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					
08/30/21	\$ 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								
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.	40841							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		MEDIACOM CALIFORNIA LLC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)								
		MEDIACOM PARK, NY 10918								
		(City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MEDIACOM CALIFORNIA LLC  MAILING ADDRESS OF CABLE SYSTEM:								
		29235 VALLEY CENTER ROAD, SUITE E								
	2	(Number, street, rural route, apartment, or suite number)								
		VALLEY CENTER, CA 92082 (City, town, state, zip code)								
	1	(City, town, state, zip toue)								

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 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	MEDIACOM CALIFORNIA LLC	40841							
	Instructions: List each separate community served by the cable system. A "commu								
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete								
0	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Served	city.								
	CITY OR TOWN	STATE							
First	Valley Center	CA							
Community	Pauma Valley	CA							
	San Pasqual	CA							
Add Rows as Necessary	***************************************								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40841

#### **MEDIACOM CALIFORNIA LLC**

# 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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	133	53.04-72.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	53.04-72.95					
Converter							
Residential							
Non-residential							
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		
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	79.99
Pay cable—add'l channel	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		• Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MEDIACOM CALIFORNIA LLC

SYSTEM ID# 40841

# 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
KBNT (UNI)	51	<u> </u>	SAN DIEGO, CA
KFMB/KFMB(HD) CBS	8	N	SAN DIEGO, CA
KFMB-DT2 CW	8.2	I-M	SAN DIEGO, CA
KFMB-DT3 Grit	8.3	I-M	SAN DIEGO, CA
KFMB-DT4 Justice Networ	8.4	I-M	SAN DIEGO, CA
KFMB-DT5 Quest	8.5	I-M	SAN DIEGO, CA
KGTV/KGTV(HD) ABC	10	N	SAN DIEGO, CA
KGTV-DT2 MeTV	10.2	I-M	SAN DIEGO, CA
KNSD/KNSD(HD) NBC	40	N	SAN DIEGO, CA
KNSD-DT3 Telemundo	40.3	I-M	SAN DIEGO, CA
KPBS 2	30.2	E-M	SAN DIEGO, CA
KPBS/KPBS(HD) PBS	30	E	SAN DIEGO, CA
KPBS-DT3 Create	30.3	E-M	SAN DIEGO, CA
KPBS-DT4 PBS Kids	30.4	E-M	SAN DIEGO, CA
KSWB/KSWB(HD) FOX	19	l	SAN DIEGO, CA
KSWB-DT2 Antenna	19.2	I-M	SAN DIEGO, CA
KSWB-DT3 This TV	19.3	I-M	SAN DIEGO, CA
KTLA (CW)	31	l	LOS ANGELES, CA
KUSI (IND)	18	l	SAN DIEGO, CA

unting Period:	2021/1			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MEDIACOM CALIFOR	NIA LLC		408				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station rere, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channer of license. For example, Wich column <b>3:</b> Indicate in each educational station, by ente	also in space I, if the station was carried in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p if with a station according to its over-the the form.  If all number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network string the letter "N" (for network), "N-M" (	(1) stations carried only on a part-time ne carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute Special Statement and Program Log d both on a substitute basis and also on see page (v) of the general instructions program services such as HBO, ESPN, e-air designation. For example, report nevision station for broadcasting over the station, an independent station, or a not for network multicast), "I" (for independent	basis under s [sections s carried on a tute program n)—if the n some other s. etc. Identify each multistream e air in its community ncommercial lent), "I-M"				
	For the meaning of these te	"E" (for noncommercial educational), orms, see page (iv) of the general instru	ictions 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 Canad	dian stations, if any, give the name of th	ne community with which the station is i	dentified.				
	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#

40841

## **MEDIACOM CALIFORNIA 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

Н

**Primary** Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- 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	<b>d: 2021/1</b>  LEGAL NAME OF OWNER OF O	NDIE OVOT	EM.						FOR	M SA1-2E. PAGE 5.	
Name	MEDIACOM CALIFORN		EIVI.							SYSTEM ID# 40841	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	)G						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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:	Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special				_	asis	any nonne	twork telev	ision pr	rogram	, l	
Statement and	"	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?									
Program Log	roadcast by a distant station?  VES NO  Note: If your answer is "Yes," you must complete the program										
	log in block 2.	, louvo ulo	root or time pag	o blank. Il your anowor		oo, you me	act comple	to the p	nogran		
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	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.	0 ,	•	•			Ü				
	C	UDOTITUT	T DDOCDAM				EN SUBST	_		7 DEASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S			5. MONTH	IAGE OCC	TIMES	ט	7. REASON FOR DELETION	
	1. TITLE OF PROGRAW	Yes or No	CALL SIGN	4. STATION'S LOCATIO	N	AND DAY	FROM		ТО		
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Accounting Period:	2021/1	FORM S	A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MEDIACOM CALIFORNIA LLC	S	YSTEM ID					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, see	<b>6,470.01</b> oss 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 than or equal to \$  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.	3263,800						
	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 accounting period is \$52.00	this six-month						
	Line 1. Royalty fee for accounting period	\$	52.00					
	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							
	1. Base amount under statutory formula	<u>)                                    </u>						
	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 \$527,600)							
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	<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	· · <u> </u>						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	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	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!					

Accounting Period: 2	2021/1					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: LIFORNIA LLC				SYSTEM ID# 40841			
<b>M</b> Channels	to its subscribers	s, and (2) the cable system's number of channels on which	total numb	ls on which the cable system carried te ber of activated channels during the ac le	counting period.	24			
	on which the	number of activated channe cable system carried televisio cast services	on broadca	ast stations		58			
N Individual to Be Contacted									
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762			
	Address	One Mediacom Way (Number, street, rural route, apartr Mediacom Park, NY (City, town, state, zip)		te number)					
	Email	Copyrights@me	ediacomo	c.com	Fax (optional				
	CERTIFICATION (	This statement of account mu	ust be cert	tified and signed in accordance with Co	pyright Office regulations)				
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but onl</i>	ly one , of the boxes.)					
	(Owner	other than corporation or p	partnership	p) I am the owner of the cable system as	identified in line 1 of space I	B; or			
				artnership) I am the duly authorized ager not a corporation or partnership; or	nt of the owner of the cable s	system as identified			
		e <b>r or partner)</b> I am an officer (in line 1 of space B.	(if a corpora	ation) or a partner (if a partnership) of the	legal entity identified as own	ner of the cable system			
		e, and correct to the best of m		clare under penalty of law that all stateme ge, information, and belief, and are made					
			_X	/s/ Kenneth J. Kohrs		-			
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jol					
		Typed or printed	d name:	Kenneth J. Kohrs					
		Title:		President, Financial Reporting position held in corporation or partnership)	J				
		Date:			8/10/2021				

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.

ounting Period: 2021/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM CALIFORNIA LLC	40841
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."	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.	recorpte Exerueien
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 Name 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	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274  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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