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

Δ	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	ACCOUNTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(FEIIOU))
	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
	TDS Metrocom, 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)
	(Number, street, rural route, apartment, 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						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	TDS Metrocom, LLC	63821					
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	inities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First Community	Cottage Grove	WI					
Add Rows as Necessary							

Accounting Period: 2021/02

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Metrocom, LLC

SYSTEM ID# 63821

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	DATE	CATEGORY OF SERVICE	NO. OF	RATE
SUBSCRIBERS	IVAIL	CATEGORY OF SERVICE	SUBSCRIBERS	IVAIL
534	\$25/mo			
15	\$59.04/mo			
534	\$6/Mo.			
	NO. OF SUBSCRIBERS 534 15	NO. OF SUBSCRIBERS RATE 534 \$25/mo 15 \$59.04/mo	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 534 \$25/mo 15 \$59.04/mo 534 \$6/Mo.	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 534 \$25/mo 15 \$59.04/mo 534 \$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.

	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

TDS Metrocom, LLC

43821 63821

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

counting Period:	2021/02			FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID							
Nume	TDS Metrocom, LLC	;		6382							
	PRIMARY TRANSMITTERS	: TELEVISION									
_	In General: In space G. i	dentify every television station (including tr	anslator stations and low power telev	vision stations)							
G		em during the accounting period, except (•	,							
	FCC rules and regulation	s in effect on June 24, 1981, permitting the	carriage of certain network program	s [sections							
Primary		6.59(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: Television		as explained in the next paragraph. s: With respect to any distant stations car	ried by your cable eystem on a subst	itute program							
relevision		rules, regulations, or authorizations:	ried by your cable system on a subsi	nute program							
		ere in space G—but do list it in space I (the	Special Statement and Program Lo	g)—if the							
	station was carried only	on a substitute basis.									
	-	d also in space I, if the station was carried									
		tion concerning substitute basis stations, s									
		on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-	•	•							
	"WETA-2" as the same of	· ·	ali designation. Foi example, report	mulustream							
		inel number the FCC assigned to the telev	ision station for broadcasting over the	e air in its community							
	of license. For example,	of license. For example, WRC is channel 4 in Washington, D.C.									
		ch case whether the station is a network st	•								
		tering the letter "N" (for network), "N-M" (for	, , ,	· ·							
	,	(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	•	•							
			•								
	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#

TDS Metrocom, LLC 63821

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

Primary Transmitters: Radio

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.

- 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
N/A							
I/A							
	 					 	
						 	
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A	1 2024/02							
Accounting Perio	d: 2021/02 LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FOR	SYSTEM ID#
Name	TDS Metrocom, LLC	OABLE 0101	LIVI.					63821
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 F0	a <i>distant</i> statio CC rules, regula	ations, or a	authorizations	. For a further
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMENT	-		-				
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	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.							ng ation on. r onth eely
	S	SUBSTITUT	E PROGRAM			N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
	N/A						_	
							_	
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Accounting Period:	2021/02	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Nume	TDS Metrocom, LLC		63821
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	392.59 s receipts)
	CORVEIGHT POVALTY FFF		
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 \$2 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 for the 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 more than \$137,1		
	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		
		38,392.59	
		25,407.41	
		12,985.18	
	7. Multiply line 6 by .005 (enter figure here)	\$	64.93
	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	\$	64.93
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	4. Enter the amount of green receipts from annual K		
	Enter the amount of gross receipts from space K Base amount under statutory formula \$263,800.00		
	·		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	64.93	
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	\$	84.93
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/02					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW TDS Metrocom, L	NER OF CABLE SYSTEM:				SYSTEM ID# 63821
M Channels	 to its subscribers, Enter the total n system carried to 2. Enter the total n on which the ca 	and (2) the cable system's	total numich the cab	ast stations	nting period.	23 154
N Individual to Be Contacted	we can contact ab	oout this statement of accou		RMATION IS NEEDED (Identify an individu		
for Further Information	Address 5	Stephanie Weber 525 Junction Rd			Telephone ((608) 664-4721
	N	Number, street, rural route, apartr Madison, WI 53593 City, town, state, zip)	ment, or suit	e number)		
	Email	Finance@tdstelecc	om.com	Fax	x (optional	
0	CERTIFICATION (Th	nis statement of account mu	ust be cer	ified and signed in accordance with Copyrig	ght Office regulations)	
Certification	• I, the undersigned,	hereby certify that (Check or	one, <i>but onl</i>	y one , of the boxes.)		
	(Owner o	other than corporation or pa	partnership	o) I am the owner of the cable system as ident	tified in line 1 of space B	; or
				rtnership) I am the duly authorized agent of to not a corporation or partnership; or	the owner of the cable sy	stem as identified
		or partner) I am an officer (i line 1 of space B.	if a corpora	ition) or a partner (if a partnership) of the lega	al entity identified as owne	er of the cable system
		and correct to the best of m	-	elare under penalty of law that all statements o ge, information, and belief, and are made in go		
				/s/ Sharon V. Tisdale		
				lectronic signature on the line above to certify t ature using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed	d name:	Sharon V. Tisdale		
		Title:		ant Treasurer position held in corporation or partnership)		
		Date:		Feb	oruary 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.

counting Period: 2021/02	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DS Metrocom, LLC	63821
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	
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	ays
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 \$	_
(interest charge)	
* 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	
Address	
ID number First community conved	
First community served	

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.