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 MANUAL ADDRESS OF CARLE SYSTEM
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM WISCONSIN 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 these 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		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM WISCONSIN LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 Second Street S.E.
	_	(Number, street, rural route, apartment, or suite number)
		Waseca, MN 56093
		(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.

	LEGAL NAME OF OWNER OF CASE S SYSTEM	FORM SA1-2E. PAGE 1						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
	MEDIACOM WISCONSIN LLC	3418						
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated c							
U	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.							
	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identifie							
Area	city.							
Served								
	CITY OR TOWN	STATE						
First	STODDARD	WI						
Community	CHASEBURG	WI						
	FERRYVILLE	WI						
dd Rows as Necessary								
,								

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34183

MEDIACOM WISCONSIN 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	47	29.95-57.04			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel					
Commercial	0	29.95-57.04			
Converter					
Residential					
Non-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	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family TV	98.00
 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# 34183

MEDIACOM WISCONSIN LLC PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WEAU/WEAU (HD) NBC	38	N	Eau Claire WI
WEAU-DT2 Cozi	38.2	I-M	Eau Claire WI
WEAU-DT3 MeTV	38.3	I-M	Eau Claire WI
WEAU-DT4 Movies	38.4	I-M	Eau Claire WI
WEAU/WEAU-DT5 (HD) CW	38.5	I-M	Eau Claire WI
WHLA/WHLA (HD) PBS	30	E	La Crosse WI
WHLA-DT2 PBS	30.2	E-M	La Crosse WI
WHLA-DT3 Create	30.3	E-M	La Crosse WI
WHLA-DT4 PBS KIDS	30.4	E-M	La Crosse WI
WKBT/WKBT (HD) CBS	8	N	La Crosse WI
WKBT-DT2 (MYNET)	8.2	I-M	La Crosse WI
WLAX/WLAX (HD) FOX	17	l	La Crosse WI
WLAX-DT2 Antenna	17.2	I-M	La Crosse WI
WLAX-DT3 Laff	17.3	I-M	La Crosse WI
WLAX-DT4 Grit	17.4	I-M	La Crosse WI
WXOW/WXOW (HD) ABC	48	N	La Crosse WI
WXOW-DT2 Decades	48.2	I-M	La Crosse WI
WXOW-DT3 This	48.3	I-M	La Crosse WI
WXOW-DT4 Court TV	48.4	I-M	La Crosse WI
WXOW-DT5 True Crime	48.5	I-M	La Crosse WI

Add Rows as Necessary

Accounting Period:	2021/2			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	MEDIACOM WISCON	SIN LLC		34183				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary	carried by your cable syster FCC rules and regulations i	entify every television station (including to m during the accounting period, except in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6	(1) stations carried only on a part-time e carriage of certain network programs	basis under [sections				
Transmitters: Television	substitute program basis, as	s explained in the next paragraph. : With respect to any distant stations ca	() () () ()					
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> on a substitute basis.							
	• List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instructions rogram services such as HBO, ESPN, a-air designation. For example, report musion station for broadcasting over the station, an independent station, or a nor for network multicast), "I" (for independent "E-M" (for noncommercial educational ctions in the paper SA1-2 form.	cetc. Identify each nultistream air in its community acommercial ent), "I-M" I multicast). censed by the				
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF ST.							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM WISCONSIN LLC

34183

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
O/ LEE GIGIT	7 (10) (1)	O/B	200,11011 01 01,111011	OF ILL OTOIT	7 (10) (1) (1)	CIB	Econtrion of charles
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Accounting Perio		CARLECVE	TEM.				FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MEDIACOM WISCONS		I EMI:					SYSTEM ID# 34183
	WEDIACOW WISCONS	IN LLC						34163
Substitute Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES NO							
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you mı	ust comple	ete the prog	ram
	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 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.							
	S	UBSTITUT	TE PROGRAM	1		WHEN SUBSTITUTE CARRIAGE OCCURRED 7		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	S	YSTEM ID# 34183
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission service is amount, see	7,332.40 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.	\$263,800	
	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 fo accounting period is \$52.00	r 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 \$13	37,100)	
	1. Base amount under statutory formula	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 \$5	527,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	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 For and			
Filing Fee and Total Remittance Due	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 Re See page i of the general instructions in the paper SA1-2 form for more inforn		hts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN MEDIACOM WISC	IER OF CABLE SYSTEM: ONSIN LLC				SYSTEM ID# 34183
M Channels	to its subscribers, a 1. Enter the total nu system carried te	and (2) the cable system's to	otal numbers	s on which the cable system carried tele er of activated channels during the acco	ounting period.	26
		ele system carried television st services				63
N Individual to Be Contacted		E CONTACTED IF FURTHE out this statement of accoun		RMATION IS NEEDED (Identify an indiv	ridual to whom	
for Further Information	Name K	enneth J. Kohrs			Telephone	845-443-2762
	(Ni	ne Mediacom Way umber, street, rural route, apartme lediacom Park, NY 1 ty, town, state, zip)		number)		
	Email	Copyrights@med	diacomcc	.com	Fax (optional	
•	CERTIFICATION (This	s statement of account mus	st be certif	fied and signed in accordance with Cop	yright Office regulations)	
O Certification	• I, the undersigned, h	nereby certify that (Check one	e, but only	one, of the boxes.)		
	(Owner ot	her than corporation or par	rtnership)) I am the owner of the cable system as ic	dentified in line 1 of space B	; or
				tnership) I am the duly authorized agent not a corporation or partnership; or	of the owner of the cable sy	/stem as identified
		or partner) I am an officer (if an ine 1 of space B.	a corporat	tion) or a partner (if a partnership) of the l	egal entity identified as own	er of the cable system
		and correct to the best of my		are under penalty of law that all statemen e, information, and belief, and are made in		
			X	/s/ Kenneth J. Kohrs		
				lectronic signature on the line above to cer ature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed i	name:	Kenneth J. Kohrs		
				resident, Financial Reporting position held in corporation or partnership)		
		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.

ounting Period: 2021/2		FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
EDIACOM WISCONSIN LLC		34183
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyr lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the caservice of providing secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the gollocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts formade by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion	
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 For an explanation of interest assessment, see page (viii) of the general instructions located		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		
<u>-</u>	x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	uuys	
Line of Walliphy line 2 by the hamber of days late and effect 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	(interest sharge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	(interest charge) or further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day la	ate	
NOTE: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period as	the Copyright Office, please	
Owner		
Address		
ID and a second		
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 #:

C	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 - December 31, 2017					
	☐Letter sent		☐Information received					
	□Accepted		☐Phone call/Date/Contact					
Space B Owner								
☐Letter sent			[☐Information rece	ived			
			Phone call/Date/Contact					
Space D Area Served								
	☐Letter sent			☐Information received				
□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 received							
	□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	