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						
2/18/2022	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
'`	ACCOUNTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Fellou))
	2021/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20212 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Waunakee Telephone Company, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	525 Junction Road (Number, street, rural route, apartment, or suite number)
	Madison, WI 53717
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	IDENTIFICATION OF CABLE SYSTEM:
	TDS Telecom, Inc.
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	— (maniver, suces, rurandure, apartinent, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/02	
accounting remou.	-01-7-01	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Waunakee Telephone Company, LLC	63429
D Area Served	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will so community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	Waunakee	WI
Add Rows as Necessary		

Accounting Period: 2021/02
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Waunakee Telephone Company, LLC

SYSTEM ID# 63429

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.

OCK 1	BLOCK 2			
NO. OF	RATE	CATEGORY OF SERVICE	NO. OF	RATE
OODOCKIDEKO	IVAIL	CATEGORY OF GERVICE	GODGOTTIBLITG	IVAIL
1,640	\$25/mo			
4	\$59.04/mo			
1,640	\$6/Mo.			
	NO. OF SUBSCRIBERS 1,640	NO. OF SUBSCRIBERS RATE 1,640 \$25/mo 4 \$59.04/mo	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 1,640 \$25/mo 4 \$59.04/mo 1,640 \$6/Mo.	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 1,640 \$25/mo 4 \$59.04/mo 1,640 \$6/Mo.

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$8.00-\$15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00		
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0-\$50.00	Burglar protection			
Additional set(s)	\$0-\$50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2021/02 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63429

Waunakee Telephone Company, LLC

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
WKOW	27.1	N	Madison, WI
WKOW-DT2	27.2	N-M	Madison, WI
WKOW-DT3	27.3	N-M	Madison, WI
WKOW-DT4	27.4	N-M	Madison, WI
WKOW-DT5	27.5	N-M	Madison, WI
wisc	3.1	N	Madison, WI
WISC-DT2	3.2	N-M	Madison, WI
WISC-DT3	3.3	N-M	Madison, WI
WMSN	47.1	N	Madison, WI
WMSN-DT2	47.2	N-M	Madison, WI
WMSN-DT3	47.3	N-M	Madison, WI
WMSN-DT4	47.4	N-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-DT2	15.2	N-M	Madison, WI
WMTV-DT3	15.3	N-M	Madison, WI
WMTV-DT4	15.4	N-M	Madison, WI
WMTV-DT5	15.5	N-M	Madison, WI
WMTV-DT6	15.6	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA-DT2	21.2	E-M	Madison, WI
WHA-DT3	21.3	E-M	Madison, WI
WHA-DT4	21.4	E-M	Madison, WI
WIFS	57.1	I	Janesville, WI

Accounting Period:	2021/02			FORM SA1-2E. PAGE					
Nama	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID					
Name	Waunakee Telephor	ne Company, LLC		6342					
	PRIMARY TRANSMITTERS	: TELEVISION							
•	In General: In space G, in	dentify every television station (including t	ranslator stations and low power tele	vision stations)					
G		em during the accounting period, except (
		s in effect on June 24, 1981, permitting the							
Primary Transmitters:	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain station	ons carried on a					
Television		as explained in the flext paragraph. is: With respect to any distant stations ca	rried by your cable system on a subs	stitute program					
		rules, regulations, or authorizations:	,,						
		ere in space G—but do list it in space I (the	e Special Statement and Program Lo	og)—if the					
	station was carried only of		h - 41						
1		d also in space I, if the station was carried tion concerning substitute basis stations,							
I		on's call sign. <i>Do not</i> report origination pr							
	multicast stream associat	ed with a station according to its over-the-	air designation. For example, report	t multistream					
	"WETA-2" as the same of								
		nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C.	ision station for broadcasting over tr	ne air in its community					
		ch case whether the station is a network s	tation, an independent station, or a n	noncommercial					
	educational station, by en	tering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indeper	ndent), "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							
		nadian stations, if any, give the name of the	•	•					
	Toom of monitoring	inalian etaliene, ii any, give ane name et an							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
1									

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Waunakee Telephone Company, LLC

63429

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).

	T		,		,		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
IN/A							
	<u>. </u>		·	-1	<u>. </u>		l .

Accounting Perio	d. 2021/02						FOR	RM SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FOR	SYSTEM ID#
Name	Waunakee Telephone	Company	, LLC					63429
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	ify every non	<i>network televis</i> eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> statio	ations, or a	authorizations	. For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of th	e general instr	uctions in	the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork tele	vision progra	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust comple	ete the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give	nce, please a of every noi distant stati gulations, o ries like "mo Bulls." In was broad sign of the sadcast static adian statio ath and day we "5/7." es when the	add additional network televion and that your authorization vies" or "basked deast live, entestation broadcapn's location (the one, if any, the when your syses substitute pro-	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the gen etball." List specific program or "Yes." Otherwise enter "l asting the substitute program one community to which the community with which the other carried the substitute or gram was carried by your	program") that ad for the program titles, for ex No." am. a station is lice station is ider program. Use cable system	at, during the gramming and for furth ample, "I was a second by the second and th	the accounting of another standard formation Love Lucy" on the FCC or, in s, with the most	ng ation on. r
	stated as "6:00–6:30 p.m."	Example: a	ı program carrı	led by a system from 6:01	:15 p.m. to 6:2	28:30 p.m	. should be	
		er "R" if the	listed program	was substituted for progra	amming that y	our syste	m was <i>requir</i>	red
	to delete under FCC rules a							gram
	was substituted for program effect on October 19, 1976.		our system wa	as permilled to delete und	er FCC fules a	and regula	ilions in	
		•			П			_
	_					N SUBS		7 5540011505
	S		E PROGRAM				CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
	N/A	ļ						
							_	
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Accounting Period:	2021/02		FORM S	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Waunakee Telephone Company, LLC		\$	SYSTEM ID 6342				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm to compute this a	nission service amount, see					
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 to the use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to the use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to the use of the use o		263,800					
	See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OF							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00		his 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 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and	2	÷					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore 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 (bu	it less than \$527	,600)					
	Enter the amount of gross receipts from space K	481,232.35						
	2. Base amount under statutory formula	263,800.00	•					
	3. Subtract line 2 from line 1	217,432.35						
	4. Multiply line 3 by .01	,	2,174.32					
	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		\$	3,493.32				
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		3,493.32					
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		\$	3,513.32				
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel ins							

Accounting Period:	2021/02				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABI Waunakee Telephone Comp				SYSTEM ID# 63429
M Channels	to its subscribers, and (2) the care of the system carried television brown the total number of act on which the cable system care	nannels on which the call oadcast stations		accounting period.	23 154
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this state		ORMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name Stephanie Address 525 Juncti	ion Rd		Telephone (6	608) 664-4721
	(Number, street, r Madison, V (City, town, state,	rural route, apartment, or su	ite number)		
	Email <u>Fina</u>	nance@tdstelecom.com		Fax (optional	
O Certification	(Owner other than continued in line 1 of space of line 1 of line 1 of space of line 1 of line	by that (Check one, but or proporation or partnershiper than corporation o	ritified and signed in accordance with Only one, of the boxes.) ip) I am the owner of the cable system a cartnership) I am the duly authorized ags not a corporation or partnership; or ration) or a partner (if a partnership) of the calcare under penalty of law that all statenedge, information, and belief, and are made and the calcare under penalty of law that all statenedge, information, and belief, and are made and the calcare under penalty of law that all statenedge, information, and belief, and are made and the calcare under penalty of law that all statenedge, information, and belief, and are made and the calcare under penalty of law that all statenedge, information, and belief, and are made and the calcare under the calcare under the cable and the calcare under the calcare and the ca	ent of the owner of the cable system legal entity identified as owner ments of fact contained herein de in good faith.	tem as identified
	Тур	ped or printed name:	Sharon V. Tisdale		
	Titl		tant Treasurer Il position held in corporation or partnership)		
	Dat	ate:		February 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.

ounting Period: 2021/02	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
unakee Telephone Company, LLC	63429
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	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>- </u>
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	<u>-</u>
* 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@copyright.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	
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.