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						
	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting 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
	South Central Communications
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	318 N 100 East
	(Number, street, rural route, apartment, or suite number) Kanab, UT 84741
	(City, town, state, zip) INSTRUCTIONS: 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 Page AZ
	MAILING ADDRESS OF CABLE SYSTEM:
	2 155 5th Ave (Number, street, rural route, apartment, or suite number)
	City, town, state, zip code

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2019/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	South Central Communications	63665
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated communumincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	nities within unincorporated areas and including single, discrete
Area Served	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.	e parks should be reported in parentheses below the identified
	CITY OF TOWN	CTATE
First	CITY OR TOWN	STATE
Community		
Add Pows as Necessary		
Add Rows as Necessary		

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

South Central Communications

SYSTEM ID# 63665

F

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.

OCK 1	BLOCK 2			
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
257	48.00			
		Basic / Standard	257	92.00
		Digital	58	14.00
23	48.00	Basic / Standard	23	92.00
		Digital	23	92.00
	NO. OF SUBSCRIBERS 257 23	NO. OF SUBSCRIBERS RATE 257 48.00 23 48.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 257 48.00 Basic / Standard Digital Basic / Standard Digital Digital	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS

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 1					
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE				
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set		Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2019/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

63665

South Central Communications

G

Primary Transmitters: Television 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KTVK** PHOENIX, AZ **KPHO** 5 Ν PHOENIX, AZ **KAET** 8 Ε PHOENIX, AZ Add Rows as Necessary **KUTP** 9 Ν PHOENIX, AZ **KSAZ** 10 Ν PHOENIX, AZ **KPNX** 12 Ν MESA/PHOENIX, AZ **KASW** 13 Ν PHOENIX. AZ **KNXV** 15 Ν PHOENIX, AZ **KNXVD** 455 Ν PHOENIX, AZ **KPHOD** 460 Ν PHOENIX, AZ **KPNXD** 465 Ν MESA/PHOENIX, AZ **KAETD** 470 Ε PHOENIX, AZ **KSAZD** 475 Ν PHOENIX, AZ **KTVKD** 480 ı PHOENIX, AZ **KUTPD** 485 Ν PHOENIX, AZ

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

South Central Communications

63665

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
07.122 07077	7 0	0,2	200/11011011011	07.22 0.0.1	7	0, 2	2007111011 01 01711101
			 				
			 				
			 				
			 				
							
			 				
			 				
			 				
							

Accounting Perio	d: 2019/2						FORI	M SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:				, 510	SYSTEM ID#				
Name	South Central Commu	nications						63665				
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	 3							
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?											
Statement and Program Log												
og. a og	Note: If your answer is "No											
	ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program in block 2.											
	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 permitted to delete under FCC rules and regulations in											
	effect on October 19, 1976	•			11	EN OUDOTIT		<u> </u>				
	g	SUBSTITUT	TE PROGRAM			EN SUBSTIT RIAGE OCCU		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	MES	DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO					
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Accounting Period:	2019/2			FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: South Central Communications			SY	STEM ID# 63665
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and t all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation of page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	tem's sec of how to	condary transmi compute this a	ission service imount, see	,227.95 ss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less thar		263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fer accounting period is \$52.00	e that you	ı must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	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	s 1 and 2 .		<u></u> _	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	but mo	re than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K		138,227.95	=	
	3. Subtract line 2 from line 1		125,572.05	-	
	Enter the amount of gross receipts from space K		-	138,227.95	
	5. Enter the amount from line 3			125,572.05	
	6. Subtract line 5 from line 4			12,655.90	
	7. Multiply line 6 by .005 (enter figure here)			\$	63.28
	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 an	nd 8		\$	63.28
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but l	ess than \$527	,600)	
	Enter the amount of gross receipts from space K			-	
	2. Base amount under statutory formula	\$	263,800.00	<u>=</u>	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	63.28	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	······.	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	83.28
	EFT Trace # or TRANSACTION ID #	9.	1E+13]	
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 form and the Ex				

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER South Central Comn					SYSTEM ID# 63665
M Channels	to its subscribers, and 1. Enter the total numl system carried telev 2. Enter the total numl	(2) the cable system's per of channels on which	total numb			23
		-				80
N Individual to Be Contacted		CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name Mo	nica Croteau			Telephone	435-644-0246
	(Numb	N 100 East per, street, rural route, apartr nab, UT 84741 town, state, zip)	ment, or suit	te number)		
	Email	monicac@soce	en.com		Fax (optional 435-644-281	1
	CERTIFICATION (This s	statement of account mu	ust be cert	tified and signed in accordance with Co	opyright Office regulations)	
Certification	(Agent of ow in line X (Officer or p in line • I have examined the sta	ner other than corporat 1 of space B and that the artner) I am an officer (if 1 of space B. atement of account and he correct to the best of my	artnership tion or pare e owner is r f a corpora ereby declar v knowledge	rtnership) I am the duly authorized agent not a corporation or partnership; or ation) or a partner (if a partnership) of the lare under penalty of law that all statement lee, information, and belief, and are made in /s/ Michael East	of the owner of the cable sys egal entity identified as owner ts of fact contained herein in good faith.	tem as identified
		Typed or printed	Enter sign	electronic signature on the line above to conature using an "/s/ signature" (e.g., /s/ Jo Michael East		
		Title:		dent / CEO position held in corporation or partnership)		
		Date:			02/20/20	

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ounting Period: 2019/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
uth Central Communications	63665
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO VEC Enter the total base and list the cotallite consists (a) helps:	
YES. Enter the total here and list the satellite carrier(s) below	-
Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	

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CONTROL #: REMITTANCE #:

Reviewed by

☐January 1 - June 30, 2017

Letter sent

Letter sent

Letter sent

Letter sent

Accepted

Letter sent

Accepted

Cable
Worksheet

Cable ID#

Space A Accounting Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

Examined by

Total amount of remittance	Nu	mber of SAs rec'd	Initials		
Date of remittance	Check	EFT	FILIN	G FEES	
			Amount	Initia	
Date examination completed	Allocation	on number			
	July 1 - Decer	mber 31, 2017			
	☐Information re	eceived			
	Phone call/Da	te/Contact			
	☐Information re	eceived			
	Phone call/Da	te/Contact			
	Information re	eceived			
	Phone call/Da	te/Contact			
	Information re	eceived			
	Phone call/Da	te/Contact			
	☐Information r	eceived			
	Phone call/Da	nte/Contact			

Phone call/Date/Contact

		Space I Substitute 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	
Letter sent	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
Letter sent	☐Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'l fee received	
Accepted	Phone call/Date/Contact	