Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. IN BETWEEN THE YEAR AND NUMBER.

· For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 - Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 - Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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
8-24-20	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	АССС	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
A		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.	31240
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Gci Cable Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503-2751 (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 u	
•	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Bethel MAILING ADDRESS OF CABLE SYSTEM:	
	2	210 3rd St., P.O. Box 247 (Number, street, rural route, apartment, or suite number)	
		Bethel, AK 99559 (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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Gci Cable Inc	31240					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 first community that you list will serve as a form of system identification hereafter knowr as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	or mobile home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
rst nunity	Bethel	AK					
y							
lecessar	У						

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						-2E. PAGE
Name	Gci Cable Inc								3124
	SECONDARY TRANSMISSION				TEQ				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
	system, that is, the retransmission	on of television	and rac	dio broadcasts by	your sy	stem to subscri	ibers. Give	e information	
Secondary	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).								
Transmission Service: Sub-	Number of Subscribers: Bot	`		,	,	,	ble svsten	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n					•		s charged	
	separately for the particular serv Rate: Give the standard rate of							rae and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	counts allowed	for adva	ance payment.					
	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					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	difforent	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,	-	
	sufficient.	0.014.4					<u> </u>	()	
	BLC	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		877	\$35.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		8	296.95					
	Converter		140	\$35.00					
	Residential								
	Non-residential								
	Non residentia								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES					
F	In General: Space F calls for ra	•	,			• •			
I	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•					0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the rate column.								
Fransmissions: Rates	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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resid	ential			- .	
	• Pay cable	17.97		tel, hotel				Converter	5
	Pay cable—add'l channel		-	nmercial			Tier 2	Tioro	\$41.
	Fire protection		-	/ cable	mmel				11.
	•Burglar protection		-	/ cable-add'l cha	nnei		HD Tie	r	\$9.
	Installation: Residential	35 50		e protection					
	First set Additional set(s)	25.50 15.00		glar protection					
	Additional set(s) EM radio (if separate rate)	15.00		services: connect		20.00			
	 FM radio (if separate rate) Converter 			connect		20.00			
	Ourvener			tlet relocation		20.00			
	1					20.00			I
			• Mov	ve to new addres	22				

unting Period: 2	2020/1			FORM SA	A1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		S	YSTEM ID#					
Hame	Gci Cable Inc		31240							
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast),	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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 station, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for indep								
		dian stations, if any, give the name of th		-						
	KYUR	13.1	N	Anchorage, AK						
	КТОО-2	3.2	E-M	Juneau, AK						
s as Necessary	КТВҮ	4.1	I	Anchorage, AK						
	KTUU	2.1	N	Anchorage, AK						
	KTVA	11.1	Ν	Anchorage, AK						
	κγυκ	9	E	Bethel, AK						
	KYES	5.1	I	Anchorage, AK						

LEGAL NAME O Gci Cable Ir		JABLE S	ISTEM:					SYSTEM I 312
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					Н
eceivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried by monitoring, to formation about mm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under stem whenever it is received wed at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see pa sed by the cable s the station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions 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	
	FM	2.0				2,0		
KYUK KYDK	FM FM		Bethel, AK Bethel, AK					
	+							
							·	

ccounting Perio							FOR		
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID	
	Gci Cable Inc					3124			
Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	tify every nor accounting po ning that mus	nnetwork telev eriod, under sp st be included	<i>ision program,</i> broadcast b becific present and former l in this log, see page (v) of	y a <i>distant</i> sta FCC rules, reg	julations, or a	uthorizatio	ns. For a further	
Carriage: Special Statement and	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 								
Program Log	broadcast by a distant sta						YES	× NO	
	Note: If your answer is "No log in block 2.	o", leave the	rest of this pa	age blank. If your answer	s "Yes," you i	must comple	te the prog	gram	
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the and regulati mming that y	listed programi ions in effect o	n was substituted for prog during the accounting peri	od; enter the	letter "P" if th	e listed pr		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulati nming that y	listed programi ions in effect o	m was substituted for prog Juring the accounting peri /as permitted to delete un	d; enter the der FCC rules	letter "P" if th	ie listed pr ions in UTE	ogram 7. REASON FC	
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Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Gci Cable Inc	SYSTEM ID# 31240
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to cor 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.	dary transmission service npute this amount, se
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$ See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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 mus accounting period is \$52.00	st pay 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	0.00
	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 the	an \$137,100)
		,800.00
		,189.00
		,611.00
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	8,611.00
	6. Subtract line 5 from line 4	246,578.00
	7. Multiply line 6 by .005 (enter figure here)	\$ 1,232.89
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 1,232.89
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less the	nan \$527,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	,800.00
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	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)	1,232.89
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	\$ 1,252.89
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instructions	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Gci Cable Inc	SYSTEM ID# 31240
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	10 166
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		907-868-5615
	Address 2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number) Anchorage, AK 99503 (City, town, state, zip)	
	Email chall2@gci.com Fax (optional) 907-868-9	817
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] 	ystem as identified
	X /s/ Duncan Whitney Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Duncan Whitney Title: Vice President, Product Management (Title of official position held in corporation or partnership)	
	Date: August 24, 2020	

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.

counting Period: 2020/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
i Cable Inc	3124
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement Concerning Gross 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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
Owner	
Owner Address ID number	
Owner Address	

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.

C	Cable Worksheet		Total amount of remittance	Num	ber of SAs rec'd	Initials	
			Date of remittance	Check	EFT	G FILIN	G FEES
Cable ID #						Amount	Initials
Examined by	Re	viewed by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	☐ January 1	- June 30, 2017	E	July 1 - Decemi	per 31, 2017		
	Letter ser	nt	E	Information rec	eived		
	Accepted		E	Phone call/Date	/Contact		
Space B Owner							
	Letter ser	ht	C	Information rec	eived		
	Accepted		C	Phone call/Date	/Contact		
Space D Area Served							
	Letter ser	ıt	C	Information rec	eived		
	Accepted		E	Phone call/Date	/Contact		
Space E Secondary Transission							
Service Subscribers:	Letter ser	ıt	E	Information rec	eived		
and Rates	Accepted		E	Phone call/Date	/Contact		
Space G Primary Transmitters:							
Television	Letter ser	ıt	Γ	Information rec	eived		
	Accepted			Phone call/Date	e/Contact		
Space H Primary Transmitters:							
Radio	Accepted		[Phone call/Date	e/Contact		

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