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	cor		
3-1-22		For cor Offi		
	ALLOCATION NUMBER	(20		

Return completed workbook by

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	Barcode Data Filing Period (optional - see instructions)							
Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Brookings Municipal Utilities							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 588: 525 Western Ave (Number, street, rural route, apartment, or suite number)							
	Brookings, SD 57006							
	(City, town, state, zip) NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
	(Oily, town, state, zip oute)							

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 filing, a determination that would be made by a court of law.

Accounting Period:								
		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Trainio .	Brookings Municipal Utilities	63330						
Δτοα	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	lities within unincorporated areas and including single, discrete s a form of system identification hereafter known as the "first						
	CITY OR TOWN	STATE						
First Community	Brookings	SD						
Add Rows as Necessary								

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63330

Brookings Municipal Utilities

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	1,018	63.95			
Service to additional set(s)	1,829	7.00			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	42	47.00			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	107.95	Motel, hotel		HD Access	10.00
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	100.00	Burglar protection			
Additional set(s)	110.00	Other services:			
 FM radio (if separate rate) 		Reconnect	7.00		
Converter		Disconnect	7.00		
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Brookings Municipal Utilities 63330

Brookings Municipal Utilities

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 program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAUN-LP	3	l	Sioux Falls, SD
KDLT-FOX	4	N	Sioux Falls, SD
KDLT-NBC	5	N	Sioux Falls, SD
KESD-SDPB	8	E	Sioux Falls, SD
KELO-MyUTV	10	N-M	Sioux Falls, SD
KELO-CBS	11	N	Sioux Falls, SD
KSFY-ABC	13	N	Sioux Falls, SD
KSFY-MeTV	14	N	Sioux Falls, SD
KCPO-LP	15	l	Sioux Falls, SD
KSCB-LP	16	l	Sioux Falls, SD
KSFY-CW	17	N-M	Sioux Falls, SD
KELO-Escape	18	N-M	Sioux Falls, SD
KELO-WxNOW	21	N-M	Sioux Falls, SD
кттพ-тст	24	N-M	Sioux Falls, SD
KDLT-COZI	25	N-M	Sioux Falls, SD
KDLT-Antenna TV	26	N-M	Sioux Falls, SD
WPBS-CREATE	27	E-M	Sioux Falls, SD
WPBS-WORLD	28	E-M	Sioux Falls, SD
KDLT-FOX-DT	604	N-M	Sioux Falls, SD
KDLT-NBC-DT	605	N-M	Sioux Falls, SD
KESD-SDPB-DT	608	E-M	Sioux Falls, SD
KELO-DT	611	N-M	Sioux Falls, SD
KSFY-ME-DT	613	N-M	Sioux Falls, SD
KSFY-CW-DT	617	N-M	Sioux Falls, SD

Accounting Period:	2021/2			FORM SA1-2E. PAGE 3.					
Nome	Name LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Brookings Municipal I	Utilities		63330					
	PRIMARY TRANSMITTERS: TELEVISION								
Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WR Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	a during the accounting period, except in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6) explained in the next paragraph. With respect to any distant stations cales, regulations, or authorizations: in space G—but do list it in space I (the asubstitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, is call sign. Do not report origination put with a station according to its over-the fee form. In number the FCC assigned to the telestic is channel 4 in Washington, D.C. case whether the station is a networking the letter "N" (for network), "N-M" ("E" (for noncommercial educational), or ms, see page (iv) of the general instructor of each station. For U.S. stations, list	translator stations and low power televi (1) stations carried only on a part-time he carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute basis and also on see page (v) of the general instructions or ogram services such as HBO, ESPN, e-air designation. For example, report revision station for broadcasting over the station, an independent station, or a no offer network multicast), "I" (for independent "E-M" (for noncommercial educational actions in the paper SA1-2 form. The community to which the station is line community with which the station is	basis under s [sections] s carried on a tute program g)—if the n some other s. etc. Identify each multistream e air in its community encommercial dent), "I-M" al multicast). icensed by the					
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Brookings Municipal Utilities

63330

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	Accounting Period: 2021/2 FORM SA1-2E. PAGE 5.								
Name	Brookings Municipal U		EM:					63330	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every noni	network televisi	on program, broadcast by	<i>a distant</i> stat CC rules, regu	lations, or au	thorizations. I	For a further	
Carriage: Special Statement and Program Log	SPECIAL STATEMENT During the accounting peri broadcast by a distant stat	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast 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. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was effect on October 19, 1976.								
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.	TIMES — TO	DELETION	

Accounting Period: 2	2021/2		FORM S	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		8	SYSTEM ID#				
Name	Brookings Municipal Utilities 63330							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$484,523.65 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)							
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less the Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600.	63,800.					
	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 that y accounting period is \$52.00. Line 1. Royalty fee for accounting period		is six-month					
	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							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			_				
	Base amount under statutory formula							
	·	· · · · · · · · · · · · · · · · · · ·						
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K	·· <u> </u>						
	5. Enter the amount from line 3	·						
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	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							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527,	600)					
	Enter the amount of gross receipts from space K	484,523.65						
	2. Base amount under statutory formula	263,800.00						
	3. Subtract line 2 from line 1	220,723.65						
	4. Multiply line 3 by .01		2,207.24					
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00					
			0.00					
	Interest charge. Enter the amount from line 4, space Q, page 8			3,526.24				
	7. TOTAL NOTALITY LLT ATABLE FOR ASSOCIATION FLANDS. And miles 4, 9, dina 6.		Ψ	3,320.24				
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	3,526.24					
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	3,546.24				
	EFT Trace # or TRANSACTION ID # 9.3	14084E+13						
	Important: Your remittance must be in the form of an electronic payment payat See page i of the general instructions in the paper SA1-2 form and the Excel inst							

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF OWNER O Brookings Municipal U					SYSTEM ID# 63330	
M Channels	to its subscribers, and (2 1. Enter the total number system carried televisi 2. Enter the total number on which the cable sys	the cable system's of channels on which on broadcast station of activated channels of activated channels of activated the	total numb		accounting period.	24	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)						
for Further Information		Julius			Telephone 60	05-692-6325	
	(Number,	ox 588: 525 Westreet, rural route, apartickings, SD 57006	ment, or suite	e number)			
	Email	ljulius@swiftel-k	omu.com		Fax (optional 605-697-8470		
O Certification	I, the undersigned, hereby (Owner other the line 1 compared in l	r other than corporation or professor of space B and that the mer) I am an officer (of space B. ment of account and orrect to the best of mere and corporation of the second of the second of the second or the sec	ne, but only nartnership nation or pa e owner is if a corpora hereby dec y knowledg	rtnership) I am the duly authorized agree not a corporation or partnership; or ation) or a partner (if a partnership) of the lare under penalty of law that all statem ge, information, and belief, and are made as a statem of the lare under penalty of law that all statem ge, information, and belief, and are made as a statem of the lare under penalty of law that all statem ge, information, and belief, and are made as a statem of the lare under the lare above to deature using an "/s/ signature" (e.g., /s/ J	ent of the owner of the cable systeme legal entity identified as owner of the cable systeme legal entity identified as owner of the cable systements of fact contained herein lee in good faith.	em as identified	
		Typed or printed	Execut	Steve Meyer ive Vice President / Genera	l Manager		
		(Til	tle of official p	position held in corporation or partnership)	February 28, 2022		

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 filing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ookings Municipal Utilities	63330
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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@copyright.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 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 filing, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

C	Cable
	Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	□Check	□EFT	□FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	R	eviewed by	Date examination completed	Allocation	on number			
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)							
Period	☐Letter se	ent		☐ Information received				
	□Accepted	d	☐Phone call/Date/Contact					
Space B Owner								
	☐Letter se	ent		☐ Information received				
	□ Accepted □ Phone call/Date/Contact							
Space D Area Served								
	☐Letter se	ent		Information re	ceived			
	Accepted Phone call/Date/Contact							
Space E Secondary Transission								
Service Subscribers:	☐Letter se	ent	С]Information re	ceived			
and Rates	□Accepted	d		Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	□Letter se	ent]	☐Information re	eceived			
	□Accepted	d	[□Phone call/Da	te/Contact			
Space H Primary Transmitters:								
Radio	□Accepted	d]	Phone call/Da	te/Contact			

		<u> </u>
		Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time
		Carriage Log
Letter sent	☐Information received	(SA3 only)
□Accepted	☐Phone call/Date/Contact	
		Space K
		Gross Receipts
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space L
		Copyright Filing and Royalty Fees
☐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
	☐Information received	
	□Phone call/Date/Contact	
□Accepted	Prione cali/Date/contact	Space Q
		Interest
		Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	Phone call/Date/Contact	