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						
DATE RECEIVED	AWOON					
2-28-22	\$					
	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	ACCO	CCOUNTING 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.	24031					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)						
		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 un salready 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:						
	'	MEDIACOM SOUTHEAST LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	P.O. BOX 428 (Number, street, rural route, apartment, or suite number)						
		BROWNSVILLE, KY 42210						
		(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:	2021/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)	24031
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE KY
First Community	MORGANTOWN BUTLER CO.	
Community	BROWNSVILLE	KY KY
Add Rows as Necessary	EDMONSON CITY	KY

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24031

MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)

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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	221	40.49-53.04			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	40.49-53.04			
Converter					
Residential					
Non-residential					
		†····		l	

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	PP	Motel, hotel		Family Cable	99.00
 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: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24031

MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)

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
WBKO/WBKO (HD) ABC	13	N	BOWLING GREEN, KY
WBKO-DT2/WBKO-DT2 (HD) I	13.2	I-M	BOWLING GREEN, KY
WBKO-DT3 CW	13.3	I-M	BOWLING GREEN, KY
WKGB/WKGB(HD) PBS	48	E	BOWLING GREEN, KY
WKGB-DT2 KET2	48.2	I-M	CHICAGO, IL
WKGB-DT3 KY3	48.3	I-M	CHICAGO, IL
WKGB-DT4 KET PBS Kids	48.4	E-M	CHICAGO, IL
WKYU/WKYU(HD) PBS	18	E	CHICAGO, IL
WKYU-DT2 Create	18.2	I-M	CHICAGO, IL
WKYU-DT3 Radar	18.3	I-M	CHICAGO, IL
WNKY/WNKY(HD) NBC	16	N	BOWLING GREEN, KY
WNKY-DT2/WNKY-DT2 (HD) (16.2	I-M	BOWLING GREEN, KY
WPBM IND	46	l	SCOTTSVILLE, KY
WSMV NBC	10	N	NASHVILLE, TN
WZTV FOX	15	I	NASHVILLE, TN

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24031 MEDIACOM SOUTHEAST LLC (MORGANTOWN, KY) 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 Transmitters: 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 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

FORM SA1-2E. PAGE 4.

MEDIACOM SOUTHEAST LLC (MORGANTOWN, KY)

24031

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

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (I	MORGANTO	WN,KY)				24031
Substitute Carriage:	ge: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and Program Log	 During the accounting per broadcast by a distant state 		ır cable systen	n carry, on a substitute ba	asis, any nonne	twork telev	ision progra	M X NO
	Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer	s "Yes," you m	ust complet	te the progra	ım
	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							g ation on. r onth ely
	S	SUBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		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		TIMES — TO	DELETION

				0.	VOTERA I		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (MORGANTOWN,KY)			S	YSTEM I 240		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	rstem's se n of how to	condary transmi compute this a	ssion service mount, see	5,758.28		
	IMPORTANT: You must complete a statement in space P concerning gross rec	eipts.		(Amount of gro	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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha	ın \$527,600	63,800			
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is \$52.00	fee that yo	u must pay for th	is 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 line	es 1 and 2		\$	52.00		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	00)			
	Base amount under statutory formula	\$	263,800.00				
	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						
	Base amount under statutory formula	\$	263,800.00				
	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 otal 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			
	A TOTAL AMOUNT PUE FOR ACCOUNTING PERIOR. Add lines A and a			\$	67.00		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			Ψ	• • • • •		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER MEDIACOM SOUTH	R OF CABLE SYSTEM: EAST LLC (MORGANTO	DWN,KY)		SYSTEM ID# 24031
M Channels	to its subscribers, and Enter the total num system carried tele Enter the total num on which the cable	d (2) the cable system's total aber of channels on which the evision broadcast stations aber of activated channels system carried television b		counting period.	21 66
N Individual to Be Contacted		CONTACTED IF FURTHER this statement of account.)	R INFORMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Ker	nneth J. Kohrs		Telephone	845-443-2762
	(Num	e Mediacom Way ber, street, rural route, apartment diacom Park, NY 10	·		
	(City, Email	town, state, zip) Copyrights@media	acomec.com	Fax (optional	
	CERTIFICATION (This s	statement of account must l	be certified and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersigned, here	reby certify that (Check one, i	but only one , of the boxes.)		
			nership) I am the owner of the cable system as		
	in line	e 1 of space B and that the ov	n or partnership) I am the duly authorized agen wner is not a corporation or partnership; or		
	in line	e 1 of space B.	corporation) or a partner (if a partnership) of the		er of the cable system
		d correct to the best of my kr	eby declare under penalty of law that all statemen nowledge, information, and belief, and are made		
		-	X /s/ Kenneth J. Kohrs		
			nter an electronic signature on the line above to ce nter signature using an "/s/ signature" (e.g., /s/ Jol		
		Typed or printed na	me: Kenneth J. Kohrs		
			Tice President, Financial Reporting of official position held in corporation or partnership)]	
		Date:		2/11/2022	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24031 MEDIACOM SOUTHEAST LLC (MORGANTOWN, KY) 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 fol-P lowing 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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 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. O For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment 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

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.

ID number

First community served Accounting period

CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	_ □Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	Review	ed by	Date examination completed	Allocation	number		
Space A Accounting Period							
	☐ January 1 - June 30, 2017		□July 1 - December 31, 2017				
	☐Letter sent		☐Information received				
	□Accepted		☐Phone call/Date/Contact				
Space B Owner							
	☐Letter sent		[☐Information received			
	□Accepted		☐Phone call/Date/Contact				
Space D Area Served							
☐Letter sent			[Information rece	ived		
	□Accepted		[Phone call/Date/	Contact		
Space E Secondary Transission							
Service Subscribers:	☐Letter sent			☐Information rece	ived		
and Rates	□Accepted]	□Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	☐Letter sent		[☐Information rece	eived		
	□Accepted]	□Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio	□Accepted			Phone call/Date/	Contact		

		Space I Substitute Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐Information received	(SA3 only)
□Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐Information received	
Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
Letter sent	☐Information received	
Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	