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

A	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 Canton 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	IDENTIFICATION OF CABLE SYSTEM:
	Zito Media - Cogan Station
	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 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Canton LLC	567
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or	that you list will serve as a form of system identification hereafter known filings.
Area	identified city.	in mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cogan Station	PA
Community	Trout Run	PA
	Hepburn Township	PA
Add Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

567

Zito Canton LLC

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		BLOC	BLOCK 2			
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	291	25.23					
 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 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. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 567 Zito Canton LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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 **WBRE** Wilkes-Barre PA 28.1 **WNEP** 16.1 Ν **Scranton PA** N WOLF 56.1 **Hazelton PA** Add Rows as Necessary **WQMY** 53.1 ı Williamsport PA **WSWB** 38.1 **Scranton PA WVIA** 44 Ε **Scranton PA** WYOU 22.1 Ν **Scranton PA**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Canton LLC 567

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
	ļ						
	T						
							
							
	 						
							
							
							
							
							
							
	ļ						
	T						
							
							
	 						
	l						

counting Perio									FORM	/I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:							SYSTEM ID#
Name	Zito Canton LLC									567
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM	1100	.				
I	In General: In space I, iden	_	_				tion, that v	our cal	ble sys	tem carried on a
Substitute	substitute basis during the a	accounting p	eriod, under sp	pecific present and form	er FC	C rules, regi	ulations, d	or autho	orization	ns. For a further
Carriage:	1. SPECIAL STATEMEN							<u> </u>	<u>'</u>	
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?							X NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is						nust com	plete th	ne prod	
	log in block 2.	,		,				•		
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				tions	wherever po	ossible, if	their m	neaning	g is
	clear. If you need more spa				titute i	orogram") th	nat, durin	g the a	ccount	ing
	period, was broadcast by a	a distant sta	ition and that y	our cable system subs	stitute	d for the pro	grammir	ng of ar	nother	station
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		DVICS OF BASI	ceball. List specific pro	ogran	r titles, for e	лапіріс,	LOVC	Lucy	OI .
	Column 2: If the progra									
	Column 3: Give the call Column 4: Give the bro						ensed by	the F	CC or,	in
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with whicl	h the	station is ide	entified).		·	
	Column 5: Give the mo first. Example: for May 7 g		when your sy	stem carried the subst	titute _l	orogram. Us	se numer	als, wit	h the n	nonth
	Column 6: State the tim		e substitute pr	ogram was carried by	your o	cable syster	n. List the	e times	accura	ately
	to the nearest five minutes		a program car	ried by a system from	6:01:	15 p.m. to 6	:28:30 p.	m. sho	uld be	
	stated as "6:00–6:30 p.m." Column 7: Enter the let		e listed program	m was substituted for p	orogra	mming that	vour svs	tem wa	as reau	ired
	to delete under FCC rules	and regulat	ions in effect o	during the accounting p	period	•	etter "P" i	f the lis	sted pro	
	was substituted for prograi	mming that	Vour eyetom v							
	- ff t O - t - b 10 1070	•	your system w	as permitted to delete	unde	r FCC rules	and regu	ılatıons	5 111	
	effect on October 19, 1976	•	your system w	as permitted to delete	unde	r FCC rules	and regu	ulations	5 III	
	,	S			unde	WHE	N SUBS	TITUTE	 <u>=</u>	
	,	UBSTITUT	E PROGRAM	1	unde	WHE CARRI	N SUBS [*] AGE OC	TITUTE CURR	Ē ED	7. REASON FOR
	,	S		1		WHE	N SUBS [*] AGE OC	TITUTE	Ē ED	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	
	s	UBSTITUT	E PROGRAM 3. STATION'S	1		WHE CARRIA 5. MONTH	N SUBS [*] AGE OC 6.	TITUTE CURR	Ē ED	

Accounting Period:	2021/1		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC	S	STEM ID# 567
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entrall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,258.86 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 less than or equal to \$2 • 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.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for traccounting period is \$52.00	nis six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
į	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 \$137,10	00)	
	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,	600)	
	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	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		its!

Accounting Period:	2021/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA Zito Canton LLC	ABLE SYSTEM:		SYSTEM ID# 567
M Channels			nels on which the cable system carried television broadcast stations mber of activated channels during the accounting period.	
	Enter the total number of ch system carried television bro		able	7
	Enter the total number of acon which the cable system cannot nonbroadcast services .	carried television broadc	east stations	95
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACtive can contact about this state		FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Teri McM	/ lullen	Telephone 8	14-260-0434
		et, rural route, apartment, or	suite number)	
	(City, town, sta			
	Email to	teri.mcmullen@zitome	edia.com Fax (optional)	
O Certification	CERTIFICATION (This stateme I, the undersigned, hereby cer		certified and signed in accordance with Copyright Office regulations) only one, of the boxes.)	
	(Owner other than o	corporation or partners	ship) I am the owner of the cable system as identified in line 1 of space B;	or
			r partnership) I am the duly authorized agent of the owner of the cable system to a corporation or partnership; or	stem as identified
	(Officer or partner) in line 1 of space		poration) or a partner (if a partnership) of the legal entity identified as owne	er of the cable system
		to the best of my knowle	declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
		X	/s/James Rigas	
			an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Т	Typed or printed name	: James Rigas	
	ī		sident sition held in corporation or partnership)	
		Date:	08/29/2021	

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#
o Canton LLC	567
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	

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 th 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.