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			
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

Α	ACCO	DUNTING 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						
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.				
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM				
		MEDIACOM INDIANA 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)				
	INICTE	DUCTIONS: In line 1, give any hypinges or trade names used to identify the hypinges and energing of the system unless those				
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:				
		MEDIACOM INDIANA LLC				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	1102 N. Fourth Street, P.O. Box 334				
1	~	(Number, street, rural route, apartment, or suite number)				
		Chillicothe, IL 61523				
		(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#		
Numo	MEDIACOM INDIANA LLC	24401		
	Instructions: List each separate community served by the cable system. A "com	munity" is the same as a "community unit" as defined in FCC rules: "a		
D	separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single, discrete		
D	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 filings.			
	Note: Entities and properties such as hotels, apartments, condominiums, or mol	bile home parks should be reported in parentheses below the identified		
Area	city.			
Served				
	CITY OR TOWN	STATE		
First	Bluffton	IN		
Community	Decatur	IN		
Community				
	Monroe	IN		
Add Rows as Necessary	Poneto	IN		
	Tocsin	IN		
	Uniondale	IN		
	Vera Cruz	IN		
	Adams County	IN		
	Wells County	IN		
	Monroeville Township	IN		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24401

MEDIACOM INDIANA 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		BLOCH	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,225	29.95-61.54			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.95-61.54			
Converter					
Residential					
Non-residential					
1	[T		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	PP	Motel, hotel		Family Cable	100.00
 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: **MEDIACOM INDIANA LLC**

SYSTEM ID# 24401

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.

2 P'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WANE/WANE(HD) CBS	31	N	Fort Wayne, IN
WANE-DT3 Laff	31.3	I-M	Fort Wayne, IN
WANE-DT4 Escape	31.4	I-M	Fort Wayne, IN
WFFT/WFFT(HD)FOX	36	<u>l</u>	Fort Wayne, IN
WFFT-DT2 Bounce TV	36.2	I-M	Fort Wayne, IN
WFWA/WFWA (HD) PBS	40	E	Fort Wayne, IN
WFWA-DT2 PBS KIDS	40.2	E-M	Fort Wayne, IN
WFWA-DT3 Create	40.3	E-M	Fort Wayne, IN
WFWA-DT4 4-YOU	40.4	E-M	Fort Wayne, IN
WFWA-DT5 PBS39WX	40.5	E-M	Fort Wayne, IN
WINM TBN	12	l	Fort Wayne, IN
WIPB PBS	23	E	Muncie, IN
WISE/WISE (HD) CW	18	l	Fort Wayne, IN
WISE-DT2 True Crime	18.2	I-M	Fort Wayne, IN
WISE-DT3 Grit	18.3	I-M	Fort Wayne, IN
WISE-DT4 Court TV	18.4	I-M	Fort Wayne, IN
WISE-DT5 Start TV	18.5	I-M	Fort Wayne, IN
WISE-DT6 MeTV	18.6	I-M	Fort Wayne, IN
WISE-DT7 DABL	18.7	I-M	Fort Wayne, IN
WPTA/WPTA(HD) ABC	24	N	Fort Wayne, IN
WPTA-DT2/WPTA-DT2 (HD) N	24.2	N-M	Fort Wayne, IN
WPTA-DT3/WPTA-DT3 (HD) M	24.3	I-M	Fort Wayne, IN

Add Rows as Necessary

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24401 MEDIACOM INDIANA 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 Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM INDIANA LLC

24401

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
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		}					

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FOF	RM SA1-2E. PAGE 5.
Name	MEDIACOM INDIANA L		I CIVI.					SYSTEM ID# 24401
	WILDIAGOW INDIANA L							24401
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	ify every nor ccounting pling that must CONCER	nnetwork televis eriod, under sp st be included in	sion program, broadcast be ecific present and former F n this log, see page (v) of to TTUTE CARRIAGE	y a <i>distant</i> si FCC rules, re he general ir	gulations, or estructions in	authorizations the paper SA	s. For a further 1-2 form.
Statement and Program Log	 During the accounting per broadcast by a distant stat 		ır cable system	n carry, on a substitute ba	asis, any nor	inetwork tele	YES	x NO
	Note: If your answer is "No"	", leave the	rest of this page	ge blank. If your answer i	s "Yes," you	must compl	ete the progr	am
	log in block 2. 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 on October 19, 1976.		TE PROGRAM	1		HEN SUBS		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	1	5. MON	rH 6.	TIMES TO	DELETION
			l					
		1	ļ					
		 						
		 						
		 						
		 	 					
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ccounting Period:					SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM INDIANA LLC				SYSTEM 244			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanar 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.	system's tion of hov	secondary transov to compute this	mission service amount, see				
	IMPORTANT: You must complete a statement in space P concerning gross in	eceipts.		(Amount of	gross 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less	than \$527,600	\$263,800				
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you must pay for	this six-month				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and	d 2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but	more than \$137	,100)				
	Base amount under statutory formula	\$	263,800.00	<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							
	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	\$	345,056.28	<u> </u>				
	2. Base amount under statutory formula	\$	263,800.00	<u> </u>				
	3. Subtract line 2 from line 1	\$	81,256.28	<u> </u>				
	4. Multiply line 3 by .01		\$	812.56	_			
	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	6	\$	2,131.56			
	FILING FEE AND TOTAL REMITTANCE D	UE						
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u></u> \$	2,131.56	-			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	-			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,151.56			
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA				ghts!			

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF OWNER O MEDIACOM INDIANA L				SYSTEM ID# 24401	
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels					
		stem carried television be vices	oroaucast stations		60	
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi		R INFORMATION IS NEEDED (Identify an indi	vidual to whom		
for Further Information	Name Kenn	eth J. Kohrs		Telephone	845-443-2762	
	(Number,	Mediacom Way street, rural route, apartment acom Park, NY 10 n, state, zip)	,			
	Email	Copyrights@media	acomcc.com	Fax (optional		
	CERTIFICATION (This stat	ement of account must I	be certified and signed in accordance with Co	pyright Office regulations)		
O Certification	V (Agent of owner in line 1 of the line 1 o	r certify that (Check one, In the comporation or parter of the than corporation of space B and that the owner) I am an officer (if a comporation of space B. I ament of account and here or rect to the best of my kn	but only one, of the boxes.) nership) I am the owner of the cable system as n or partnership) I am the duly authorized agen wner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the eby declare under penalty of law that all statemen nowledge, information, and belief, and are made	identified in line 1 of space B t of the owner of the cable sy legal entity identified as own	ystem as identified	
			/s/ Kenneth J. Kohrs Inter an electronic signature on the line above to center signature using an "/s/ signature" (e.g., /s/ Jol			
		Typed or printed na				
			Vice President, Financial Reporting of official position held in corporation or partnership)	J		
		Date:		2/11/2022		

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: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM INDIANA LLC	24401
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	P Special Statement Concerning Gross Receipts Exclusion
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	
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
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 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.

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 - Jun	e 30, 2017		☐July 1 - Decemb	er 31, 2017		
	☐Letter sent		[☐Information rece	ived		
	□Accepted		[Phone call/Date/	Contact		
Space B Owner							
☐Letter sent			[☐Information rece	ived		
	□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	

1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25