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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/26/2020	\$					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2019/2			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon New York Inc.	ess of the cable system or on the last day of a counting perioa	em the accounting period should s	
				06315520192
				063155 2019/2
	22001 Loudoun County Parkway Ashburn, VA 20147			
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Syracuse, NY) VHO 15a	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u> </u>
	MAILING ADDRESS OF CABLE SYSTEM: 6360 Thompson Road 2 (Number, street, rural route, apartment, or suite number) Syracuse, NY 33637 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area Served	with all communities.	loz		
First	CITY OR TOWN CAMILLUS (TOWN)	STATE NY		
Community	Below is a sample for reporting communities if you report multiple cha		pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
Campio	Alliance	MD	В	2
	Gering	MD	В	3

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 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.

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063155 Verizon New York Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **CAMILLUS (TOWN)** NY **First AUBURN (CITY)** NY Community **BALDWINSVILLE VILLAGE** NY Α **CAMILLUS (VILLAGE)** NY Α CICERO (TOWN) Α NY CLAY (TOWN) NY Α See instructions for DE WITT (TOWN) NY Α additional information on alphabetization. **EAST SYRACUSE (VILLAGE)** NY FAYETTEVILLE (VILLAGE) NY **FLEMING (TOWN)** NY Α **GEDDES (TOWN)** NY Add rows as necessary. LIVERPOOL (VILLAGE) Α NY LYSANDER (TOWN) NY Α NORTH SYRACUSE (VILLAGE) NY OWASCO (TOWN) NY SALINA (TOWN) NY SENNETT (TOWN) NY SKANEATELES (TOWN) NY Α **SKANEATELES VILLAGE** NY **SOLVAY (VILLAGE)** NY Α VAN BUREN (TOWN)

	•

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc.

SYSTEM ID#

063155

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			
04750000005050000	NO. OF	DATE	NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	36,655	\$ 25.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	534	\$ 35.00			
Converter					
Residential					
Non-residential					

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 15.00	Motel, hotel		See Tab Attachment B	
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		• Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$ 99.00	 Burglar protection 			
Additional set(s)	\$ 65.00	Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation	\$ 65.00		
		 Move to new address 			

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
On Demand Subscriptions	Varies	Varies
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

FORM SA3E. PAGE 3.					SYSTEM ID#	4
LEGAL NAME OF OWN		YSIEM:				Namo
		2N			003130	,
Verizon New Your Cable startied by your cable startied basis Solasis under specific FC Do not list the station station was carried basis. For further ind in the paper SA3 for Column 1: List each cach multicast stream as "WETA-WETA-simulcast). Column 2: Give the startied by your cable stone which your cable stone which your cable startied by for independent multication at the startied by the star	erk Inc. ERS: TELEVISIO G, identify every ystem during toons in effect on 6.61(e)(2) and (est, as explained tations: With 160 C rules, regular here in space only on a substand also in space formation concern. The station's call associated with 160 c rules, regular to station's call associated with 160 c rules. Simulcast echannel numbers are channel numbers for example to entering the least), "E" (for not see terms, see terms, see pation is outside to area, see pation entered "Y	y television state accounting in June 24, 19 (4), or 76.63 (in the next respect to any ations, or authors accounting the state of the s	g period, except 81, permitting the referring to 76.6 paragraph. It is distant stations to report origination cording to its over the period of the station is a network attaining a network, "N-M" (I educational), cording to its over the period of the station is a network attaining a network of the stational of	(1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statem of the Special Special Statem of the Special Spe	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form.	Namo
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FURINI SAJE. PAGE 3.						.1				
Verizon New Yo		YSTEM:			SYSTEM ID# 063155	Namo				
PRIMARY TRANSMITTE		ON								
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	G, identify ever system during toons in effect of 6.61(e)(2) and (sis, as explaine stations: With	y television st he accounting n June 24, 19 (4), or 76.63 (ed in the next respect to any	g period, except 81, permitting the referring to 76.6 paragraph. Adistant stations	(1) stations carrione carrione carriage of cert 1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television				
station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se explanation of these th Column 6: Give the	only on a subsand also in spa formation cond rm. h station's call associated wit -2". Simulcast e channel numbers for example stem carried the in each case of entering the least), "E" (for notes that is outside coarea, see parties on a partition on a partition on a partition of a distant entered into on a primary transsimulcasts, also ree categories elecation of each	titute basis. ace I, if the state erning substitute sign. Do not the station act as treams must ber the FCC hates are the station. Whether the station. The station is the station of the station is the station. The station is the station is the station is the station. The station is the station is the station is the station is the station. The station is the station	ation was carried tute basis station report origination cording to its over the reported in the sassigned to annel 4 in Wash tation is a network), "N-M" (I educational), of egeneral instruct vice area, (i.e. "ogeneral instruct 4, you must con accounting perioduse of lack of a sam that is not some 30, 2009, be ssociation repreyou carried the of the general or U.S. stations,	d both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefer network multiple or "E-M" (for noncetions located in the thick of the television station, an indefer network multiple or "E-M" (for noncetions located in the thick of the televisions located in the thick of thick of the thick	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system					
Note: If you are utilizin	g multiple cha	•	•	•	channel line-up.	_				
	1	CHANN	EL LINE-UP	Α						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WSYT Zuus Coun	19	I-M	No		Syracuse					
WCNY Create	25	E-M	No		Syracuse	See instructions for				
WCNY World	25	E-M	No		Syracuse	additional information				
WCNY PBS Kids	25	E-M	No		Syracuse	on alphabetization.				
WSYR Bounce TV	17	N-M	No		Syracuse					
WSYR Me TV	17	N-M	No		Syracuse					
WTVH TBD TV	47	E-M	No		Syracuse					
WNYS GetTV	44	I-M	No		Syracuse					
WSPX qubo	56 I-M No Syracuse									
WSPX ION Life	ION Life 56 I-M No Syracuse									

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063155 Verizon New York Inc. PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/2		
LEGAL NAME OF OWNER OF Verizon New York Inc.		ГЕМ:				;	63155 O63155	Name		
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG							
								ı		
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a 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 located in the paper SA3 form.										
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No		rest of this pag	ge blank. If your answer is '	'Yes," you mι	ust complet			Program Log		
log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	MC								
In General: List each subs	titute progra	m on a separa	te line. Use abbreviations v	wherever pos	sible, if the	r meaning is				
clear. If you need more spa	ce, please	attach addition	al pages. ision program (substitute p	rogram) that	during the	accounting				
period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another stat	ion			
under certain FCC rules, re SA3 form for futher informa										
titles, for example, "I Love I	ucy" or "NE	BA Basketball:			·	, ,				
Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	m.						
Column 4: Give the broathe case of Mexican or Car			ne community to which the community with which the			FCC or, in				
Column 5: Give the mor	ith and day		tem carried the substitute p			with the mon	th			
first. Example: for May 7 give Column 6: State the time		substitute pro	gram was carried by your o	able system.	List the tim	nes accuratel	y			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be				
Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	mming that y	our system	was required	d			
to delete under FCC rules a gram was substituted for pr										
effect on October 19, 1976.		, ,	'			J				
				WHE	EN SUBST	ITUTE	7. REASON			
S		E PROGRAM			IAGE OCC	URRED TIMES	FOR			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO	DELETION			
						<u></u>				
						<u> </u>				
						<u></u>				
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

Name Legal Name of Owner of Cable System:
Verizon New York Inc.
SYSTEM ID#
063155

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." 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.–12:00 p.m."

<u> </u>		DA	ΓES A	ND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN	WHEN CARRIAGE OCCURRED			
CALL SIGN	DATE	FROM	OURS	TO		CALL SIGN	DATE	FROM	IOURS	TO
			_						_	
									=	
			-=						_=_	
			_							
			_							
			_						_	

LEG	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 063155	Name
ve	rizon New York Inc.		003133	
Ins all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secidentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary transi	mission service	K Gross Receipts
IMF	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amou	nt of gross receipts)	
• Cor • Cor • If your fee • If you	YRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. Our 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. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	e entered on	line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on lii	ne 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entere	ed on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 pe	rcent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	13,880,473.48	
	Enter the result here. This is your minimum fee.	\$	147,688.24	
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period of Yes—Complete the DSE schedule.	nn 4, you mu od?	ist check	
Block	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	\$	147,688.24	Cable systems
	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, ente zero.	r	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	<u></u> \$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	148,413.24	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i)	of the	

Name	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:	SYSTEM ID# 063155	
Name	Verizon New York Inc.			
	CHANNELS			
M	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	Enter the total number of channels on which the cable			
		i broadcast stations	28	
	-,	<u> </u>		
	2. Enter the total number of activated channels			
	on which the cable system carried television broadcast stations 457			
	and nonbroadcast service	es		
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)			
Be Contacted				
for Further	Name Patrick Mer	rick Telephone 70	03-694-5088	
Information				
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)			
	Ashburn, VA 20147			
	(City, town, state, zip)			
	Email pat	rick.merrick@verizon.com Fax (optional)		
_	CERTIFICATION (This state	ement of account must be certifed and signed in accordance with Copyright Office regula	ations.	
0	• 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; or			
Certifcation				
	 【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 【X (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 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		
	Ente	r an electronic signature on the line above using an "/s/" signature to certify this statement.		
	(e.g.,	, /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in	•	
	F2	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus or	ompaubility settings.	
	Typed or printed name: Veronica C. Glennon			
	Title			
		(Title of official position held in corporation or partnership)		
	_	5.1		
	Date	: February 28, 2020		

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 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 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 Offce'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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New York Inc. SYSTEM ID# 063155	Name		
Verizon New York Inc. 063155			
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 in the paper SA3 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			
Name Mailing Address Name Mailing Address			
INTEREST ASSESSMENTS			
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 in the paper SA3 form.			
Line 1 Enter the amount of late payment or underpayment	Interest Assessment		
Line 2 Multiply line 1 by the interest rate* and enter the sum here			
xdays			
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) \$			
(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@loc.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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.			
Owner			
Address			
First community served			
Accounting period			
ID number			

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