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						
2/24/21	\$						
	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

	T
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Zito West Holding LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Zito Media
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 665 (Number, street, rural route, apartment, or suite number)
	Coudersport, PA 16915
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	IDENTIFICATION OF CABLE SYSTEM:
	Zito Media - Chillicothe MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(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 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.

Name			FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Chillicothe MO Livingston County MO	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Chillicothe MO Livingston County MO			32
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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Chillicothe MO Livingston County MO			
Area Served CITY OR TOWN First Chillicothe Community Livingston County Giscrete unincorporated areas). 47 C.F.K. 76.5(dd). The first community that you list will serve as a form of system identification nereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. STATE Chillicothe MO Livingston County MO	D		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Chillicothe MO Livingston County MO	_		
Area Served identified city. CITY OR TOWN STATE First Chillicothe MO Livingston County MO			
First Chillicothe MO Community Livingston County MO	Area		oblie nome parks should be reported in parentheses below the
First Chillicothe MO Community Livingston County MO	Served	identified city.	
First Chillicothe MO Community Livingston County MO			
First Chillicothe MO Community Livingston County MO		CITY OR TOWN	CTATE
Community Livingston County MO	Firet		
Roce a Necessia Roce a	Community	Livingsion County	WO
Rooset Nocestry Rooset			
	Rows as Necessary		

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3258

Zito West Holding LLC

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
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	733	27.13	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial			
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	17.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	30.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

3258

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, 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 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 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- Column 1: List each station's call sign. *Do not* 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 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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCPT	19	E	Kansas City MO
KCTV	5	N	Kansas City MO
KCWE	29	<u> </u>	Kansas City MO
КМВС	9	N	Kansas City MO
КМВС	9.1	N	Kansas City MO
KMCI	38	<u> </u>	Lawrence KS
KPXE	50	1	Kansas City MO
KSHB	41	N	Kansas City MO
кѕмо	62	<u>l</u>	Kansas City MO
WDAF	4	N	Kansas City MO

Add Rows as Necessary

Nome	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Name	Zito West Holding LL	С		3258
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste. FCC rules and regulations 76.59(d)(2) and (4), 76.61(a substitute program basis, a Substitute Basis Stations basis under specific FCC re Do not list the station here station was carried only on List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channof license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the locations	m during the accounting period, exceptin effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.4) as explained in the next paragraph. With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carried on concerning substitute basis stations on space I, if the station was carried on concerning substitute basis stations on space I, if the station was carried on concerning substitute basis stations on space I, if the station was carried to the station according to its over-the the form. The station according to the televity of the station is a network or ing the letter "N" (for network), "N-M", "E" (for noncommercial educational), erms, see page (iv) of the general instruction of each station. For U.S. stations, list	g translator stations and low power telept (1) stations carried only on a part-time carriage of certain network program (31(e)(2) and (4))]; and (2) certain static carried by your cable system on a substitute basis and also can be special statement and Program Lower and Program Lower and Statement and Program Lower and L	ne basis under ns [sections ons carried on a ditute program og)—if the on some other ns. I, etc. Identify each a multistream ne air in its community noncommercial dent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

FORM SA1-2E. PAGE 3.

Accounting Period: 2020/2

Accounting Period: 2020/2 FORM SA1-2E. F	AGE 4.
--	--------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

325

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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
						[
						ļ	
						[
						 	
						ļ	
						l	
		 					

Accounting Perio	d. 2020/2						FOR	M SA1-2E. PAGE 5.	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FUR	SYSTEM ID#	
Name	Zito West Holding LL0	;						3258	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a	E: SPECIA ify every non accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every non distant star	nnetwork televi- eriod, under syst be included RNING SUBS ur cable system erest of this pa AMS am on a separadd additional connetwork televion and that y	ision program, broadcast by pecific present and former Fin this log, see page (v) of the strict CARRIAGE of the carry, on a substitute base age blank. If your answer is a rate line. Use abbreviations I rows to the tables. Evision program ("substitute your cable system substitute your cable system substitute."	a distant stat CC rules, regular ne general ins sis, any nonn s"Yes," you n wherever po	ulations, ostructions in the structions in the structions in the structions in the struction in the structure in the structur	relevision progression progres	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram gram gram 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 "5/7." 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			•	YSTEM II				
Name	Zito West Holding LLC				32				
	GROSS RECEIPTS								
K	Instructions: The figure you give in this space determines the form you file 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								
Fross Receipts	(as identified in space E) during the accounting period. For a further explanati								
	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			\$ 20 (Amount of gr	5,986.72				
	INI ONTANT. Tod mast complete a statement in space 1 concerning gross in	cocipis.		(Althount of gr	oss receipis)				
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright	Complete block 1, block 2, or block 3.								
Royalty Fee	 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 			263,800					
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more 								
	BLOCK 1: GROSS RECEIPTS OF \$13								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal			this six-mon					
	accounting period is \$52.00	ty 100 that	you must pay for	uno dix mon					
	Line 1. Royalty fee for accounting period			. <u></u>					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Eino 2. interest charge. Einor the amount norm into 4, opage 4, page 5				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add I	ines 1 and 2	2	· · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00	_					
	2. Enter amount of gross receipts from space K	\$	205,986.72	-					
	3. Subtract line 2 from line 1	\$	57,813.28	_					
	4. Enter the amount of gross receipts from space K		. \$	205,986.72					
	5. Enter the amount from line 3		\$	57,813.28					
	6. Subtract line 5 from line 4		\$	148,173.44					
	7. Multiply line 6 by .005 (enter figure here)			\$	740.87				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	71 37 3								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8		\$	740.87				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	7,600)					
	Enter the amount of gross receipts from space K			_					
	Base amount under statutory formula	\$	263,800.00	-					
	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) .		. \$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines								
	FILING FEE AND TOTAL REMITTANCE DI	JE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	740.87					
otal Remittance Due									
	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			\$	760.87				

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: ing LLC					SYSTEM ID# 3258
M Channels	 to its subscribers. Enter the total system carried t Enter the total on which the ca 	, and (2) the cable system's to number of channels on which	the cable	n which the cable system carried te of activated channels during the ac	counting period.	ions	200
N Individual to Be Contacted	we can contact al	bout this statement of account		IATION IS NEEDED (Identify an inc		h	244 200 0424
for Further Information	Name Address	Teri McMullen PO Box 665			Telep	hone }	314-260-0434
		(Number, street, rural route, apartm Coudersport PA 1691 (City, town, state, zip)		umber)			
	Email	teri.mcmullen@	zitomedia.c	com	Fax (optional)		
0	CERTIFICATION (This statement of account mu	st be certifie	ed and signed in accordance with C	Copyright Office regulati	ions)	
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but only o</i>	one, of the boxes.)			
	(Owner	r other than corporation or pa	artnership)	I am the owner of the cable system a	as identified in line 1 of s	space B	3; or
		of owner other than corpora ne 1 of space B and that the o		nership) I am the duly authorized ag a corporation or partnership; or	ent of the owner of the	cable s	ystem as identified
		e r or partner) I am an officer (i ne 1 of space B.	f a corporatio	on) or a partner (if a partnership) of th	he legal entity identified	as owr	ner of the cable system
		e, and correct to the best of my		are under penalty of law that all states information, and belief, and are mad		herein	
			Enter an elec	s/James Rigas ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/ J			
		Typed or printed		James Rigas			
		Title: (Title of off	Presider ficial position he	nt leld in corporation or partnership)			
		Date:			02/26/2021		

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
West Holding LLC	3258
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."	P Special Statement Concerning Gross
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.	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?	
X NO	
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 Assessment
x 1%	
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	
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@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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address Address	
ID number First community served Accounting period	

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.