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

STATEME	INT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable System	ms (Short Form) ctions are located of this workbook	08/14/2019	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E		'YY/(Period))	
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20191	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of the of the subsidiary, not that of the parent co	-	diary of another corporation, give the full corpo	ırate title
Owner	List any other name or names under which	the owner conducts the business of th	ne cable system.	
	If there were different owners during the a single statement of account and royalty fee		he last day of the accounting period should sub ing period.	mit a
	Check here if this is the system's first filing	If not, enter the system's ID number a	assigned by the Licensing Division.	63664
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	Reinbeck Municipal Telecommunica	tions Utility		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	414 Main Street, PO Box 19 (Number, street, rural route, apartment, or suite nu			
	Reinbeck, IA 50669			
	(City, town, state, zip)			

 MAILING ADDRESS OF CABLE SYSTEM:

 Image: Comparison of the comparison of the comparison of the comparison of the public record of statements 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 suffciency of the filing, a determination that would be made by a court of law.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

С

System

1

IDENTIFICATION OF CABLE SYSTEM:

Net	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Reinbeck Municipal Telecommunications Utility	63664
	Instructions: List each separate community served by the cable system. A "com	
-	"a separate and distinct community or municipal entity (including unincorporat	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	blie nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Reinbeck	IA
Community		
		***************************************
dd Rows as Necessary		
an nons as necessary		

								FORM SA1-	TEM ID
Name	LEGAL NAME OF OWNER OF C Reinbeck Municipal Tel			: I Itility				515	6366
		ecommunic		Sounty					
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	· · ·			-				
Service: Sub-	Number of Subscribers: Bot	n blocks in spa	ce E cal	I for the numb	er of subso	cribers to the ca	ble system	, broken	
scribers and	down by categories of secondar	-				•			
Rates	each category by counting the n separately for the particular service					•		charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	addition	al sets would b	be include	d in the count u	nder "Servi	ce to the	
	first set" and would be counted of								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.		og						
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		205	80.78	Limited			35	30.9
	<ul> <li>Service to additional set(s)</li> </ul>				HD Plu	S		76	96.2
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with re	espect to a	Il your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Fransmissions:	Block 1: Give the standard rat							wara not	
Rates	<b>Block 2:</b> 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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable		• Mot	el, hotel			<b>DVR PI</b>	us	###
	• Pay cable—add'l channel		• Cor	nmercial			HBO		15.9
	Fire protection		• Pay	cable			Cinema	ax	9.9
	•Burglar protection		• Pay	cable-add'l ch	nannel		Starz/E	ncore	9.9
	Installation: Residential		• Fire	protection			Showti	me/TMC	15.9
	• First set		• Bur	glar protection					[
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:					
	• FM radio (if separate rate)		• Rec	connect					I
	• Converter		• Disc	connect					I
			• Out	let relocation					
			• Mov	/e to new addr	ess				

				SYSTEM I
Name	LEGAL NAME OF OWNER O			636
	PRIMARY TRANSMITTERS	Telecommunications Utility		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eac educational station, by em (for independent multicast For the meaning of these <b>Column 4:</b> Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGAN	2.1	Ν	CEDAR RAPIDS, IA
	KGAN-DT2	2.2	N-M	CEDAR RAPIDS, IA
dd Rows as Necessary	KGAN-DT3	2.3	N-M	CEDAR RAPIDS, IA
	KWWL	7.1	Ν	WATERLOO, IA
	KWWL-DT2	7.2	N-M	WATERLOO, IA
	KCRG	9.1	N	CEDAR RAPIDS, IA
	KCRG KCRG-DT2	9.1	N N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KCRG-DT2	9.2	N-M	CEDAR RAPIDS, IA
	KCRG-DT2 KCRG-DT3	9.2 9.3	N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KCRG-DT2 KCRG-DT3 KWKB	9.2 9.3 20.1	N-M N-M N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA	9.2 9.3 20.1 28.1	N-M N-M N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2	9.2 9.3 20.1 28.1 28.2	N-M N-M N N N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2 KFXA-DT3	9.2 9.3 20.1 28.1 28.2 28.3	N-M N-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2 KFXA-DT3 KRIN	9.2 9.3 20.1 28.1 28.2 28.3 32.1	N-M N-M N N N N-M E	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2 KFXA-DT3 KRIN KRIN-DT2	9.2 9.3 20.1 28.1 28.2 28.3 32.1 32.2	N-M N-M N N N-M N-M E E E-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA WATERLOO, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2 KFXA-DT3 KRIN KRIN-DT2 KRIN-DT3	9.2 9.3 20.1 28.1 28.2 28.3 32.1 32.2 32.3	N-M N-M N N N-M E E E-M E-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA WATERLOO, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2 KFXA-DT3 KRIN KRIN-DT2 KRIN-DT3 KPXR	9.2 9.3 20.1 28.1 28.2 28.3 32.1 32.2 32.3 48.1	N-M N-M N N N-M E E E-M E-M N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA WATERLOO, IA WATERLOO, IA CEDAR RAPIDS, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2 KFXA-DT2 KFXA-DT3 KRIN-DT2 KRIN-DT2 KRIN-DT3 KPXR KPXR-DT2	9.2 9.3 20.1 28.1 28.2 28.3 32.1 32.2 32.3 48.1 48.2	N-M N-M N N N N-M E E E-M E-M N N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA WATERLOO, IA WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
	KCRG-DT2 KCRG-DT3 KWKB KFXA KFXA-DT2 KFXA-DT2 KFXA-DT3 KRIN-DT2 KRIN-DT2 KRIN-DT3 KPXR KPXR-DT2	9.2 9.3 20.1 28.1 28.2 28.3 32.1 32.2 32.3 48.1 48.2	N-M N-M N N N N-M E E E-M E-M N N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA IOWA CITY, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA WATERLOO, IA WATERLOO, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA

EGAL NAME OF Reinbeck Mu			munications Utility					SYSTEM I 636
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LE CIGIT		0/D		O/ LEE OIOIT		0/D		
							·	
						·		

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Reinbeck Municipal Te	elecomm	unications l	Jtility				63664
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident				-	tion that w	our cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log					<i>"</i> ) <i>(</i> )"			
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Lise abbreviation	s wherever n	ossible ift	hoir moonin	n ie
	clear. If you need more spa				s wherever p			J 15
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pr	ogramming	g of another :	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car						1	41-
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	is, with the h	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accura	atelv
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s anu regui		
								1
						N SUBST		
	S		E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION
	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
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2019/1	FORM SA1-2E. PA	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM	
	Reinbeck Municipal Telecommunications Utility	63	3664
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you p all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to comput 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.	ransmission service	
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equ</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must paraccounting period is \$52.00	y for this six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.0	00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1	37,100)	
	1. Base amount under statutory formula       \$ 263,800	.00	
	2. Enter amount of gross receipts from space K \$ 148,513	.36	
	3. Subtract line 2 from line 1	.64	
	4. Enter the amount of gross receipts from space K \$		
	5. Enter the amount from line 3	115,286.64	
	6. Subtract line 5 from line 4	· · · · ·	
	7. Multiply line 6 by .005 (enter figure here) .		12
	8. Interest charge. Enter the amount from line 4, space Q, page 8		<u></u>
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 166.1	13
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$	\$527,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	.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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	····	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	166.13	
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	\$ 186.1	13
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Report See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab to be page is a set of the general instructions in the paper SA1-2 form and the Excel instructions tab to be page is a set of the general instructions in the paper SA1-2 form and the Excel instructions tab to be page is a set of the general instruction of the paper SA1-2 form and the Excel instructions tab to be page is a set of the general instruction of the paper SA1-2 form and the Excel instructions tab to be page is a set of the general instruction.		

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7.
Name		NER OF CABLE SYSTEM:	ns Utility			SYSTEM ID# 63664
<b>M</b> Channels	to its subscribers, a 1. Enter the total nu system carried tel	and (2) the cable system's t umber of channels on which	total numb	on which the cable system carried television broadcast er of activated channels during the accounting period.	stations	18
		e system carried television t services		stations		141
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of accourt		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name E	Eric Lage		Te	elephone 319-78	38-7888
	(† F	114 Main St, PO Box Number, street, rural route, apart Reinbeck, IA 50669 City, town, state, zip)	<b>tment, or suit</b>	e number)		
	Email	ericl@reinbeck	.net	Fax (optional)		
O Certification	I, the undersigned,     (Owner c     (Agent or     in line     (Officer     in line     I have examined th	, hereby certify that (Check o other than corporation or p f owner other than corpor- e 1 of space B and that the o or partner) I am an officer ( e 1 of space B. he statement of account and and correct to the best of my	one, <i>but oni</i> partnershi ration or pr owner is no (if a corpor: (if a corpor: d hereby de y knowledg	p) I am the owner of the cable system as identified in line 1 artnership) I am the duly authorized agent of the owner of t t a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identi clare under penalty of law that all statements of fact contain e, information, and belief, and are made in good faith.	of space B; or the cable system a ified as owner of the	
			Enter an e	/s/ Eric Lage	t.	
		Typed or printed	d name:	Eric Lage		
		Title: (Title of o	Manag official positio	er h held in corporation or partnership)		
		Date:		8/13/19		

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.

unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
nbeck Municipal Telecommunications Utility	6366
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessme
Y	
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       x 0.00274	
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	
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       \$	
Line 3 Multiply line 2 by the number of days late 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       -         (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.	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.