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				
08/20/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  Barcode Data Filing Period (optional - see instructions)	
Accounting 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	
		Pineland Telephone Cooperative	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 678 (Number, street, rural route, apartment, or suite number)	
		Metter, GA 30439 (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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	Harries	DENTIFICATION OF CABLE SYSTEM:	
- Oysiciii	1	DETERMINATION OF GABLE GAGALIA.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, 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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name	Pineland Telephone Cooperative	626
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated c	
ט	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
	identified city.	
361 464		
	CITY OR TOWN	STATE
First	Metter	GA
Community	Adrian	GA
ŀ	Bartow	GA
Rows as Necessary	Cobbtown	GA
ļ	Davisboro	GA
ļ	Kite	GA
	Lexsy	GA
	Midville	GA
	Nunez	GA
	Oak Park	GA
	Pulaski	GA
	Stillmore	GA GA
	Swainsboro	GA GA
ļ	Twin City	GA GA
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!	Claxton	GA
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Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**Pineland Telephone Cooperative** 

62648

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	3,896	19.50	20+ Channels	3,896	25.49	
<ul> <li>Service to additional set(s)</li> </ul>			80+ Channels	3,580	55.00	
<ul> <li>FM radio (if separate rate)</li> </ul>			100+ Channels	1,923	10.00	
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		I		T		

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel		Cinemax	17.50
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		HBO	17.50
<ul> <li>Fire protection</li> </ul>		• Pay cable		Showtime	17.50
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Starz/Encore	17.5
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62648

# Pineland Telephone Cooperative

G

Primary
Transmitters:
Television

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGT-HD	30.2	N	Augusta, GA
WAGT2	30.1	N-M	Augusta, GA
WAGT-DT	30	N-M	Augusta, GA
WFXG-HD	31.2	l	Augusta, GA
WFXG2	31.1	I-M	Augusta, GA
WFXG-DT	31	I-M	Augusta, GA
WGSA-HD	35.2	l	Baxley, GA
WGSA3	35.1	I-M	Baxley, GA
WGSA	35	I-M	Baxley, GA
WGXA-HD	16.2	l	Macon, GA
WGXA2	16.1	I-M	Macon, GA
WGXA2-HD	16.3	I-M	Macon, GA
WGXA-DT	16	I-M	Macon, GA
WJBF-HD	42.2	N	Augusta, GA
WJBF2	42.1	N-M	Augusta, GA
WJBF-DT	42	N-M	Augusta, GA
WJCL-HD	22.1	N	Savannah, GA
WJCL-DT	22	N-M	Savannah, GA
WMAZ-HD	13.2	N	Macon, GA
WMAZ3	13.1	N-M	Macon, GA
WMAZ-DT	13	N-M	Macon, GA
WMGT-HD	40.2	N	Macon, GA
WMGT2	40.1	N-M	Macon, GA
WMGT-DT	40	N-M	Macon, GA
WMUM-DT	7	E	Cochran, GA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62648

# Prineland Telephone Cooperative PRIMARY TRANSMITTERS: TELEVISION

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
WRDW-HD	12.3	N	Augusta, GA
WRDW2	12.1	N-M	Augusta, GA
WRDW3	12.2	N-M	Augusta, GA
WRDW-DT	12	N-M	Augusta, GA
WSAV-HD	39.2	N	Savannah, GA
WSAV2	39.1	N-M	Savannah, GA
WSAV3-DT	39.3	N-M	Savannah, GA
WSAV-DT	39	N-M	Savannah, GA
WTGS-HD	28.1	I	Hardeeville, SC
WTGS-DT	28	I-M	Hardeeville, SC
WTOC-HD	11.3	N	Savannah, GA
WTOC2	11.1	N-M	Savannah, GA
WTOC3	11.2	N-M	Savannah, GA
WTOC-DT	11	N-M	Savannah, GA
WVAN-DT	9	E	Savannah, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Pineland Telephone Cooperative**

62648

#### 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.

Н

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2019/1 LEGAL NAME OF OWNER OF	CADLE EVE	TEM:				FOR	RM SA1-2E. PAGE 5.	
Name	Pineland Telephone Co							SYSTEM ID# 62648	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat  Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call se Column 4: Give the broad the case of Mexican or Cant Column 5: Give the mon first. Example: for May 7 give	fy every nor coounting pering that must reconct on the concern of	AL STATEMEIN INNER STATEMENT INNER SUBSTITUTE OF THE SUBSTIT	sion program, broadcast be ecific present and former For this log, see page (v) of the ITITUTE CARRIAGE carry, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute for the general carry and the general carry and the general carry of the general carry of the general carry. Otherwise enter the string the substitute program of the community with which the community with which the community with which the	y a distant star CC rules, regular he general instructions wherever pose program") the ed for the program titles, for exercise station is liced estation is idea.	lations, or au ructions in the ructions in the ructions in the ructions in the ructions for further ructions for further ructions for further ructions by the rutified).	sion program YES the the program ir meaning is accounting another state information ove Lucy" or	em carried on a For a further -2 form.  NO m S dition n.	
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE  SUBSTITUTE PROGRAM  CARRIAGE OCCURRED  7.								
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION	
						-			
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Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Pineland Telephone Cooperative			,	SYSTEM ID# 62648
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's s tion of how	econdary trans to compute this	mission services amount, see	ce
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	1
	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 lin	nes 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K	;			
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but l	less than \$527	7,600)	
	Enter the amount of gross receipts from space K	\$	463,320.00		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	199,520.00		
	4. Multiply line 3 by .01		\$	1,995.20	
	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	3,314.20
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,314.20	
Due	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			\$	3,334.20
1	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: hone Cooperative				SYSTEM ID# 62648
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	number of channels on which television broadcast stations. number of activated channels able system carried television b	otal number  the cable  broadcast s	on which the cable system carried television of activated channels during the accounting the acc	ng period.	40 245
N Individual to Be Contacted		BE CONTACTED IF FURTHE		MATION IS NEEDED (Identify an individual	to whom	
for Further Information	Name	Dustin Durden			Telephone	
	Address	P.O. Box 678 (Number, street, rural route, apartm	ment, or suite	number)		
	Email	(City, town, state, zip)				
	CERTIFICATION (	(This statement of account mus	ust be certif	ied and signed in accordance with Copyrigh	nt Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check one	ne, but only o	one, of the boxes.)		
	(Owner	r other than corporation or pa	artnership)	I am the owner of the cable system as identified	ed in line 1 of space B; o	or
		of owner other than corporati		nership) I am the duly authorized agent of the a corporation or partnership; or	e owner of the cable syst	tem as identified
		er or partner) I am an officer (if ine 1 of space B.	a corporation	on) or a partner (if a partnership) of the legal e	entity identified as owner	of the cable system
		e, and correct to the best of my k		are under penalty of law that all statements of information, and belief, and are made in good		
			X	/s/ Dustin Durden		
				ectronic signature on the line above to certify t ture using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed	name:	Dustin Durden		
		Title: (Title of off	General fficial position	Manager/Executive Vice Preside held in corporation or partnership)	lent	
		Date:		0	8/20/2019	

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 the 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 telephon 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 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:
eland Telephone Cooperative	62648
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name 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 days	-
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	-
<ul><li>(interest charge)</li><li>* 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@loc.gov.</li></ul>	
** 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.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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 th 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.