN
77.7						10.83	PAR SERVICE	
		0.440						Mark State (M
AV.						Vicavii.		
						N. S.		
		4556						
		4435						
						354455		
		201 201 TERRETER						
						100000000000000000000000000000000000000		
		170017000						
7.7.7								
							500000000000000000000000000000000000000	
			VANDA KAN					
		343						
777								
		19.05						
		180.5						
75			98898					

Accounting Perio	d: 2019/1						FORM SA1-2E. PAGE 5.
·	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Manning Municipal Co	mmunica	tion & Televi	sion System Utility			334
_	SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	T AND PROGRAM LOG			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a						
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.					rogram	
Statement and Program Log	broadcast by a distant sta					YE	
,	Note: If your answer is "No	o", leave the	rest of this pag	e blank. If your answer is	'Yes," you m		
	log in block 2.	, ,	γ	, , ,	, , , , , , , , , , , , , , , , , , , ,		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progra ace, please of every no distant state egulations, of ries like "mo Bulls." m was broa sign of the adcast statination statination statination hand and statination than day ve "5/7." les when the Example: a	am on a separa add additional and that your authorization ovies" or "basked dcast live, ente station broadcaon's location (thous, if any, the when your system of the station broadcaon's location (thous, if any, the when your system of the station broadcaon's listed program is listed program ions in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the general stall." List specific program "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program") that d for the program instruction titles, for exitor." m. station is lice station is ider program. Use cable system 15 p.m. to 6:2 mming that y; enter the le	at, during the accordant properties of another sor further informations for further informations for further informations for further information for further the function of	ounting ner station rmation. cy" or or, in ne month curately be equired
					1	N SUBSTITUTE	
			E PROGRAM				į į
	1. TITLE OF PROGRAM	2. LIVE?				AGE OCCURRED	7. REASON FOR DELETION
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION
		Yes or No	1	4. STATION'S LOCATION	5. MONTH	6. TIMES	DELETION

ccounting Period:	2019/1		FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Manning Municipal Communication & Television System Utility		S	YSTEM II
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	secondary transm to compute this a	ission service amount, see),351.39 uss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less to the block 3 if the amount of gross receipts in space K is more than \$263,800 but less to See page (vi) of the general instructions located in the paper SA1-2 form for more information.	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00		nis six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and	12	• •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	100)	
	Base amount under statutory formula	263,800.00	=	
	Enter amount of gross receipts from space K	160,351.39	_	
	3. Subtract line 2 from line 1	103,448.61	_	
	4. Enter the amount of gross receipts from space K	\$	160,351.39	
	5. Enter the amount from line 3		103,448.61	
	6. Subtract line 5 from line 4		56,902.78	
				204 54
	7. Multiply line 6 by .005 (enter figure here)		\$	284.51 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	284.51
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	',600)	
	Enter the amount of gross receipts from space K		-	
	Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1		_	
	4. Multiply line 3 by .01		_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
12., 144.44 cg 2+ 15	FILING FEE AND TOTAL REMITTANCE DUE	11.3		
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	284.51	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	304.51
	EFT Trace # or TRANSACTION ID # 7.	5773186372]	
	Important: Your remittance must be in the form of an electronic payment pays See page i of the general instructions in the paper SA1-2 form and the Excel ins			

Accounting Period:	2019/1	FORM SA1-2E, PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Manning Municipal Communication & Television System Utility	SYSTEM ID# 334
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	120
	on which the cable system carried television broadcast stations and nonbroadcast services	81
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name ELIZABETH SWEARINGEN Telephone Address 321 CENTER STREET (Number, street, rural route, apartment, or suite number)	712-655-2660
	MANNING, IA 51455 (City, town, state, zip)	
	Email beth@mmctsu.com Fax (optional	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system.	em as identified
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Elizabeth Swearingen	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ELIZABETH SWEARINGEN	
	Title: ADMINISTRATIVE ASST. (Title of official position held in corporation or partnership)	
	Date: 7/9/19	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2019/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nning Municipal Communication & Television System Utility	334
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	•
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x <u>extra de la days</u>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Address	
一定三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	
ID number First community served	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Cable
Worksheet

	able)		<u>\$</u>						
U W	/ork	ksh	eet	Total amount of	remitta	ance	Number of	SAs rec'd	Initials	
				Date of remitta	nce	-	☐ Check	☐ EFT	☐ FILING FEE	
Cable ID #								Amount/I	nitials	
Examined by	R	Reviewe	ed by	Date examination completed	A	llocatior	number	\$		
Space A Accounting Period					<u>'</u>					
	Janua	ary 1 – J	une 30, 20		☐ July 1 – December 31, 20					
	☐ Letter sent					☐ Information received				
	☐ Accepted ☐ Phone call/Date/Contact									
Space B Owner										
	Letter sent					ıformati	on received			
	☐ Accepted ☐ Phone call/Date/Contact									
Space D Area Served										
	☐ Letter sent				☐ Information					
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space E Secondary Transmission										
Service Subscribers: and Rates	Letter	r sent			☐ In	ıformati	on received			
	☐ Accepted ☐ Phone call/Date/Contact									
Space G Primary Transmitters: Television										
	Letter	r sent			☐ In	ıformati	on received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space H Primary Transmitters:										
Radio	☐ Accep	oted	☐ Phone call/D	ate/Contact						

			Space I Substitute Carriage
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space J Part-time Carriage Log
Letter sent		☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact		
			Space K Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space M Channels
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space O Certification
Letter sent		☐ Information received	
Accepted	☐ Phone call/Date/Contact		
			Space P Statement of Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space Q Interest Assessment
Letter sent		☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact		