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

STATEME	- МТ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ctions	are located	03/02/21	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YYY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20202	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
в		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		diary of another corporation, give the full corp	porate title of
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.	
		If there were different owners during the a statement of account and royalty fee paym		he last day of the accounting period should su riod.	ubmit a single
		Check here if this is the system's first filing.	If not, enter the system's ID number a	ssigned by the Licensing Division.	035534
	<u> </u>	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF (3027 S SE LOOP 323	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	imber)		
		City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		CLARKSVILLE, TX			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035534
	Instructions: List each separate community served by the cable system. A "community" i	
Р	separate and distinct community or municipal entity (including unincorporated communi	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	as a form of system identification hereafter known 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	e parks should be reported in parentheses below the identified
Area Served	city.	
Served		
	CITY OR TOWN	STATE
First	CLARKSVILLE	ТХ
Community	ANNONA	ТХ
	AVERY	ТХ
Rows as Necessary	BLOSSOM	ТХ
,	BOGATA	ТХ
	DEPORT	TX
	DETROIT	TX
	LAMAR COUNTY (PORTIONS)	TX
	TALCO	ТХ

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name									03553
E	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ala avatam	brokon	
scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv							we and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				y standa		5 within a j		
	Block 1: In the left-hand block	•		Ũ		•			
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	0			· · ·			e	
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a					•	,	-	
	sufficient.		•	<u></u>		•			
	BLC	DCK 1 NO. OF					BLOCK	< 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		935	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		40	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat		,		•	, ,			
F	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rate	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ho cobl	o system for one	h of the	applicable convi	oog ligtad		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	47.00		ation: Non-resid	lential				
	Pay cable Add'l channel	17.00		tel, hotel					
	Pay cable—add'l channel Eire protection	19.00		mmercial					
	 Fire protection Burglar protection 		-	y cable y cable-add'l cha	nnel				
	•Burgiar protection		-	e protection					
	• First set	99.00		rglar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)	20.00		connect		40.00			
	Converter			connect		10.00			
				tlet relocation		25.00			
	1		54						· ·····
			• Mo	ve to new addres	ss	99.00			

Namo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	ATIONS LLC		035					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system FCC rules and regulations in	entify every television station (including tra- m during the accounting period, <i>except</i> (7 in effect on June 24, 1981, permitting the (20) and (21) ar 20 (20) (acfining the (20)	 stations carried only on a part-time carriage of certain network program 	me basis under ams [sections					
Primary Transmitters: Television	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 informatio Column 1: List each station	on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro or with a station according to its over-the-a	see page (v) of the general instructio ogram services such as HBO, ESPN	ions. N, etc. Identify each					
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, W	the form. hel number the FCC assigned to the televi VRC is channel 4 in Washington, D.C.	vision station for broadcasting over th	the air in its community					
	Column 3: Indicate in each	h case whether the station is a network state ering the letter "N" (for network), "N-M" (fo	•						
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	r "E-M" (for noncommercial educatio ctions in the paper SA1-2 form. the community to which the station is e community with which the station is	onal multicast). is licensed by the is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAZD-1		I	LAKE DALLAS, TX					
	KDAF-1	33	<u> </u>	DALLAS, TX					
d Rows as Necessary	KDAF-2	33.2	I-M	DALLAS, TX					
	KDAF-3	33.3	I-M	DALLAS, TX					
	KDAF-HD1	33	I-M	DALLAS, TX					
	KDFI-1	27	<u>I</u>	DALLAS, TX					
	KDFI-2	27.2	I-M	DALLAS, TX					
	KDFI-3	27.3	I-M	DALLAS, TX					
	KDFI-HD1	27	I-M	DALLAS, TX					
	KDFW-1	4	I	DALLAS, TX					
	KDFW-HD1	4	I-M	DALLAS, TX					
	KDTN-1	2	E	DENTON, TX					
	KDTX-1	58	I	DALLAS, TX					
	KERA-1	13	E	DALLAS, TX					
	KERA-3	13.3	E-M	DALLAS, TX					
	KERA-4	13.4	E-M	DALLAS, TX					
	KERA-HD1	13	E-M	DALLAS, TX					
	KFWD-1	52	<u> </u>	FORT WORTH, TX					
	KFWD-HD1	52	I-M	FORT WORTH, TX					
	KMPX-1	29	<u> </u>	DECATUR, TX					
		68	1	ARLINGTON, TX					
	KPXD-1								
	KPXD-1 KPXD-HD1	68	I-M	ARLINGTON, TX					
			I-M	ARLINGTON, TX IRVING, TX					

ounting Period:	-			FORM SA1-2E. PAG	
Name	LEGAL NAME OF OWNER O			SYSTEM 0355	
	CEQUEL COMMUNIC				
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-tim e carriage of certain network program I(e)(2) and (4))]; and (2) certain static rried by your cable system on a subs e Special Statement and Program Lo both on a substitute basis and also of see page (v) of the general instruction ogram services such as HBO, ESPN air designation. For example, report vision station for broadcasting over the tation, an independent station, or a n for network multicast), "I" (for indepent r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	e basis under ns [sections ons carried on a titute program bg)—if the on some other ns. I, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KTBS-1	3	N	SHREVEPORT, LA	
	KTVT-1	11	N	FORT WORTH, TX	
	KTVT-2	11.2	I-M	FORT WORTH, TX	
	KTVT-HD1	11	N-M	FORT WORTH, TX	
	KTXA-1	21	I	FORT WORTH, TX	
	KTXA-HD1	21	I-M	FORT WORTH, TX	
	KTXD-1	1	<u>I</u>	GREENVILLE, TX	
	KTXD-HD1	47	I-M	GREENVILLE, TX	
	KUVN-1	23	I	GARLAND, TX	
	KUVN-HD1	23	I-M	GARLAND, TX	
	KXAS-1	5	Ν	FORT WORTH, TX	
	KXAS-2	5.2	I-M	FORT WORTH, TX	
	KXAS-3	5.3	I-M	FORT WORTH, TX	
	KXAS-HD1	5	N-M	FORT WORTH, TX	
	KXTX-1	39	I	DALLAS, TX	
	KXTX-2	39.2	I-M	DALLAS, TX	
	KXTX-HD1	39	I-M	DALLAS, TX	
	WFAA-1	8	N	DALLAS, TX	
	WFAA-3	8.3	I-M	DALLAS, TX	
	WFAA-4	8.4	I-M	DALLAS, TX	
	WFAA-HD1	8	N-M	DALLAS, TX	

EGAL NAME OF								SYSTEM 035
	t every radio s	tation ca	nrried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	Band FM Carriage : Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
				1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2020/2						FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 035534
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				-			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion prograr	n
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mι	ust complete	e the progra	m
	log in block 2.			-	-	-		
	2. LOG OF SUBSTITUTE		-					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give	ice, please a of every noi distant stati gulations, o ies like "mo Bulls." in was broad sign of the s adcast static hadian statio oth and day ve "5/7." es when the	add additional i nnetwork telev ion and that yo r authorization vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene taball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your of	orogram") tha d for the prog eral instruction n titles, for ex lo." m. station is lice station is lice station is lice corogram. Use cable system.	it, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim	e accounting another sta er informatio ove Lucy" or e FCC or, in with the mo nes accurate	g n. nth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation nming that y	ons in effect du	с с.	; enter the let	ter "P" if the	listed progr	
								1
			E PROGRAM	1	CARRI	EN SUBSTI	URRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		7. REASON FOI DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035534
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service
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 equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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	263,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period	his six-month
	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 than \$137,1	00)
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	7. Multiply line 6 by .005 (enter figure here) 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	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)
	1. Enter the amount of gross receipts from space K \$ 278,047.46	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	142.47
	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 4, 5, and 6	\$ 1,461.47
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,461.47
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	\$ 1,481.47
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE CEQUEL COMMUNICATIONS				SYSTEM ID# 035534
M Channels	to its subscribers, and (2) the cat	ble system's total num	els on which the cable system carried tel ber of activated channels during the acc	counting period.	45
	2. Enter the total number of active on which the cable system car and nonbroadcast services	arried television broadc	ast stations		313
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTE we can contact about this statem		DRMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name RODNEY H	IASKINS		Telephone	(903) 579-3152
	City, town, state, z	ural route, apartment, or su 75701		Fax (optional	
O Certification	 I, the undersigned, hereby certify the undersigned, hereby certify the undersigned, hereby certify the undersity of the understand of the under	that (Check one, <i>but on</i> poration or partnershi than corporation or p e B and that the owner is am an officer (if a corpor b B. c account and hereby de	tified and signed in accordance with Co <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as artnership) I am the duly authorized agen to a corporation or partnership; or ration) or a partner (if a partnership) of the clare under penalty of law that all statement ige, information, and belief, and are made	identified in line 1 of space B t of the owner of the cable sy legal entity identified as own	rstem as identified
	Type	Enter sig bed or printed name: e: SVP, I	/s/ Alan Dannenbaum electronic signature on the line above to cen nature using an "/s/ signature" (e.g., /s/ Joh ALAN DANNENBAUM PROGRAMMING		
	Date	e:		2/25/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	035534
 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. 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	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x -	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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