This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

OFFICE USE ONLY
AMOUNT
\$
ALLOCATION NUMBER

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	AC	COUNTING PERIOD COVER	ED BY THIS STATEMENT:				
Accounting Period		2021/2					
B Owner	rate	title of the subsidiary, not that of the p List any other name or names under <i>If there were different owners during</i> ingle statement of account and royalty	which the owner conducts the busine the accounting period, only the owner	ess of the cable system or on the last day of th punting period.	n. e accounting period should su		063155
	LI	GAL NAME OF OWNER/MAILING AE Verizon New York Inc.	DDRESS OF CABLE SYSTEM				
						06315	520212
						063155	2021/2
		22001 Loudoun County Pa Ashburn, VA 20147	arkway				
С		STRUCTIONS: In line 1, give any b nes already appear in space B. In l			. ,		
System	1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Syracuse	e, NY) VHO 15a				
	2	MAILING ADDRESS OF CABLE SYSTEI 6360 Thompson Road (Number, street, rural route, apartment, or suite Syracuse, NY 33637 (City, town, state, zip code)					
D Area		tructions: For complete space D in all communities.	instructions, see page 1b. Identify	only the frst comm	unity served below and reli	st on page	1b
Served		CITY OR TOWN		STATE			
First		CAMILLUS (TOWN)		NY			
Community	E	elow is a sample for reporting com	nmunities if you report multiple cha	annel line-ups in Sp	ace G.		
		CITY OR TOWN (SAMPLE)		STATE	CH LINE UP	SUE	3 GRP#
Sample	Ald	a		MD	Α		1
Campio		ance		MD	В		2
	Ge	ring		MD	В		3
form in order to pro numbers. By provi search reports pre	ocess ding P pared	ction 111 of title 17 of the United States Cod your statement of account. PII is any persor II, you are agreeing to the routine use of it to for the public. The effect of not providing the ements of account, and it may affect the leg	nal information that can be used to identify o establish and maintain a public record, w e PII requested is that it may delay proces	or trace an individual, s hich includes appearing sing of your statement o	uch as name, address and telepho in the Offce's public indexes and i f account and its placement in the	one in	

FORM SA3E. PAGE 15

FORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon New York Inc.			063155	
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpo areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	rated communitie community that y	es within unincorpo ou list will serve a	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	-	-	theses	
below the identified city or town.				
If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rele designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-commun	column blank. If evant community	you report any sta with a subscriber	itions group,	
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
CAMILLUS (TOWN)	NY	А		First
AUBURN (CITY)	NY	A		Community
BALDWINSVILLE VILLAGE	NY	A		
CAMILLUS (VILLAGE)	NY	Α		
CICERO (TOWN)	NY	Α		
CLAY (TOWN)	NY	Α		See instructions for
DE WITT (TOWN)	NY	Α		additional information
EAST SYRACUSE (VILLAGE)	NY	Α		on alphabetization.
FAYETTEVILLE (VILLAGE)	NY	Α		
FLEMING (TOWN)	NY	Α		
GEDDES (TOWN)	NY	Α		Add rows as passage
LIVERPOOL (VILLAGE)	NY	Α		Add rows as necessary.
LYSANDER (TOWN)	NY	A		
NORTH SYRACUSE (VILLAGE)	NY	A		
OWASCO (TOWN)	NY	A		
SALINA (TOWN)	NY	A		
SENNETT (TOWN)	NY	<u> </u>		
SKANEATELES (TOWN)	NY	<u> </u>		
SKANEATELES VILLAGE	NY	A		
SOLVAY (VILLAGE) VAN BUREN (TOWN)	NY NY	A		
VAN BOREN (TOWN)		<u> </u>		
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Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:									SYS	TEM ID#
Inallie	Verizon New York Inc.											063155
Е	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											
Secondary	about other services (including p											
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).								.9			
Service: Sub-	Number of Subscribers: Both							ble	e system,	broken		
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subseach category by counting the number of billings in that category (the number of persons or organization)											
Rates										charged		
	separately for the particular serv Rate: Give the standard rate c									e and the		
	unit in which it is generally billed	-	-						-			
	category, but do not include disc					,						
	Block 1: In the left-hand block			-								
	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											
	Block 2: If your cable system	has rate catego	ories fo	r secondary tra	ns	smission s						
	printed in block 1 (for example, t											
	with the number of subscribers a sufficient.	and rates, in the	e right-l	hand block. A t	wo	o- or three	-word descripti	ior	n of the se	ervice is		
		OCK 1			Π					K 2		
		NO. OF			$\left \right $				BLOC	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE		CATE	GORY OF SE	R١	/ICE	SUBSCRIBERS		RATE
	Residential:											
	 Service to first set 	3	0,685	\$ 25.00								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		474	\$ 35.00								
	Converter											
	Residential											
	Non-residential											
					_							
	SERVICES OTHER THAN SEC In General: Space F calls for rate					nect to all	your cable sys	to	m'e servi	res that were		
F	not covered in space E, that is, t											
	service for a single fee. There are											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the un		usually	/ billed. If any ra	ate	es are cha	arged on a varia	ab	le per-pro	ogram basis,		
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for ea	ас	h of the a	policable servio	ce	s listed			
Rates	Block 2: List any services that									were not		
	listed in block 1 and for which a	separate charg	e was	made or establ	is	hed. List t	hese other serv	vic	ces in the	form of a		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.								
		BLO	CK 1							BLOCK	2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SEF	۲V	ICE	RATE		CATEGO	RY OF SERVIC	E	RATE
	Continuing Services:		Install	lation: Non-res	sic	dential						
	• Pay cable	\$ 15.00	• Mo	otel, hotel					See Tab	Attachment B		
	Pay cable—add'l channel		-	ommercial								
	Fire protection		4	y cable								
	•Burglar protection		4	iy cable-add'l c	ha	annel						
	Installation: Residential			e protection								
	First set	\$ 99.00	1	Irglar protectior	n							
	Additional set(s)	\$ 60.00	4	services:								
	• FM radio (if separate rate)		4	econnect								
	• Converter		1	sconnect			¢ 60.00					
				utlet relocation	rc		\$ 60.00					
			• 1/10	ove to new add	ie	55						

FORM SA3E. PAGE 2. SYSTEM ID#

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	N/A	40.00
Fios Current TV for Bar/Restaurant	N/A	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	55.00	N/A
Fios TV Test Drive	65.00	N/A
Your Fios TV	65.00	N/A
More Fios TV	85.00	N/A
The MostFios TV	105.00	N/A
Fios TV Mundo Total	105.00	N/A
Fios TV Mundo	85.00	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	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	129.99	Varies
MLS Direct Kick	89.00	Varies

Category of Service	Residential Rate	Commercial Rate
NBA League Pass	199.00	Varies
NHL Center Ice	99.99	Varies
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	11.99
	\$12 rental,	
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 Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
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
Existing Outlet Connection (up to 3)	N/A	89.99
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)	up to 25.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to 100	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	24.99
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	115.00
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	375.00

LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID#	
Verizon New Yo	ork Inc.				063155	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable sy FCC rules and regulation	ystem during th ons in effect or	ne accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie ne carriage of cert	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76. substitute program bas		, ,	-	1(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
pasis under specifc FC	-			e Special Statem	ent and Program Log)—if the	
station was carried of			t it in space i (ti	le opecial Statem		
	formation conc				tute basis and also on some other f the general instructions located	
		sign. Do not i	report originatio	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
VETA-simulcast).			·	,		
			•		ion for broadcasting over-the-air in	
ts community of license			annei 4 m Wasi	ingion, D.C. This	may be different from the channel	
Column 3: Indicate	in each case \	vhether the st			ependent station, or a noncommercial	
	•	•	,. ·		ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	se terms, see	page (v) of the	e general instru	ctions located in t	he paper SA3 form.	
Column 4: If the sta planation of local service					es". If not, enter "No". For an ex-	
					stating the basis on which your	
•		-		•	tering "LAC" if your cable system	
carried the distant station For the retransmissi	•				capacity.	
	on of a distant	multicast stre	eam that is not s	subject to a royalty	anavment because it is the subject	
				• • •	r payment because it is the subject stem or an association representing	
of a written agreement the cable system and a	entered into o primary trans	n or before Ju mitter or an a	ine 30, 2009, be ssociation repre	etween a cable system esenting the prima	stem or an association representing ry transmitter, enter the designa-	
of a written agreement the cable system and a tion "E" (exempt). For s	entered into o primary trans imulcasts, also	n or before Ju mitter or an a o enter "E". If	ine 30, 2009, be ssociation repre you carried the	etween a cable system esenting the prima channel on any of	tem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these thr	entered into or primary trans imulcasts, also ree categories	n or before Ju mitter or an as o enter "E". If , see page (v)	ine 30, 2009, be ssociation repre you carried the) of the general	etween a cable system esenting the prima channel on any of instructions locate	stem or an association representing ry transmitter, enter the designa-	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the FCC. For Mexican or C	entered into o primary trans imulcasts, also ree categories location of ea anadian statio	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ine 30, 2009, be ssociation repre- you carried the) of the general or U.S. stations, e the name of th	etween a cable systemating the prima channel on any of instructions locate list the community ne community with	tem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. / to which the station is licensed by the which the station is identifed.	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the FCC. For Mexican or C	entered into o primary trans imulcasts, also ree categories location of ea anadian statio	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	ine 30, 2009, be ssociation repre- you carried the) of the general or U.S. stations, e the name of the use a separate	etween a cable systemating the primal channel on any of instructions locate list the community ne community with space G for each	tem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. / to which the station is licensed by the which the station is identifed.	
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of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizing	entered into ou primary trans imulcasts, also ree categories location of ea canadian statio g multiple char 2. B'CAST	n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE	Ine 30, 2009, be ssociation repre- you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT?	etween a cable systemating the primal channel on any of instructions locate list the community with space G for each A 5. BASIS OF	tem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. / to which the station is licensed by the which the station is identifed.	
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of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN	entered into on primary trans imulcasts, also ree categories location of ea anadian statio g multiple char 2. B'CAST CHANNEL NUMBER	n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION	Ine 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	etween a cable systemating the primal channel on any of instructions locate list the community with space G for each A 5. BASIS OF	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. / to which the station is licensed by the which the station is identifed. channel line-up.	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN	entered into ou primary trans imulcasts, also ree categories location of ea anadian statio g multiple char 2. B'CAST CHANNEL NUMBER 54	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N	Ine 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	etween a cable systemating the prima channel on any of instructions locate list the community space G for each A 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Syracuse	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizing 1. CALL SIGN WSTM WSPX	entered into ou primary trans imulcasts, also ree categories location of ea anadian statio g multiple char 2. B'CAST CHANNEL NUMBER 54 56	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N I	Ine 30, 2009, be ssociation repre- you carried the) of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	etween a cable systemating the prima channel on any of instructions locate list the community space G for each A 5. BASIS OF CARRIAGE	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further id in the paper SA3 form. / to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Syracuse Syracuse	See instructions for
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LEGAL NAME OF OWN		/STEM:			SYSTEM ID# 063155	Nama
PRIMARY TRANSMITTE	RS: TELEVISIO	DN .				
In General: In space G	6, identify every	y television st	• •		and low power television stations) d only on a part-time basis under	G
76.59(d)(2) and (4), 76	.61(e)(2) and (4), or 76.63 (r	eferring to 76.6	•	ain network programs [sections nd (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S basis under specifc FC	tations: With	respect to any	distant stations	s carried by your c	able system on a substitute program	Transmitters: Television
•	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
basis. For further in	formation conc				ute basis and also on some other f the general instructions located	
	h station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
			-		on for broadcasting over-the-air in	
ts community of licens on which your cable sy	-		annel 4 in Wash	nington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case v	whether the st			pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	<i>,,</i> (,,		,	
Column 4: If the sta	ation is outside	the local serv	vice area, (i.e. "o	distant"), enter "Ye	s". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha		• • •	•		e paper SA3 form. stating the basis on which your	
•			-	-	ering "LAC" if your cable system	
carried the distant stati					. ,	
For the retransmiss					payment because it is the subject	
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ACCOUNTING PER	100. 2021/2								FORM SA3E. PAGE 4.
Name	LEGAL NAME OF O		LE SYSTE	EM:					SYSTEM ID# 063155
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals ctions Concer- it is carried b monitoring, to prmation about aper SA3 form dentify the call tate whether t the radio stat this by placing Sive the station	tation ca were "ge rning Al y the sys be recei- t the the n. sign of e he static ion's sig g a chec n's locati	arried on a separate and discremenally receivable" by your ca I-Band FM Carriage: Under (tem whenever it is received a ived at the headend, with the Copyright Office regulations 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	ab Cc at sy or se	ole system durin opyright Office ra the system's he ystem's FM ante n this point, see ad by the cable s e station is licens	g the account egulations, an adend, and (2 enna, during c page (vi) of th system as a se sed by the FC	ing peric FM sigr () it can I ertain st ne gener eparate a	d. nal is generally be expected, ated intervals. al instructions and discrete
		r					r	I	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	ACCO	UNTING	PERIOD:	2021/2
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FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 202	
LEGAL NAME OF OWNER OF		EM:			:	SYSTEM ID#	Namo	
Verizon New York Inc. 063155								
SUBSTITUTE CARRIAG	E: SPECIA		IT AND PROGRAM LOG	ì				
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regu	lations, or authorizations	. For a further	Substitute	
1. SPECIAL STATEMEN				- 9		<u></u>	Carriage:	
During the accounting per broadcast by a distant star	riod, did you			s, any nonne	etwork television progra	m XNo	Special Statement a Program Lo	
Note: If your answer is "No log in block 2.			e blank. If your answer is '	ʻYes," you mi	ust complete the progra	im		
 LOG OF SUBSTITUTI In General: List each subs 			to line. Lice abbroviations	whorover per	ssible, if their meaning i	ic		
clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I	ace, please a of every noi distant stati gulations, o ttion. Do no _ucy" or "NE	attach addition nnetwork televi ion and that yo r authorization t use general o A Basketball:	al pages. sion program (substitute p ur cable system substitute s. See page (vi) of the gen categories like "movies", or	rogram) that, d for the prog eral instruction "basketball"	during the accounting gramming of another sta ons located in the pape	ation		
Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor	sign of the s adcast static nadian static nth and day	station broadca on's location (th ons, if any, the	sting the substitute progra the community to which the	m. station is lice station is ide	ntified).			
first. Example: for May 7 gi		aubatituta area		able evetere	list the time			
to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:′			ely		
stated as "6:00–6:30 p.m."								
to delete under FCC rules			was substituted for progra			ed		
gram was substituted for p	ogramming					I		
effect on October 19, 1976								
S	UBSTITUT	E PROGRAM	I		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
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ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 6.

	LEGAL NAME OF	OWNER OF CABLE	SYSTEM:						SY	STEM ID#
Name	Verizon New	v York Inc.								063155
	PART-TIME CA	ARRIAGE LOG								
J 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. 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 12:00 p.m." 									
			DA	TES AND HOURS (DF F	ART-TIME CAR	RIAGE			
	CALL SIGN		N CARRIAGE OO H	OURS		CALL SIGN		N CARRIAGE O H	OURS	
		DATE	FROM	то			DATE	FROM		TO
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SYSTEM ID#

_	izon New Y	ork Inc.			•	063155	Name
VCI							
Inst all a (as i	mounts (gross dentifed in spa e (vii) of the ge	figure you give in this space determines the form you fle and the amount you receipts) paid to your cable system by subscribers for the system's second ace E) during the accounting period. For a further explanation of how to con- general instructions.	dary trans	missio	n servio		K Gross Receipts
	-	s from subscribers for secondary transmission service(s) counting period.	\$		8 35	38,287.78	
IMP	•	I must complete a statement in space P concerning gross receipts.	<u>·</u>		gross rec		
 Instru Cont Cont If yo fee t If yo 	nplete block 1, nplete block 2, ur system did from block 1 o ur system did	ALTY FEE le blocks in this space L to determine the royalty fee you owe: showing your minimum fee. showing whether your system carried any distant television stations. not carry any distant television stations, leave block 3 blank. Enter the amo n line 1 of block 4, and calculate the total royalty fee. carry any distant television stations, you must complete the applicable parts of form and attach the schedule to your statement of account.					L Copyright Royalty Fee
	rt 8 or part 9, l k 3 below.	block A, of the DSE schedule was completed, the base rate fee should be ϵ	entered or	n line 1	of		
► If pa 3 be		E schedule was completed, the amount from line 7 of block C should be ent	tered on li	ine 2 in	ı block		
-	rt 7 or part 9, l block 4 below	block B, of the DSE schedule was completed, the surcharge amount should	l be enter	red on	line		
Block 1	least the mini system's gros Line 1. Enter Line 2. Multip	E: All cable systems with semiannual gross receipts of \$527,600 or more a mum fee, regardless of whether they carried any distant stations. This fee is so receipts for the accounting period. the amount of gross receipts from space K ly the amount in line 1 by 0.01064		ercent	of the	38,287.78	
		^r the result here. is your minimum fee.	\$		8	39,251.38	
Block 2	space G. If, ir "Yes" in this b • <u>Di</u> d your cab	LEVISION STATIONS CARRIED: Your answer here must agree with the in a space G, you identifed any stations as "distant" by stating "Yes" in column lock. ole system carry any distant television stations during the accounting period mplete the DSE schedule.	4, you m	ust che	eck		
Block 3		E RATE FEE: Enter the base rate fee from either part 8, section 3 or part 9, block A of the DSE schedule. If none, enter zero	\$	6		-	
_		Fee: Enter the total fee from line 7, block C, part 6 of the DSE dule. If none, enter zero				0.00	
	Line 3. Add I here	ines 1 and 2 and enter	\$			-	
Block 4	from	E RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, never is larger	\$	6	٤	39,251.38	Cable systems
		DICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 k D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter				0.00	submitting additional deposits under
		3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 rest Worksheet)				0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILIN	G FEE	\$	6		725.00	additional fees. Division for the appropriate
		ALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. and 3 of block 4 and enter total here	\$		8	39,976.38	form for submitting the additional fees.
		it this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se ral instructions located in the paper SA3 form for more information.)	ee page (i	i) of the	9		

FORM SA3E. PAGE 7.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACCOUNTING PERIC	DD: 2021/2							FOF	RM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER		SYSTEM:						SYSTEM ID# 063155
M Channels	CHANNELS Instructions: You to its subscribers a 1. Enter the total n	must give nd (2) the umber of	e cable system's to	tal number of ac	tivated channels	s, during the a	ccounting period.		
		ole systen	activated channels n carried television s	broadcast station				533	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Be Contacted for Further Information	Name Patrick Merrick 703-447-0209								
	Address 22001 (Number, s Ashbu (City, town	treet, rural rn, VA , state, zip)	route, apartment, or si 20147	uite number)					
	Linai	patrio		2011.00111		T dx (c	ptional)		
O Certifcation	 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.) (Owner other than corporation or partnership) I am the owner of the cable system as identified 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 identified 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)] 								n
		(e.g., /s, button, t Typed Title: Date:	hen type /s/ and you or printed name: Assistant Se (Title of officia February 28, 202	e on the line above re entering the firs ir name. Pressin Christy K. F ecretary, Ver al position held in co	t forward slash of i g the "F" button wi Reyes izon New Yc	the /s/ signature ill avoid enabling Drk Inc. rship)	e, place your cursor g Excel's Lotus con		
Privacy Act Notice:	Section 111 of title 17 o	f the Unite	d States Code autho	orizes the Copyright	nt Offce to collect	the personally id	dentifying informatio	on (PII) requested on this	3

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. ephone

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063155	Name
Verizon New York Inc.	063155	
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the escribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? NO 	yright Act by adding the fol- cable system for the basic s system shall not include sub- s pursuant to section 119." general instructions in the	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions in the		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 x	
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. 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	For further assistance please	
NOTE: If you are filing this worksheet covering a statement of account already submitted to please list below the owner, address, first community served, accounting period, and ID nu filing.		
Owner Address		
First community served Accounting period ID number		
		I
rivacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the pers rm in order to process your statement of account. PII is any personal information that can be used to identify or trace - umbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which inclu	an individual, such as name, address and telepho	ne

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.

C	Cable Worksheet		Total amount of remittance	Number of SAs rec	'd Initials			
			Date of remittance	Check	☐ FILING FEES			
Cable ID #					Amount Initials			
Examined by	Re	viewed by	Date examination completed	Allocation number				
Space A Accounting Period								
	□January 1	- June 30, 2017	ত	July 1 - December 31, 2017				
	Letter sen	t	Ľ	Information received				
			Phone call/Date/Contact					
Space B Owner								
	Letter sent		E	Information received				
			Phone call/Date/Contact					
Space D Area Served								
	Letter sen	t	E	Information received				
			C	Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	Letter sen	t	□Information received					
and Rates			Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	Letter sen	t	Ľ	Information received				
			[Phone call/Date/Contact				
Space H Primary Transmitters:								
Radio			[Phone call/Date/Contact				

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑ Letter sent		
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
	Phone call/Date/Contact	