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					
08/28/20	\$ 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	2020/1			
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	ss of the cable system on the last day of the counting period.	em. he accounting period should st	•
	Verizon New York Inc.			06315520201
				063155 2020/1
	22001 Loudoun County Parkway Ashburn, VA 20147			
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of			
System	1 DENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Syracuse, NY) VHO 15a	i tile system, ii uii	Terent from the address give	ен ш зрасе в.
	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 com	munity served below and re	elist on page 1b
Area	with all communities.	T.		
Served First	CITY OR TOWN CAMILLUS (TOWN)	STATE NY		
Community	Below is a sample for reporting communities if you report multiple ch		Snace G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 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 filings. 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. **CH LINE UP** CITY OR TOWN STATE SUB GRP# NY **CAMILLUS (TOWN)** Α First NY AUBURN (CITY) Community **BALDWINSVILLE VILLAGE** NY CAMILLUS (VILLAGE) NY Α CICERO (TOWN) NY Α **CLAY (TOWN)** NY See instructions for DE WITT (TOWN) NY additional information on alphabetization. NY **EAST SYRACUSE (VILLAGE) FAYETTEVILLE (VILLAGE)** NY Α **FLEMING (TOWN)** NY Α NY **GEDDES (TOWN)** Α Add rows as necessary. LIVERPOOL (VILLAGE) NY LYSANDER (TOWN) NY **NORTH SYRACUSE (VILLAGE)** NY Α OWASCO (TOWN) NY Α SALINA (TOWN) NY Α **SENNETT (TOWN)** NY Α NY SKANEATELES (TOWN) SKANEATELES VILLAGE NY **SOLVAY (VILLAGE)** NY Α VAN BUREN (TOWN) NY Α

	_		

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.

BLO			BLOC	K 2				
	NO. OF						NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	C/	ATEGORY OF	SERVICE	SUBSCRIBERS	RATE
Residential:								
 Service to first set 	35,035	\$	25.00					
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel								
Commercial	515	\$	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	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)	\$ 60.00	Other services:			
• FM radio (if separate rate)	 	Reconnect			
Converter		Disconnect			
	 	Outlet relocation	\$ 69.99		
		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)	60.00	34.99
Outlet Relocation	60.00	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	90.00	N/A
Fios TV Mundo	70.00	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
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
·	Varies	Varies
Pay Per View		
MLS Direct Kick	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99

Category of Service	Residential Rate	Commercial Rate
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	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Service	N/A	15.00
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	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	69.99	69.99
Existing Outlet Connection Subsequent	35.00	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	100.00	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 Rout	124.00	100.00
Unreturned/Damaged Fios Home 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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063155 Verizon New York Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has 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. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) **WSTM** 54 Ν No Syracuse **WSPX** 56 I No **Syracuse** See instructions for WTVH additional information 47 Ν No **Syracuse** on alphabetization. **WSTQ** 14 I No Syracuse **WNYS** 44 ı No Syracuse WSYT 19 No Syracuse I **WSYR** 17 Ν No **Syracuse** WCNY 25 Ε No Syracuse Ν WSTM-simulcast 54 No Syracuse WSPX-simulcast 56 I No **Syracuse** WTVH-simulcast 47 Ν No Syracuse WSTQ-simulcast 14 No ı Syracuse WNYS-simulcast 44 I No Syracuse WSYT-simulcast 19 No **Syracuse** I WSYR-simulcast 17 Ν No Syracuse WCNY-simulcast 25 Ε No Syracuse WSTM CometTV 54 N-M No **Syracuse** WTVH Charge TV 47 E-M No Syracuse

	LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	<u> </u>
	Verizon New Yo					063155	Namo
PF	I RIMARY TRANSMITTE	RS: TELEVISI	ON				
ca F0 76	rried by your cable s CC rules and regulati .59(d)(2) and (4), 76 bstitute program bas	system during to tons in effect of 5.61(e)(2) and sis, as explaine	the accountin n June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting t (referring to 76.6 paragraph	(1) stations carringle of ce (31(e)(2) and (4))]	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections g and (2) certain stations carried on a	Primary Transmitters: Television
	ote: If you are utilizin	ig manipio ona	•	EL LINE-UP	•	Tonamio ino up.	
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	-
W	SYT Cozi TV	19	I-M	No	,	Syracuse	
	CNY Create	25	Е-М	No		Syracuse	See instructions for
W	CNY World	25	Е-М	No		Syracuse	See instructions for additional information
	CNY PBS Kids	25	Е-М	No		Syracuse	on alphabetization.
w	SYR Bounce TV	17	N-M	No		Syracuse	
	SYR Me TV	17	N-M	No		Syracuse	"
	TVH TBD TV	47	E-M	No		Syracuse	"
	SYT GetTV	44	I-M	No		Syracuse	
	SPX qubo	56	I-M	No		Syracuse	"
	SPX ION Life	56	I-M	No		Syracuse	

ACCOUNTING PERIOD: 2020/1 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TOTAL CAGE 1						Accounting	1 EMOD: 2020/1
Verizon New York Inc.	CABLE SYST	EM:			S	YSTEM ID# 063155	Name
SUBSTITUTE CARRIAGE	SPECIA	AL STATEME	NT AND PROGRAM I O	3			
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former F0	a distant statio CC rules, regu	lations, or authorizations.	For a further	 Substitute
1. SPECIAL STATEMENT	CONCER	NING SURSI	TITLITE CADDIAGE				Carriage:
During the accounting per				sis anv nonn	etwork television program	n	Special
broadcast by a distant sta			. sairy, sir a substitute but	,,		X No	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m			
log in block 2.							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of tion. Do no Lucy" or "NE n was broad sign of the sadcast statice and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: deast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute) such categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your lied by a system from 6:01 a was substituted for programing the accounting period	orogram) that ed for the pro neral instructi r "basketball" No." am. e station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	en, during the accounting gramming of another state ons located in the paper? List specific program ensed by the FCC or, in entified). The numerals, with the more accurate 28:30 p.m. should be gour system was require efter "P" if the listed pro	tion nth ly	
				WHE	EN SUBSTITUTE	7 DEASON	
S	UBSTITUT	E PROGRAM	<u> </u>	CARR	IAGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
					_		
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

Name		OWNER OF CABLI	E SYSTEM:							S	YSTEM ID# 063155	
	verizon Nev											
J Part-Time Carriage Log	Icolumn 6 of engage (2											
			DATE	ES	AND HOURS (OF F	PART-TIME CAF	RRIAGE				
	CALL SIGN	WHEN	CARRIAGE OC	CU	RRED		CALL SIGN	WHEN	CARRIAGE O	CCU	RRED	
	OALL GION	DATE	HOI FROM	UR	S TO		OALL GION	DATE	H FROM	OUR	s TO	
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LEG	NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063155	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 9,470,757.41									
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)							
InstruConIf you feeIf you accommoder	RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: hplete block 1, showing your minimum fee. hplete block 2, showing whether your system carried any distant television stations. hur 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. hur system did carry any distant television stations, you must complete the applicable p companying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	Copyright Royalty Fee						
	nt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 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 slow.	entered on line 2 in block							
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line							
	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.								
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 9,470,757.41							
	Enter the result here. This is your minimum fee.	\$ 100,768.86							
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 colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule.	mn 4, you must check							
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	\$ 100,768.86	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, enter zero.		submitting additional deposits under						
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 101,493.86	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	additional lees.						

ACCOUNTING PERIOD: 2020/1
FORM SA3E, PAGE 8.

			FURIVI SASE, PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SY Verizon New York Inc.	STEM:	SYSTEM ID# 063155							
M	= '	the number of channels on which the cable system carried television broadcast sta able system's total number of activated channels, during the accounting period.	itions							
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations									
		tivated channels arried television broadcast stations	533							
N Individual to	INDIVIDUAL TO BE CONTAC we can contact about this state	TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual ement of account.)								
Be Contacted for Further Information	Name Patrick Merric	Telephone 7 0	03-694-5088							
	Address 22001 Loudou (Number, street, rural ro	n County Parkway ute, apartment, or suite number)								
	Ashburn, VA 2 (City, town, state, zip)	20147								
	Email patrick	.merrick@verizon.com Fax (optional)								
0	CERTIFICATION (This stateme	nt of account must be certifed and signed in accordance with Copyright Office regulat	ions.)							
Certifcation	I, the undersigned, hereby certi	fy that (Check one, but only one, of the boxes.)								
	(Owner other than corporate	ion or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or							
		corporation or partnership) I am the duly authorized agent of the owner of the cable systhat the owner is not a corporation or partnership; or	stem as identified							
	(Officer or partner) I am an in line 1 of space B.	officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	r of the cable system							
		of account and hereby declare under penalty of law that all statements of fact contained ho the best of my knowledge, information, and belief, and are made in good faith.	nerein							
	X	/s/ Veronica C. Glennon								
	(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compate.								
	Typed o	r printed name: Veronica C. Glennon								
	Title:	Assistant Secretary, Verizon New York Inc. (Title of official position held in corporation or partnership)								
	Date:	August 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Verizon New York Inc. 063155	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 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	Special Statement Concerning
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	Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address 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.	Q
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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