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				
08/23/2021	\$ 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

_	1
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20211 Barcode Data Filing Period (optional - see instructions)
Accounting	
Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title
В	of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different 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
	TDS Broadband Service LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Baja Broadband
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	525 Junction Rd. (Number, street, rural route, apartment, or suite number)
	Madison, WI 53717-2152
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	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	IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDDESS OF CARLE SYSTEM.
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

		FORM SA1-2E. PAGE 11
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	TDS Broadband Service LLC	1446
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated of discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Estes Park	CO
Community	Larimer County	CO
,	Lainner County	
dd Barra a Nasarana		
dd Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

TDS Broadband Service LLC

1446

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		BLOC	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,106	25.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	349	21.33/mo.			
Commercial					
Converter					
Residential	519	\$6/Mo.			
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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	7.40-19.99	Motel, hotel				
 Pay cable—add'l channel 		Commercial	\$0 - \$99.95			
Fire protection		Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	0-49.95	Burglar protection				
Additional set(s)	0-49.95	Other services:				
• FM radio (if separate rate)		Reconnect	0-25			
Converter		Disconnect				
		Outlet relocation	19.98-39.96			
		Move to new address				

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1446

TDS Broadband Service LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
КМСН	7.1	N	Denver, CO
KMGH-DT2	7.2	N-M	Denver, CO
KMGH-DT3	7.3	N-M	Denver, CO
KCNC	4.1	N	Denver, CO
KCNC-DT2	4.2	N-M	Denver, CO
KCNC-DT3	4.3	N-M	Denver, CO
KUSA	9.1	N	Denver, CO
KUSA-DT2	9.2	N-M	Denver, CO
KUSA-DT3	9.3	N-M	Denver, CO
KUSA-DT5	9.5	N-M	Denver, CO
KDVR	31.1	N	Denver, CO
KDVR-DT2	31.2	N-M	Denver, CO
KDVR-DT3	31.3	N-M	Denver, CO
KRMA	6.1	E	Denver, CO
KPXC	59.1	<u> </u>	Aurora, CO
KDEN	25.1	<u>l</u>	Centennial, CO
KDEN-DT2	25.2	I-M	Centennial, CO
KWGN	2.1	<u>l</u>	Denver, CO
KWGN-DT2	2.2	I-M	Denver, CO
KWGN-DT3	2.3	I-M	Denver, CO
KTVD	20.1	<u>l</u>	Denver, CO
KTVD-DT2	20.2	I-M	Denver, CO
KPJR	38.1	<u>l</u>	Westminster, CO
KPJR-DT2	38.2	I-M	Westminster, CO

counting Period	: 2021/1	FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	1446
	PRIMARY TRANSMITTERS: TELEVISION	
G	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	
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a	
Transmitters:	substitute program basis, as explained in the next paragraph.	
Television	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 <i>only</i> 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
KPJR-DT3	38.3	I-M	Westminster, CO
KQCK	39	<u> </u>	Cheyenne, WY

Accounting Period: 2021/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

1446

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
N/A							

	J. 2024 /4							214 044 05 2405 5
ccounting Perio	ILEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	RM SA1-2E. PAGE 5 SYSTEM ID#
Name	TDS Broadband Servi	ce LLC						1446
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM I	OG.			
I	In General: In space I, iden substitute basis during the	tify every no accounting p	<i>nnetwork telev</i> period, under sp	ision program, broadcast b	y a <i>distant</i> sta FCC rules, reg	ulations, c	or authorizati	ons. For a further
Substitute	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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
tatement and	1	•	ur cable syste	m carry, on a substitute ba	asis, any noni	network te		_
Program Log	broadcast by a distant sta		root of this wa	and blank If your anguer	is "Vee " vee		YES	X NO
	Note: If your answer is "No log in block 2.	o , leave the	e rest or this pa	age blank. II your answer i	is res, your	must com	piete trie pro	ogram
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tint to the nearest five minutes stated as "6:00–6:30 p.m."	e of every not a distant state egulations, or ries like "mo. Bulls." m was broat sign of the adcast statinht and day ive "5/7." tes when the Example: ter "R" if the and regulate mming that	onnetwork teletion and that yor authorizatio ovies" or "bask adcast live, ent station broad on's location (ons, if any, they when your sy e substitute pra program car elisted programions in effect of	evision program ("substitut your cable system substitu- your cable system substitu- your cable system substitu- your cable page (v) of the ge- ket ball." List specific progra- ter "Yes." Otherwise enter casting the substitute prog- the community to which the e community with which the yotem carried the substitute rogram was carried by you- ried by a system from 6:0 m was substituted for prog- during the accounting perio-	atted for the proper and titles, for a "No." "No." Iram. The station is like station is ide program. Use to be program. User cable system 1:15 p.m. to a gramming that od; enter the like and the program of the light of the program of the light of the	ogrammir ions for fu example, ' censed by lentified). se numer m. List the 5:28:30 p.i t your sys letter "P" i	g of another urther inform "I Love Lucy y the FCC or als, with the etimes accum. should be tem was req if the listed p	r station nation. " or r, in month urately e quired
	s	UBSTITUT	E PROGRAM	1		N SUBS	TITUTE CURRED	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. FROM	TIMES TO	DELETION
							_	
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Accounting Period:	2021/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC			\$	SYSTEM ID# 1446
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	econdary transi to compute this	mission servi amount, se	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less th	nan \$527,600		· · · ·
	BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt			his six-month	
	accounting period is \$52.00				
	Line 1. Royalty fee for accounting period			-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE:				
	Base amount under statutory formula	. \$	263,800.00	•	
	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				
	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 \$26	3,800 (but I	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	. \$	462,671.28		
		\$	263,800.00		
	3. Subtract line 2 from line 1	\$	198,871.28		
	4. Multiply line 3 by .01		\$	1,988.71	
	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 .		\$	3,307.71
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	3,307.71	
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			\$	3,327.71
	EFT Trace # or TRANSACTION ID #				
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	S	YSTEM ID# 1446
M Channels	CHANNELS Instructions: You must give (1) the number of channel to its subscribers, and (2) the cable system's total number	els on which the cable system carried television broadcast stations aber of activated channels during the accounting period.	
	Enter the total number of channels on which the cabl system carried television broadcast stations	26	
	Enter the total number of activated channels on which the cable system carried television broadcas and nonbroadcast services	156	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFO we can contact about this statement of account.)	DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Stephanie Weber	Telephone (608) 664-4721	
	Address 525 Junction Rd (Number, street, rural route, apartment, or su Madison, WI 53717 (City, town, state, zip)	uite number)	
	Email finance@tdstelecom.com	Fax (optional)	
0	CERTIFICATION (This statement of account must be ce	ertified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but or	inly one, of the boxes.)	
	(Owner other than corporation or partnersh	nip) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or p in line 1 of space B and that the owner is n	partnership) I am the duly authorized agent of the owner of the cable system as identified not a corporation or partnership; or	
	in line 1 of space B.	oration) or a partner (if a partnership) of the legal entity identified as owner of the cable system	
	 I have examined the statement of account and hereby d are true, complete, and correct to the best of my knowled [18 U.S.C., Section 1001(1986)] 	declare under penalty of law that all statements of fact contained herein dge, information, and belief, and are made in good faith.	
	X	/s/ Sharon V. Tisdale	
		n electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name:	Sharon V. Tisdale	
		stant Treasurer tion held in corporation or partnership)	
	Date:	August 23, 2021	

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

counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
S Broadband Service LLC	1446
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	Special Statement Concerning Gross Receipts Exclusion
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** 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 the 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.