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
8/27/2021	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	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	
	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 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
	Zito Midwest LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Zito Media
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 665 [Number, street, rural route, apartment, or suite number)
	Coudersport, PA 16915 (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	1 IDENTIFICATION OF CABLE SYSTEM:
	Zito Media - Deshler
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number: street, rural toute, apartment, or suite number).
	Z (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.

accounting Period		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC Instructions: List each separate community served by the cable system. A "community served by the cable system."	1561
D	"a separate and distinct community or municipal entity (including unincorporated coldiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	mmunities within unincorporated areas and including single, at will serve as a form of system identification hereafter known
Area	identified city.	onie parks snould be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Deshler	TX
Community		
dd Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Zito Midwest LLC

SYSTEM ID# 1561

E

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	66.85			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
 Residential 					
Non-residential					
		1		•	•

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				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.95	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	30.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		 Outlet relocation 	30.00		
		 Move to new address 	30.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1561

Zito Midwest LLC

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
KFXL	51.1	N	Lincoln NE
KLKN	8.1	N	Lincoln NE
KOLN	10.1	N	Lincoln NE
KOLN	10.5	<u>l</u>	Lincoln NE
KSNB	4.1	N	Lincoln NE
KSNB	4.2	<u>l</u>	Lincoln NE
KUON	12.1	E	Lincoln NE
KXVO	15.1	<u>l</u>	Omaha NE
WATM	23.3	<u>l</u>	Altoona PA

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC

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
		 					
		[
	L			L	J		1

I: 2021/1 LEGAL NAME OF OWNER OF CITY OF COLUMN 1: Give the bridge of Column 2: If the program 1: Give the case of Mexican or Column 4: Give the bridge of Column 5: Give the bridge of Column 6: State the tity of the case of Mexican or Column 7: Enter the less of the case of Mexican or Column 7: Enter the less of the case of Column 7: Enter the less of the Column 7: Enter the less of the Column 7: Enter the less of the Column 7: Enter the less	ntify every no accounting prining that munification? It is proof accounting prining that munification? It is proof accounting proof accounting prining that munification? It is proof a distant star and accounting that is and the proof accounting that is and regulations, and the proof accounting that is and the proof accounting that is proof accounting that is proof accounting that is proof accounting that is proof accounting that accounting that is proof accounting	AL STATEME connetwork televiceriod, under spust be included RNING SUBS ur cable system e rest of this pa AMS cam on a separate add additional connetwork televication and that y or authorizatio covies" or "bask adcast live, entitions if any, the y when your sy the substitute program car televices in effect of the station broader to the station of the station of the station of the sy when your sy the substitute program car televices in effect of the station of the sta	ision program, broadca becific present and form in this log, see page (vintribute CARRIAGE mearry, on a substitute age blank. If your answard line. Use abbrevia I rows to the tables. It is to the tables of the cast of the community to whice the community to whice the community with whice the community with whice the community with whice the community of the com	ast by a diner FCC r of the greater state basis, and the basis, and the basis, and the basis are stituted for the greater state basis are general rogram till the state basis are general rogram. The state of the state basis are stitute program. The state of the state basis are stitute program for greater state of the state of th	any nonneres," you merever poogram") the for the propal instruction is liculation is l	etwork te etwork te etwork te etwork te etwork te etwork te enust compossible, if enat, during gramming ons for fu xample, " eensed by entified). He enumerate etwork the etwork te etwork the etwork te etwo	r author n the property of the	ble systorization paper S. on programe aning accounting the programe accounting the system of the system of the mass accurately account accounting the system of the mass accurately accura	ns. For a further A1-2 form. Tam X NO Tram g is sing station tion. Tor The nonth sately The sate of the sa
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In General: In space I, ide substitute basis during the explanation of the program. 1. SPECIAL STATEMENT During the accounting proposed as the accounting proposed as the substitute of the sub	ntify every no accounting priming that multiple ming that multiple eriod, did you ration? TE PROGRA patitute prograce, please e of every no a distant staregulations, cories like "mos. Bulls." am was broad ll sign of the oadcast stationth and day give "5/7." mes when the s. Example: "etter "R" if the sand regulation and regulation and regulations and regulation are sample: "etter "R" if the sand regulation and regulation and regulation and regulation are sample; "etter "R" if the sand regulation and regulation and regulation are sample; "etter "R" if the sand regulation and regulation are sample; "etter "R" if the sa	ennetwork televiceriod, under spust be included RNING SUBS ur cable system e rest of this pa AMS am on a separe add additiona onnetwork televition and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location (ions, if any, the y when your sy the substitute pr a program car telisted program tions in effect of	ision program, broadca becific present and form in this log, see page (vintribute CARRIAGE mearry, on a substitute age blank. If your answard line. Use abbrevia I rows to the tables. It is to the tables of the cast of the community to whice the community to whice the community with whice the community with whice the community with whice the community of the com	ast by a diner FCC r of the greater state basis, and the basis, and the basis, and the basis are stituted for the greater state basis are general rogram till the state basis are general rogram. The state of the state basis are stitute program. The state of the state basis are stitute program for greater state of the state of th	any nonneres," you merever poogram") the for the propal instruction is liculation is l	etwork te etwork te etwork te etwork te etwork te etwork te enust compossible, if enat, during gramming ons for fu xample, " eensed by entified). He enumerate etwork the etwork te etwork the etwork te etwo	r author n the property of the	on programme aning accounting the programme aning accounting the programme. CC or, the the mass accurately accounting the programme accurately	ns. For a further A1-2 form. Tam X NO Tram g is sing station tion. Tor The nonth sately The sate of the sa
First. Example: for May 7 graphs. Column 6: State the tile to the nearest five minute stated as "6:00–6:30 p.m. Column 7: Enter the less delete under FCC rules was substituted for programs.	give "5/7." mes when th s. Example: " etter "R" if the s and regulat amming that	ne substitute pr a program car e listed prograr tions in effect d	rogram was carried by ried by a system from m was substituted for p during the accounting p	your cab 6:01:15 programr period; el	ble system p.m. to 6: ming that enter the le	n. List the 28:30 p.r your syst etter "P" if	times n. sho em wa	accura uld be as <i>requ</i> a sted pro	ately
					·CC rules	and regu			T
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			7. REASON FOR
TITLE OF PROGRAM	2. LIVE?			5.	5. MONTH 6		CCURRED 5. TIMES		DELETION
1. THEE OF TROOPON	Yes or No	CALL SIGN	4. STATION'S LOCATI	ION A	AND DAY	FROM	_	ТО	

Accounting Period:	2021/1	FURM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SY	STEM ID# 1561
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ampage (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.	sion service ount, see	376.24 s 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 less than or equal to \$263 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	3,800	
	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 you must pay for this accounting period is \$52.00	s six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
1	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100))	
	1. 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		
	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 less than \$527,60	00)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	6	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form for more information		s!

Accounting Period:	: 2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM ID# 1561
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broto its subscribers, and (2) the cable system's total number of activated channels during the accounting p	
	Enter the total number of channels on which the cable system carried television broadcast stations	9
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	117
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.)	Whom
for Further Information	Name Teri McMullen	Telephone 814-260-0434
	Address PO Box 665 (Number, street, rural route, apartment, or suite number)	
	Coudersport PA 16915	
	(City, town, state, zip)	
	Email teri.mcmullen@zitomedia.com Fax (opt	ional)
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright O	ffice regulations)
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified	l in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the cin line 1 of space B and that the owner is not a corporation or partnership; or	owner of the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal en in line 1 of space B.	tity identified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fa are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fa [18 U.S.C., Section 1001(1986)]	
	X /s/James Rigas	
	Enter an electronic signature on the line above to certify this s Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	tatement.
	Typed or printed name: James Rigas	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 08/21	9/2021

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#
to Midwest LLC	1561
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name 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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the 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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