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						
02/17/21	\$						
	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

_	1							
A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting								
Period								
		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						
В		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 ewners during the accounting period, only the ewner on the last day of the accounting period should submit a						
	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.							
		encertaile in this is the system's instrining, in not, effect the system's in humber assigned by the electioning birdson.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM						
		Cascade Communications Company						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 250						
		(Number, street, rural route, apartment, or suite number)						
		Cascade, IA 52033						
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С		s 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	1	IDENTIFICATION OF CABLE SYSTEM:						
	ı							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	Драгория продажения по принципальной по по принципальной по 						
	_	(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.

		FORM SA1-2E. PAGE
Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Cascade Communications Company	621
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future find the Entities and properties such as hotels, apartments, condominiums, or including the such as the first community."	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno- lings.
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Cascade	IA
ommunity		
•		
ws as Necessary		

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Cascade Communications Company

SYSTEM ID# 62173

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	333	86.45			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	13	86.45			
Converter					
Residential					
Non-residential					
				1	

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		Motel, hotel		Premium Channels	14.95
Pay cable—add'l channel		Commercial	45.99	Premium Channels	19.95
Fire protection		Pay cable		Reconnect Non-Pay	20.00
•Burglar protection		Pay cable-add'l channel		Additional DVR	9.95
Installation: Residential		Fire protection		Additional Std STB	5.95
• First set	45.99	Burglar protection		CCtv+	12.00
Additional set(s)		Other services:		Hourly Labor Rate	55.00
• FM radio (if separate rate)		Reconnect	15.00	NFL Redzone	49.00
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 62173

Cascade Communications Company PRIMARY TRANSMITTERS: TELEVISION

G

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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KGAN	29	N	Cedar Rapids, IA
KGAN2 (GetTV)	29.2	I-M	Cedar Rapids, IA
KGAN (CometTV)	29.3	I-M	Cedar Rapids, IA
KWWL	7	N	Cedar Rapids, IA
KWWL2 (CW)	7.2	I-M	Cedar Rapids, IA
KWWL3 (MeTV)	7.3	I-M	Cedar Rapids, IA
KWWL4 (CourtTV)	7.4	I-M	Cedar Rapids, IA
KWWL5 (Justice NW)	7.5	I-M	Cedar Rapids, IA
KCRG	9	N	Cedar Rapids, IA
KCRG2 (MyNetworkT)	9.2	I-M	Cedar Rapids, IA
KCRG3 (AntennaTV)	9.3	I-M	Cedar Rapids, IA
KCRG4 (Heroes & Ico	9.4	I-M	Cedar Rapids, IA
KCRG5 (StartTV)	9.5	I-M	Cedar Rapids, IA
KCRG6 (Circle)	9.6	I-M	Cedar Rapids, IA
KWKB (Escape)	25	<u> </u>	Iowa City, IA
KFXA	27	N	Cedar Rapids, IA
KFXA2 (Charge)	27.2	I-M	Cedar Rapids, IA
KFXA3 (TBD)	27.3	I-M	Cedar Rapids, IA
KFXA4 (Stadium)	27.4	I-M	Cedar Rapids, IA
KDIN	11	E	Des Moines, IA
KDIN2 (KIDS)	11.2	E-M	Des Moines, IA
KDIN3(World)	11.3	E-M	Des Moines, IA
KDIN4 (Create)	11.4	E-M	Des Moines, IA
KPXR	22	1	Cedar Rapids, IA

Accounting Period: 2020/2 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62173 **Cascade Communications Company** 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 Primary 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. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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 **KFXB** 14 Dubuque, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cascade Communications Company

62173

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.

H

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						
	T						
							
							
							
							
							
							
							
							
							
	ļ						
	T						
							
							
	 						
	l						

Accounting Perio	nd: 2020/2						EOB	M SA1-2E. PAGE 5		
tecounting Fell	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#		
Name	Cascade Communicat	ions Com	npany					62173		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS 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.									
	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 broothe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	distant sta egulations, of ries like "mo Bulls." m was broa sign of the adcast stati hadian stati had and day yve "5/7." es when the Example: er "R" if the and regulati nming that	tion and that your authorization ovies" or "basked deast live, enter station broade on's location (toons, if any, the or when your system a program carrelisted program ions in effect d	ns. See page (v) of the general sets and the substitute programmer. Otherwise enter asting the substitute programmer with the community to which the community with which the stem carried the substitute program was carried by you gied by a system from 6:0 in was substituted for programing the accounting perior	ted for the pro- eneral instruct am titles, for e "No." ram. he station is lide station is ide program. Use for cable system for cable system for cable system for cable for the left of the cable system for cabl	ogrammir ions for fuexample, censed by entified). se numer m. List the :28:30 p. t your sys etter "P"	ong of another curther information of the curthe	station ation. or in month rately		
	9	I IBSTITI IT	E PROGRAM		WHE	7. REASON FOR				
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN		5. MONTH AND DAY		CURRED TIMES	DELETION		

Accounting Period:	2020/2		FORM SA	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cascade Communications Company		S	YSTEM ID# 62173				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary tra how to compute	nsmission service this amount, see	8,009.09 pss receipts)				
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 \$263,800 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						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay	for this six-mon					
	Line 1. Royalty fee for accounting period			0.00				
	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	· · · · · · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	ut more than \$1	37,100)					
	1. Base amount under statutory formula	263,800	.00_					
	2. Enter amount of gross receipts from space K	168,009	.09_					
	3. Subtract line 2 from line 1	95,790	.91					
	4. Enter the amount of gross receipts from space K	\$	168,009.09					
	5. Enter the amount from line 3	<u>\$</u>	95,790.91					
	6. Subtract line 5 from line 4	\$	72,218.18					
	7. Multiply line 6 by .005 (enter figure here)		\$	361.09				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	8	<u></u> \$	361.09				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$	527,600)					
	Enter the amount of gross receipts from space K							
		263,800						
	2. Base amount under statutory formula	203,000	.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 4, 5, a	nd 6	· · · · · <u> </u>					
	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)	<u>\$</u>	361.09					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	381.09				
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo			hts!				

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF OWNER O Cascade Communicati					SYSTEM ID# 62173	
M Channels	_	* *		ls on which the cable system carried tel			
	1. Enter the total number of channels on which the cable system carried television broadcast stations						
	Enter the total number on which the cable system and nonbroadcast service	m carried television	broadcas	st stations		324	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			DRMATION IS NEEDED (Identify an ind	lividual to whom		
for Further Information	Name David	Gibson			Telephone 5	63-852-3710	
	Casca	aylor St SE, PO street, rural route, apartr ade, IA 52033 n, state, zip)	Box 2	ite number)			
	Email	dave@cascade	comm.co	om	Fax (optional)		
	CERTIFICATION (This stat	ement of account mu	ıst be cer	rtified and signed in accordance with Co	opyright Office regulations)		
O Certification	I, the undersigned, hereby	certify that (Check o	ne, <i>but on</i>	nly one, of the boxes.)			
	(Owner other th	an corporation or p	artnershi	ip) I am the owner of the cable system a	s identified in line 1 of space B;	or	
				partnership) I am the duly authorized ago not a corporation or partnership; or	ent of the owner of the cable sy	stem as identified	
	in line 1 of s	pace B.		ration) or a partner (if a partnership) of th		er of the cable system	
		rect to the best of my		eclare under penalty of law that all stater ge, information, and belief, and are made			
			X	/s/ David L. Gibson			
				electronic signature on the line above to c gnature using an "/s/ signature" (e.g., /s/ Jo			
		Typed or printed	name:	David L. Gibson			
		Title: (Title of of		ral Manager/Compliance Officon held in corporation or partnership)	cer		
		Date:			2/17/2021		

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#
scade Communications Company	62173
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below\$	
Name Mailing Address 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
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@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	
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.