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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

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	ACCOUNTING PERIOD COVERED BY T	THIS STATEMENT:			
Accounting Period	2019/2				
B Owner	rate title of the subsidiary, not that of the parent corp List any other name or names under which the If there were different owners during the account a single statement of account and royalty fee payme	owner conducts the business of the cable system onting period, only the owner on the last day of the	m e accounting period should	·	063010
	LEGAL NAME OF OWNER/MAILING ADDRESS Verizon New York Inc.	OF CABLE SYSTEM			
				06301	020192
				063010	2019/2
	22001 Loudoun County Parkway Ashburn, VA 20147				
С	INSTRUCTIONS: In line 1, give any business of names already appear in space B. In line 2, give				
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Buffalo, NY)		<u> </u>		
	Ailling Address of CABLE SYSTEM: 548 Elmwood Ave (Number, street, rural route, apartment, or suite number) Buffalo, NY 14222 (City, town, state, zip code)				
D	Instructions: For complete space D instruction	ns, see page 1b. Identify only the frst comm	unity served below and re	elist on page	e 1b
Area	with all communities.				
Served		STATE			
First Community	AMHERST (TOWN)	NY	0		
-	Below is a sample for reporting communities CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#
	Alda	MD	A	002	1
Sample	Alliance	MD	В		2
	Gering	MD	В		3
•	e: Section 111 of title 17 of the United States Code authorizes press your statement of account. PII is any personal informati		• • • •		
•	ding PII, you are agreeing to the routine use of it to establish a	•			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/26/2020

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.

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon New York Inc.			063010	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communitient to community that the second seco	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	•	•	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. İf	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou	ate each commun up designated by a	ity with a a number	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_
AMHERST (TOWN)	NY	Α		First
BLASDELL (VILLAGE)	NY	Α		Community
HAMBURG (TOWN)	NY	Α		
HAMBURG (VILLAGE)	NY	Α		
KENMORE (VILLAGE)	NY	Α		
LACKAWANNA CITY	NY	Α		See instructions for
ORCHARD PARK (TOWN)	NY	Α		additional information
ORCHARD PARK (VILLAGE)	NY	Α		on alphabetization.
TONAWANDA (ERIE) TOWN	NY	Α		
WEST SENECA (TOWN)	NY	A		
				Add rows as necessary.
	[
				1

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Name	LEGAL NAME OF OWNER OF CABL	.E SYSTEM:						S	YSTEM II
	Verizon New York Inc.								0630
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI		ATES				
E	In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ing on the	
Transmission	last day of the accounting period						hla avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
nutoo	separately for the particular serv							onargou	
	Rate: Give the standard rate of	harged for eac	ch catego	ory of service.	Include b	oth the amount o	of the charg		
	unit in which it is generally billed					ard rate variation	s within a p	oarticular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system								
	printed in block 1 (for example, t						· ·		
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	апа рюск. А ти	NO- or thre	ee-wora descript	ion of the s	service is	
		OCK 1					BLOC	К 2	
		NO. OF	:					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 	5/	4,932	\$ 25.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		750	\$ 35.00					
	Converter								
	 Residential 								
	 Non-residential 								
		<u> </u>							
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra			mation with re	espect to a	all your cable sys			
•	not covered in space E, that is, t	hose services '						emiceion	
				not offered in a	combinati				
Services	service for a single fee. There and furnished at cost or (2) services	re two exceptio	ons: you d	not offered in o do not need to	combinati give rate	information con	cerning (1)	services	
Services Other Than	furnished at cost or (2) services	re two exceptio or facilities furr	ons: you o	not offered in o do not need to o nonsubscribe	combinati give rate ers. Rate i	information con nformation shou	cerning (1) Id include b	services both the	
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Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2		
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	79.99	N/A
Fios TV Mundo	64.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
	Varies	Varies
On Demand Subscriptions		
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies

Category of Service	Residential Rate	Commercial Rate
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box First two boxes	12.00	11.99
Set-Top Box: Boxes 3-5	6.00	11.99
Set-Top Box: 6+ boxes	No charge	11.99
Fios Quantum Gateway Router	12.00	9.99
Fios Home Wireless Router	15.00	N/A
Fios TV Activation Fee	99.99	99.99
DVR Service	12.00	12.00
Multi-room DVR Service	N/A	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	50.00	N/A
Set-Top Box Retrieval Fee	99.00	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	100.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV One Voice Remote	24.99	N/A
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Route	124.00	100.00
Unreturned/Damaged Wireless Router	175.00	N/A
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
Verizon New Yo	ork Inc.				063010	Name
RIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulation	ystem during t ons in effect of .61(e)(2) and (he accounting n June 24, 19 (4), or 76.63 (i	g period, except 81, permitting th referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
				s carried by your o	cable system on a substitute program	Television
station was carried List the station here, a basis. For further in in the paper SA3 for	here in space only on a subs and also in spa formation conc rm.	G—but do lis titute basis. ace I, if the sta cerning substit	t it in space I (th ation was carried tute basis station	d both on a substi ns, see page (v) c	ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
	-2". Simulcast	streams must	t be reported in o	column 1 (list eac	h stream separately; for example	
VETA-simulcast). Column 2: Give the	e channel numl	ber the FCC h	has assigned to	the television stat	ion for broadcasting over-the-air in	
ts community of licens	e. For example	e, WRC is Ch	-		may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
educational station, by	entering the le	etter "N" (for n	etwork), "N-M" (for network multic	cast), "I" (for independent), "I-M"	
for independent multic For the meaning of the	<i>/</i> · · · · · · · · · · · · · · · · · · ·		, ·	· ·	ommercial educational multicast). he paper SA3 form.	
Column 4: If the sta	ation is outside	the local serv	vice area, (i.e. "o	distant"), enter "Ye	es". If not, enter "No". For an ex-	
lanation of local servic					e paper SA3 form. stating the basis on which your	
•			•	•	tering "LAC" if your cable system	
arried the distant stati	•					
					y payment because it is the subject	
or a written agreement	entered into o	n or before Ju	ine 30. 2009. be	etween a cable sv	stem or an association representing	
he cable system and a	a primary trans	mitter or an a	ssociation repre	senting the prima	stem or an association representing ry transmitter, enter the designa-	
he cable system and a ion "E" (exempt). For s	a primary trans simulcasts, als	mitter or an a o enter "E". If	ssociation repre you carried the	esenting the prima channel on any o	ry transmitter, enter the designa- ther basis, enter "O." For a further	
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	LEGAL NAME OF	OWNER OF CABL	E SYSTE	M:				SYSTEM ID
Name	Verizon New	v York Inc.						06301
н		t every radio s	tation ca	rried on a separate and discre nerally receivable" by your cal				
Primary	Special Instruc	ctions Concer	nina All	-Band FM Carriage: Under C	opvright Office re	equlations. an	FM siar	al is generally
Transmitters:				tem whenever it is received at				
Radio				ved at the headend, with the s				
				Copyright Office regulations o	n this point, see	page (vi) of the	e genera	al instructions
	Column 2: S	dentify the call State whether t	sign of e he statio	each station carried. n is AM or FM.				
				nal was electronically processe mark in the "S/D" column	ed by the cable s	ystem as a se	parate a	nd discrete
	-			a mark in the "S/D" column. Son (the community to which the	estation is licens	ed by the ECC	or in t	ne case of
				the community with which the			, in u	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							L	l

LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				5	SYSTEM ID#	
Verizon New York Inc.							063010	Name
SUBSTITUTE CARRIAG	E: SPECIA		IT AND PROGRAM LOG					
			sion program broadcast by a ecific present and former FC					•
			this log, see page (v) of the					Substitute
. SPECIAL STATEMEN								Carriage: Special
During the accounting per proadcast by a distant sta		ir cable system	carry, on a substitute basi	s, any nonne	twork televi			Statement a
-		rest of this nar	ge blank. If your answer is '		ist complete		X No	Program Lo
og in block 2.				res, you me	ist complete	e ne progran		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	distant stat egulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast statio hadian statio hth and day ve "5/7." es when the . Example: a ter "R" if the and regulatio	ion and that your or authorization it use general of A Basketball: dcast live, enter station broadca on's location (th ons, if any, the when your sys a substitute pro- a program carri- listed program ons in effect du	ision program (substitute p our cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N isting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra uring the accounting period em was permitted to delete	d for the prog eral instructio "basketball". o." m. station is lice station is ider program. Use sable system. 5 p.m. to 6:2 mming that y enter the let	ramming of ins located List specifing numerals, List the tim 8:30 p.m. s our system ter "P" if the	f another stat in the paper ic program e FCC or, in with the mor nes accurated hould be was required e listed pro	ith ly	
effect on October 19, 1976		indi jeu ejen				9414410110 111		
					EN SUBST		7. REASON	
	2. LIVE?	E PROGRAM		5. MONTH	IAGE OCC	URRED	FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	DELETION	
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2019/2

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 6.

	LEGAL NAME OF (EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Name	Verizon New	VYork Inc.							063010	
J Part-Time Carriage Log	time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example	State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the levision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation pp." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–								
			DATE	S AND HOURS	OF F	PART-TIME CAF	RIAGE			
		WHEN	I CARRIAGE OCC					I CARRIAGE O	CCURRED	
	CALL SIGN	DATE	HOL FROM			CALL SIGN	DATE		OURS	
		DATE	FROM	то			DATE	FROM	TO	
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FORM	SA3E. PAGE 7.		
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Ver	izon New York Inc.	063010	name
Inst all a (as page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amour mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary transmission service	K Gross Receipts
Instru • Con • Con • If you fee 1 • If you accord ▶ If pa	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: pplete block 1, showing your minimum fee. pplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable p ompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should to k 3 below.	parts of the DSE Schedule	L Copyright Royalty Fee
 If particular 3 be If particular 	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho		
Block	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fer system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		
	Enter the result here. This is your minimum fee.	\$ 228,079.34	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colu "Yes" in this block. Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete the DSE schedule. 	mn 4, you must check iod?	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$-	
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 	<u>\$228,079.34</u>	Cable systems submitting additional deposits under Section 111(d)(7)
	(Interest Worksheet)	0.00 \$ 725.00	should contact the Licensing additional fees.
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here Remit this amount via <i>electronic payment</i> payable to Register of Copyrights.	\$ 228,804.34 (See page (i) of the	Division for the appropriate form for submitting the additional fees.
	general instructions located in the paper SA3 form for more information.)		

ACCOUNTING PERIOD:	2019/2
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ACCOUNTING PERI	IOD: 2019/2	FORM SA3E. PAGE 8.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063010			
	Verizon New York Inc.	003010			
	CHANNELS				
Μ	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.				
Channels					
onanneis	1. Enter the total number of channels on which the cable				
	system carried television broadcast stations	32			
	2. Enter the total number of activated channels	[]			
	on which the cable system carried television broadcast stations and nonbroadcast services	454			
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual				
IN	we can contact about this statement of account.)				
Individual to					
Be Contacted for Further	Name Patrick Merrick Teleph	one 703-694-5088			
Information					
	Address 22001 Loudoun County Parkway				
	(Number, street, rural route, apartment, or suite number)				
	Ashburn, VA 20147				
	(City, town, state, zip)				
	Email patrick.merrick@verizon.com Fax (optional)				
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.				
O Certifcation					
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)				
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified				
	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 identifed as owner of the cable system				
	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/ Veronica C. Glennon				
	Enter an electronic signature on the line above using an "/s/" signature to certify this stateme	nt.			
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your o "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's				
		Eoldo compatibility collingo.			
	Typed or printed name: Veronica C. Glennon				
	Title: Assistant Secretary, Verizon New York Inc.				
	(Title of official position held in corporation or partnership)				
	Date: February 28, 2020				
	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying in press your statement of account. Pll is any personal information that can be used to identify or trace an individual such				

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 telephor 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 th 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: Verizon New York Inc.	SYSTEM ID# 063010	Name
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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syste service of providing secondary transmissions of primary broadcast transmitters, the system sh scribers and amounts collected from subscribers receiving secondary transmissions pursuant	m for the basic all not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general ins paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below. \$		
Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SAS		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	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** enter here and on line 3, block 4, space L, (page 7)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	(interest charge) assistance please	
** 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 Copy please list below the owner, address, first community served, accounting period, and ID number as g filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identif	ying information (PII) requested or	ı 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 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.