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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	— coplicsoa@loc.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	2/18/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021:	2 Barcode Data Filing Period (optiona	II - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t the subsidiary, not that of the parent corp		diary of another corporation, give the full corp	porate title of
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the statement of account and royalty fee pay		he last day of the accounting period should suriod.	ubmit a single
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	63001
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CITIZENS CABLEVISION, INC.			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO BOX 217	numbor)		
	(Number, street, rural route, apartment, or suite i HAMMOND, NY 13646-0217 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:		•	· ·
	MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2 (Number, street, rural route, apartment, or suite	number)		

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 sufficiency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CITIZENS CABLEVISION, INC.	63001
D Area	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or r	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Served	city.	
-		STATE NY
First Community	HAMMOND TOWN	NT
Rows as Necessary		

								FORM SA1	
Name								515	TEM ID 6300
	CITIZENS CABLEVISION	I, INC.							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		Ũ					
Secondary	system, that is, the retransmission about other services (including p					•			
Transmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the ca	ase may be	e).		Ū	
Service: Sub-	Number of Subscribers: Both						-		
scribers and Rates	down by categories of secondary each category by counting the n			•		•			
Nates	separately for the particular serv							Glarged	
	Rate: Give the standard rate c	-	-					-	
	unit in which it is generally billed category, but do not include disc	· · ·	,			rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		•			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind rates, in the	e ngnt-na		wo- or three	e-word descript		Service is	
	BLC	DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	
	Residential:	CODOCIALD		TUTE	0,111			CODECITIDEITO	1011
	Service to first set		152	56.30	DIGITA	L BASIC			30.7
	 Service to additional set(s) 		117	5.95	DIGITA	L EXTENDE	כ		50.5
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s				
F	In General: Space F calls for rat	te (not subscrib	per) infor	mation with re	espect to a				
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	20.50		el, hotel					
	• Pay cable—add'l channel	11.25		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential	00.00		protection					
	First set Additional set(s)	99.99		glar protection					
	 Additional set(s) FM radio (if separate rate) 	99.99		ervices: onnect		50.00			
	• Converter			connect		50.00			
			• Out						
				et relocation	ess	99.99			

unting Period: 2	/-			
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
	CITIZENS CABLEVIS	ION, INC.		630
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61)	1) stations carried only on a part-ti carriage of certain network progra	me basis under ams [sections
Primary ransmitters:		as explained in the next paragraph.	(e)(2) and (4))], and (2) certain sta	
Television		: With respect to any distant stations car	ried by your cable system on a sul	bstitute program
	• Do <i>not</i> list the station her station was carried <i>only</i> or	ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried I		
	basis. For further informati Column 1: List each statio	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	ee page (v) of the general instruct ogram services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	5	0	
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the adian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDIV	4	N	DETROIT, MI
	WDIV WWNY		<u>N</u>	DETROIT, MI WATERTOWN, NY
Rows as Necessary		4 7 11		WATERTOWN, NY
Rows as Necessary	WWNY	7		
Rows as Necessary	WWNY CKWS	7 11		WATERTOWN, NY KINGSTON, ON
Rows as Necessary	WWNY CKWS CJOH	7 11 13	N I I	WATERTOWN, NY KINGSTON, ON DESORONTO, ON
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2	7 11 13 14	N 1 1 N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI	7 11 13 14 16 21	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI WNYF	7 11 13 14 16 21 28	N I I N E	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI	7 11 13 14 16 21	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI WNYF	7 11 13 14 16 21 28	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI WNYF	7 11 13 14 16 21 28	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI WNYF	7 11 13 14 16 21 28	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI WNYF	7 11 13 14 16 21 28	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
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Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI WNYF	7 11 13 14 16 21 28	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY
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Rows as Necessary	WWNY CKWS CJOH WWTI-DT2 WPBS WWTI WNYF	7 11 13 14 16 21 28	N I I N E N	WATERTOWN, NY KINGSTON, ON DESORONTO, ON WATERTOWN, NY WATERTOWN, NY WATERTOWN, NY

EGAL NAME OF								SYSTEM II 630
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to irmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei tt the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received al ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce je (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
			the community with which the			<i>5</i> or, in t	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		I						

Accounting Period								DRM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
	CITIZENS CABLEVISIO	DN, INC.						63001
I Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis eriod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or au	uthorization	s. For a further
Carriage:	1. SPECIAL STATEMENT							
Special Statement and	During the accounting period	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision progr	am
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No'	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist complet	te the prog	ram
	log in block 2.							
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	ce, please a of every nor distant stati gulations, oi ies like "mor Bulls." n was broad sign of the s adcast statio adian statio th and day <i>y</i> e "5/7." es when the	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the when your syst substitute pro	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the ger taball." List specific progra r "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the tem carried the substitute	program") tha ed for the prog eral instruction m titles, for ex No." am. e station is lice station is liden program. Use cable system.	t, during th ramming o ns for furth ample, "I L nsed by the tified). numerals, List the tir	e accounti f another s er informat ove Lucy" o e FCC or, i with the m nes accura	ng tation ion. or n
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	and regulation nming that y	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed pro	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation	ons in effect du	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a	ter "P" if th	e listed pro ions in ITUTE	gram
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	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulation N SUBST AGE OCC 6.	e listed pro ions in ITUTE URRED TIMES	gram 7. REASON FO
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	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulation N SUBST AGE OCC	e listed pro ions in ITUTE URRED TIMES	gram 7. REASON FO
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	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulation N SUBST AGE OCC	e listed pro ions in ITUTE URRED TIMES	gram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulation N SUBST AGE OCC	e listed pro ions in ITUTE URRED TIMES	gram 7. REASON FO
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	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulation N SUBST AGE OCC 6.	e listed pro ions in ITUTE URRED TIMES	gram

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	A1-2E. PAGE
Name	CITIZENS CABLEVISION, INC.				630
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (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.	system's so on of how t	econdary transmi to compute this a	ssion service mount, see	6,660.00
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of gr	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 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 i 	but less th	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 2. interest energe. Enter the amount norm inter, space a, page 0				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE		nore than \$137,1	00)	
	1. 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			156,660.00	
	5. Enter the amount from line 3			107,140.00	
	6. Subtract line 5 from line 4		-	49,520.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	247.60
	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		\$	247.60
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	t less than \$527	,600)	
			· · ·	, ,	
	1. Enter the amount of gross receipts from space K				
	2. 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)				
	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	l, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	247.60	
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			\$	267.60

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: LEVISION, INC.				SYSTEM ID# 63001
M Channels	to its subscriber	• • • •	total numbe	s on which the cable system carried te er of activated channels during the ac		•
	system carrie	d television broadcast station	s			9
	on which the	I number of activated channel cable system carried televisio dcast services	on broadcas			165
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an ind	lividual to whom	
for Further	Name	SHELLY L. COLE			Telephone	315-324-5911
Information	Address	PO BOX 217 (Number, street, rural route, apartr		number)		
		(City, town, state, zip)	6-0217			
	Email	slcole@cit-tele.	com		Fax (optional 315-324-628	39
	CERTIFICATION (This statement of account mu	ust be certif	fied and signed in accordance with Co	pyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, <i>but only</i>	one, of the boxes.)		
	(Owne	r other than corporation or pa	artnership)) I am the owner of the cable system as	identified in line 1 of space E	3; or
				tnership) I am the duly authorized agen not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
		er or partner) I am an officer (i in line 1 of space B.	if a corporat	tion) or a partner (if a partnership) of the	legal entity identified as owr	ner of the cable system
		te, and correct to the best of my	-	are under penalty of law that all stateme e, information, and belief, and are made		
			X	/s/ Shelly L. Cole		
				lectronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Joi		
		Typed or printed	I name:	Shelly L. Cole		
		Title:		nting Supervisor		
		Date:			2/18/2022	

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.

Dunting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
IZENS CABLEVISION, INC.	6300
 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. 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
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
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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