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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT	:			
Accounting Period		2020/2				
B Owner	rate	ructions: Give the full legal name of the owner of the cable system. If the owner title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busi <i>If there were different owners during the accounting period, only the ow</i> <i>ngle statement of account and royalty fee payment covering the entire ac</i> Check here if this is the system's first filing. If not, enter the system's	ness of the cable syste ner on the last day of th ccounting period.	m. he accounting period should su		063010
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		Verizon New York Inc.				
					06301	020202
					063010	2020/2
		22001 Loudoun County Parkway Ashburn, VA 20147				
С		TRUCTIONS: In line 1, give any business or trade names used nes already appear in space B. In line 2, give the mailing address				
System	1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Buffalo, NY) VHO 15				
	2	MAILING ADDRESS OF CABLE SYSTEM: 548 Elmwood Ave (Number, street, rural route, apartment, or suite number) Buffalo, NY 14222 (City, town, state, zip code)				
D	Ins	tructions: For complete space D instructions, see page 1b. Iden	tify only the frst com	munity served below and r	elist on pa	ge 1b
Area	wit	all communities.				
Served		CITY OR TOWN	STATE			
First Community		AMHERST (TOWN)	NY			
Community	E	elow is a sample for reporting communities if you report multiple		•	0115	000
	Ald	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP	SUE	3 GRP#
Sample	_	ance	MD	B		2
	_	ing	MD	В		3
form in order to provi numbers. By provi search reports pre	ocess ding P pared	tion 111 of title 17 of the United States Code authorizes the Copyright Offce to co rour statement of account. PII is any personal information that can be used to ide I, you are agreeing to the routine use of it to establish and maintain a public recor- for the public. The effect of not providing the PII requested is that it may delay pro ments of account, and it may affect the legal suffciency of the fling, a determinati	ntify or trace an individual d, which includes appear cessing of your statemen	, such as name, address and telep ng in the Offce's public indexes a t of account and its placement in t	ohone nd in	

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/26/2021

FORM	SA3E.	PAGE	1b.

ORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon New York Inc.			063010	
Instructions: List each separate community served by the cable system. A "commun in FCC rules: "a separate and distinct community or municipal entity (including uninco areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The for system identification hereafter known as the "first community." Please use it as the f	rporated communit frst community that	ies within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	-	-	ntheses	
below the identified city or town.				
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and	the column blank. relevant communit nunity basis, assoc nd a subscriber gro	If you report any st y with a subscriber iate each commun	ations ⁻ group, ity with a	
(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns CITY OR TOWN		CH LINE UP	SUB GRP#	-
	STATE		SUB GRP#	
AMHERST (TOWN)	NY	A		First
	NY	A		Community
	NY	A		
	NY	A		
	NY	A		
	NY	A		See instructions for
	NY	A		additional information on alphabetization.
ORCHARD PARK (VILLAGE)	NY	A		
	NY	A		
WEST SENECA (TOWN)	NY	A		
				Add rows as necessary.

	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM IC	
Name	Verizon New York Inc.								06301	
-	SECONDARY TRANSMISSION	SERVICE: S	UBSCF	RIBERS AND F	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
0	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary Transmission	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).									
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv									
	Rate: Give the standard rate of	-						-		
	unit in which it is generally billed category, but do not include disc					dard rate variatio	ns within a	particular rate		
	Block 1: In the left-hand block					econdarv transm	ission serv	rice that cable		
	systems most commonly provide			-						
	that applies to your system. Not			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for ca						under "Serv	vice to the		
	first set" and would be counted of Block 2: If your cable system						re different	from those		
	printed in block 1 (for example,									
	with the number of subscribers					•	,	-		
	sufficient.		_		-					
	BLO	DCK 1					BLOC		1	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CA	TEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	COBCOTUB		TOTIE	0,1		ITTIOE	CODCOLUDEITO	TUTE	
	Service to first set	5	1,629	\$ 25.00						
	Service to additional set(s)		-,	·						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		722	\$ 35.00						
	Converter									
	Residential									
	 Non-residential 									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ran not covered in space E, that is, the space E and the space E		,		•	• •				
•	service for a single fee. There a					,	,			
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the									
ransmissions:	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									
Rates	listed in block 1 and for which a									
	brief (two- or three-word) descri				lionou. E					
	()	·								
		BLOCK 1						BLOCK 2		
						PATE	CATECO	NRV OF SERVICE	PATE	
	CATEGORY OF SERVICE	BLO RATE	CATE	GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE	
	Continuing Services:	RATE	CATE Install	ation: Non-res		RATE			RATE	
	Continuing Services: • Pay cable		CATE Install • Mo			RATE		ORY OF SERVICE	RATE	
	Continuing Services: • Pay cable • Pay cable—add'I channel	RATE	CATE Install • Mo • Co	ation: Non-res otel, hotel ommercial		RATE			RATE	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	RATE	CATE Install • Mo • Co • Pa	ation: Non-res otel, hotel ommercial y cable	idential	RATE			RATE	
	Continuing Services: • Pay cable • Pay cable—add'I channel	RATE	CATE Install • Mo • Co • Pa • Pa	ation: Non-res otel, hotel ommercial	idential	RATE			RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATE Install • Mo • Co • Pa • Pa • Fir	ation: Non-res otel, hotel ommercial y cable y cable-add'l cl	idential nannel	RATE			RATE	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	RATE \$ 15.00 \$ 99.00	CATE Install • Mo • Co • Pa • Pa • Fir • Bu	ation: Non-res otel, hotel ommercial y cable y cable-add'l cl e protection	idential nannel	RATE			RATE	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	RATE \$ 15.00 \$ 99.00	CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other	ation: Non-res otel, hotel ommercial y cable y cable-add'l cl e protection rglar protection	idential nannel	RATE			RATE	
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE \$ 15.00 \$ 99.00	CATE Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	ation: Non-res otel, hotel ommercial y cable y cable-add'l cl e protection rglar protection services:	idential nannel	RATE			RATE	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE \$ 15.00 \$ 99.00	CATE Install • Mo • Co • Pa • Fir • Bu Other • Re • Dis	ation: Non-res otel, hotel ommercial y cable y cable-add'l cl e protection rglar protection services: econnect	idential nannel	RATE			RATE	

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
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
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 Local TV	40.00	N/A
Fios TV Test Drive	50.00	N/A
Your Fios TV	50.00	N/A
More Fios TV	70.00	N/A
The MostFios TV	90.00	N/A
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
HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
Internaltional Language Packages	Varies	N/A
International Premium Channels	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	200.00	Varies
NHL Center Ice	164.99	Varies

Category of Service	Residential Rate	Commercial Rate
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No charge 12 rental,	11.99
Fios Quantum Gateway Router	199.99 purchase	N/A
	15 rental,	15 rental,
Fios Wireless Router	299.99 purchase	299.99 purchase
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	60.00	69.99
Existing Outlet Connection Subsequent	N/A	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	25.00	N/A
Set-Top Box Retrieval Fee	N/A	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 Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
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	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	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
Unreturned/Damaged STB Fios TV One	375.00	N/A

LEGAL NAME OF OWN						
		STEM:			SYSTEM ID#	Namo
Verizon New York Inc. 063010						
PRIMARY TRANSMITTE	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during t ions in effect o 5.61(e)(2) and sis, as explaine stations: With	the accountin on June 24, 19 (4), or 76.63 ed in the next respect to an	g period except 981, permitting t (referring to 76.0 paragraph y distant station	(1) stations carri he carriage of ce 61(e)(2) and (4))]	as and low power television stations) ed only on a part-time basis under rtain network programs [sections ; and (2) certain stations carried on a cable system on a substitute progran	G Primary Transmitters: Television
 basis under specifc FC Do not list the station 				he Special Stater	nent and Program Log)—if the	
station was carried • List the station here, basis. For further in in the paper SA3 fo	only on a subs and also in spa formation cond rm.	stitute basis ace I, if the st cerning subst	ation was carrie itute basis statio	ed both on a subs ons, see page (v)	titute basis and also on some othe of the general instructions located we such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi	
Cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list ea	ch stream separately; for example	
			•		ation for broadcasting over-the-air ir	
its community of licens on which your cable sy			nannel 4 in Was	hington, D.C. Thi	s may be different from the channe	
(for independent multic For the meaning of the Column 4 : If the sta planation of local servi Column 5 : If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement	cast), "E" (for n ese terms, see ation is outside ce area, see p ave entered "Y he distant stati ion on a part-ti ion of a distan e entered into o	noncommercia page (v) of the the local servage (v) of the 'es" in column on during the ime basis bec t multicast stron on or before J	al educational), ne general instru- vice area, (i.e. ⁴ general instruc- n 4, you must co- accounting per cause of lack of eam that is not une 30, 2009, b	or "E-M" (for non- uctions located in 'distant"), enter "Y tions located in the poplete column 5 iod. Indicate by e activated channe subject to a royal etween a cable s	Yes". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subjec ystem or an association representin	
tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL	aree categories e location of ea Canadian static g multiple cha 2. B'CAST	so enter "E". If s, see page (v ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE	f you carried the c) of the general or U.S. stations we the name of the use a separate EL LINE-UP 4. DISTANT?	e channel on any instructions loca list the community e space G for eac A 5. BASIS OF	ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the th which the station is identifec h channel line-up.	
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tion "E" (exempt). For sexplanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WGRZ WIVB WBBZ Me TV WUTV WKBW	aree categories e location of ea Canadian static ng multiple cha 2. B'CAST CHANNEL NUMBER 2 4 67 29	o enter "E". If s, see page (v ach station. Fr ons, if any, giv nnel line-ups CHANN 3. TYPE OF STATION N N I I	f you carried the i) of the general or U.S. stations we the name of if , use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO	 channel on any instructions loca, list the community will space G for each space G for each 5. BASIS OF CARRIAGE 	other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the th which the station is identifec h channel line-up. 6. LOCATION OF STATION Buffalo Buffalo Buffalo Buffalo Buffalo	additional information
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LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	
Verizon New Y	ork Inc.				063010	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station • Do not list the station here, basis. For further ir in the paper SA3 fo Column 1: List eace each multicast stream	system during ions in effect o 5.61(e)(2) and sis, as explaine Stations: With CC rules, regul here in space only on a subs and also in sp formation con- trm. th station's call associated with	the accountin on June 24, 19 (4), or 76.63 (ed in the next respect to an ations, or aut e G—but do lis stitute basis ace I, if the st cerning subst I sign. Do not th a station ac	g period except 981, permitting to 1081, permitting to 1092, paragraph y distant station horizations: st it in space I (the cation was carried itute basis station report origination coording to its o	(1) stations carri the carriage of ce 61(e)(2) and (4))] as carried by your the Special Stater ed both on a subs ons, see page (v) on program servic ver-the-air design	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections; ; and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located res such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example	G Primary Transmitters: Television
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local servi Column 5: If you h	se. For example ystem carried t e in each case of entering the lo cast), "E" (for r ese terms, see ation is outside ice area, see p ave entered "Y	e, WRC is Ch the station whether the s etter "N" (for r noncommercia page (v) of the the local servage (v) of the 'es" in column on during the	nannel 4 in Was station is a netw network), "N-M" al educational), ne general instru- rvice area, (i.e. ' general instruc- n 4, you must co- a accounting per	hington, D.C. Thi ork station, an ine (for network mult or "E-M" (for non- uctions located in "distant"), enter "Y stions located in the omplete column 5 riod. Indicate by e	/es". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	
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Name	LEGAL NAME OF O		LE SYSTE	M:				SYSTEM ID# 063010
H Primary	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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally							
Transmitters: Radio	receivable if (1) on the basis of For detailed infi located in the p Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation about aper SA3 form dentify the call State whether f the radio state this by placing Sive the station	y the sys be rece it the the n. I sign of the station ion's sig g a chec n's locati	stem whenever it is received a ived at the headend, with the e Copyright Office regulations each station carried. on is AM or FM. inal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an on this point, se sed by the cable he station is lice	neadend, and tenna, during e page (vi) of system as a nsed by the F	(2) it can certain the gen separate	n be expected, stated intervals. eral instructions e and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
								· · · · · · · · · · · · · · · · · · ·
								·
					 			·

LEGAL NAME OF OWNER OF Verizon New York Inc.		EM:			Ş	643010 O63010	Name
SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	6			
In General: In space I, iden substitute basis during the a explanation of the programn form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta	riod, did you			is, any nonne		m XNo	Carriage: Special Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no distant stat egulations, c tition. Do no Lucy" or "NE m was broad sign of the adcast station hadian station th and day ve "5/7." es when the Example: a er "R" if the and regulati rogramming	attach addition nnetwork telev ion and that yo or authorization to use general (BA Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the ger categories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "1 asting the substitute progra- he community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01: n was substituted for progra- uring the accounting period	brogram) that d for the pro neral instruction "basketball" No." station is lice station is lice program. Us cable system 15 p.m. to 6: amming that l; enter the le	a, during the accounting gramming of another sta ons located in the paper '. List specific program ensed by the FCC or, in entified). e numerals, with the mo n. List the times accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	ation nth aly ad	
						7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION	
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2020/2

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						SYSTEM ID#
Name	Verizon New								063010
J Part-Time	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G								
Carriage Log	Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example	 column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 							
			DAT	ES AND HOURS	OF F	PART-TIME CAF	RRIAGE		
	CALL SIGN	WHEN	N CARRIAGE OC	CURRED URS	ł	CALL SIGN	WHEN	I CARRIAGE OCCI HOU	
		DATE	FROM	то			DATE	FROM	то
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FORM	SA3E. PAGE 7.		
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Ver	izon New York Inc.	063010	Nume
Inst all a (as pag	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seco identified in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K Gross Receipts
Instru Con Con If you fee If you accord	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying this form and attach the schedule to your statement of account. rrt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	arts of the DSE Schedule	L Copyright Royalty Fee
	k 3 below.		
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	entered on line 2 in block	
▶ If pa	low. Irt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee 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 Enter the result here.	\$ 13,925,347.42	
	This is your minimum fee.	\$ 148,165.70	
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 colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X No—Leave block 3 below blank and complete the DSE schedule. 	nn 4, you must check od?	
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	0.00	
	schedule. If none, enter zero		
	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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 	\$ 148,165.70	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r <u>0.00</u>	additional deposits under
	Line 3. 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	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 148,890.70	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	

ACCOUNTING PERIOD: 2020/2

ACCOUNTING PERI		FORM SA3E. PAGE 8.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New York Inc.	SYSTEM ID# 063010			
Μ	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcas				
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.				
Channels					
	Enter the total number of channels on which the cable system carried television broadcast stations	34			
		·			
	2. Enter the total number of activated channels				
	on which the cable system carried television broadcast stations and nonbroadcast services	537			
		11			
N Individual to Be Contacted	Individual to				
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)				
	Ashburn, VA 20147 (City, town, state, zip)				
	Email patrick.merrick@verizon.com Fax (optional)				
0	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 				
Certifcation					
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.				
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 				
	X /s/ Veronica C. Glennon				
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curso button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus co				
	Typed or printed name: Veronica C. Glennon				
	Title: Assistant Secretary, Verizon New York Inc. (Title of official position held in corporation or partnership)				
	Date: February 26, 2021				
Drivoor A of M-4		ion (PII) requested on th			
-	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informations your statement of account. PII is any personal information that can be used to identify or trace an individual, such as nar				

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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lay

FORM	SA3F	PAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name	
Verizon New York Inc.	063010	Indilic	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syste scribers and amounts collected from subscribers receiving secondary transmissions pure	system for the basic em shall not include sub-	P Special Statement Concerning	
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the 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			
YES. Enter the total here and list the satellite carrier(s) below			
Name Name			
Mailing Address Mailing Address			
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late pay	ment or underpayment.	0	
For an explanation of interest assessment, see page (viii) of the general instructions in the pape	r 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	×		
	x days		
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 fu 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 please list below the owner, address, first community served, accounting period, and ID number filing.	13 0		
Owner Address			
First community served			
Accounting period			
ID number			
Privacy Act Notice: Section 111 of this 17 of the United States Code orthoging the Constant's Office to seller "	(identifying information (DII)		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personal	y identifying information (Pit) 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 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 filing, a determination that would be made by a court of law.