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					
10110011110111	OTT TOE GOE ONET				
DATE RECEIVED	AMOUNT				
07/19/22	\$ 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	ACCC	ACCOUNTING 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.	4557						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		WTC Communications Inc							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		PO Box 25							
		(Number, street, rural route, apartment, or suite number)							
		Wamego KS 66547-0025 (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 un							
	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	oace B.						
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(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.

WTC Communications in: Instructions: List each separate community served by the cable system. A "community" is the same as a "community will as defined in ECC regarder and distinct commonly or multipole entry (including unincorporated communities within unincorporated areas and including single, and a served community. Please use it as the first community on all fiture filling. Area Served First Community Comm		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 to 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 identification hereafter known as to community. Entitle Mamego CITY OR TOWN STATE Wamego KS Saint Marys KS Saint Marys KS Belvue KS Paxico KS Manhattan KS Maple Hill KS Uninc Pottawatomie County KS Alma KS McFarland KS	Name		45
separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 a 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 incity. CITY OR TOWN STATE Wamego KS Louisville KS Saint Marys KS Belvue KS Paxico KS Manhattan KS Manple Hill KS Uninc Pottawatomie County KS Alma KS McFarland KS			
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 a 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 identity. CITY OR TOWN	_		
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 identity. CITY OR TOWN	D		
CITY OR TOWN STATE			•
CITY OR TOWN STATE	A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identif
CITY OR TOWN STATE		city.	
First Wamego KS Community Louisville KS Saint Marys KS Saint George KS Belvue KS Paxico KS Manhattan KS Maple Hill KS Uninc Pottawatomie County KS Uninc Wabaunsee County KS Alma KS McFarland KS	00.700		
First Wamego KS Community Louisville KS Saint Marys KS Saint George KS Belvue KS Paxico KS Manhattan KS Maple Hill KS Uninc Pottawatomie County KS Uninc Wabaunsee County KS Alma KS McFarland KS			
Community Louisville KS Saint Marys KS Rows as Necessary Saint George KS Belvue KS Paxico KS Manhattan KS Maple Hill KS Uninc Pottawatomie County KS Uninc Wabaunsee County KS Alma KS McFarland KS	 .		
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Paxico KS Manhattan KS Maple Hill KS Uninc Pottawatomie County KS Uninc Wabaunsee County KS Alma KS McFarland KS	Rows as Necessary		
Manhattan KS Maple Hill KS Uninc Pottawatomie County KS Uninc Wabaunsee County KS Alma KS McFarland KS			
Maple Hill KS Uninc Pottawatomie County KS Uninc Wabaunsee County KS Alma KS McFarland KS			
Uninc Pottawatomie County KS Uninc Wabaunsee County KS Alma KS McFarland KS			
Uninc Wabaunsee County KS Alma KS McFarland KS			
Alma KS McFarland KS			
McFarland KS			
Rossville KS			
		Rossville	KS

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4557

WTC Communications Inc

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.

BLOCK 1			BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	2,489	30.00	Legacy Analog	29	80.00		
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		T		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	25.00	Expanded Basic	90.00
• Pay cable—add'l channel		Commercial	25.00	Digital Basic	18.00
Fire protection		• Pay cable		Family/Economy	60.00
•Burglar protection		Pay cable-add'l channel		Choice	75.00
Installation: Residential		Fire protection		НВО	20.00
First set	25.00	Burglar protection		Cinemax	16.00
 Additional set(s) 		Other services:		Showtime	20.00
• FM radio (if separate rate)		• Reconnect	25.00	Starz/Encore	16.00
Converter		Disconnect			
		Outlet relocation	75.00		
		Move to new address	25.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4557

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

WTC Communications Inc

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
WIBW	13	N	TOPEKA, KS
WIBW-DT2 (MNT)	13.2	N-M	TOPEKA, KS
KTWU	11	E	TOPEKA, KS
KTWU	11.2	E	TOPEKA, KS
KTWU	11.3	E	TOPEKA, KS
KSNT-NBC	27	N	TOPEKA, KS
KSNT-DT3 (ION)	27.2	N-M	TOPEKA, KS
KTMJ-FOX	43	N	TOPEKA, KS
KTMJ-DT2 (Escape)	43.2	N-M	TOPEKA, KS
KTMJ-DT3 (GRIT)	43.3	N-M	TOPEKA, KS
KTKA-ABC	49	N	TOPEKA, KS
KTKA-DT2 (GETTV)	49.2	I-M	TOPEKA, KS
KTKA-DT2 (CW)	49.3	I-M	TOPEKA, KS
KTKA-DT4 (Justice)	49.4	N-M	TOPEKA, KS
KMCI	41	<u> </u>	LAWRENCE, KS
WIBW-DT5 (Circle)	13.5	N-M	TOPEKA, KS

ccounting Period: 2022/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WTC Communications Inc

4557

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.

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
				<u></u>			

Primary Transmitters: Radio

Accounting Perio		04815.000	T-14				FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF WTC Communications		I EM:					SYSTEM ID# 4557		
	W 1 C Communications	iiiC						4557		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 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?						gram, broadcast by a distant station, that your cable system carried on a esent and former FCC rules, regulations, or authorizations. For a further g, see page (v) of the general instructions in the paper SA1-2 form. CARRIAGE on a substitute basis, any nonnetwork television program			
	log in block 2.	, 10010 1110	root of time pa	go blank. It your anower i	o roo, you m	act comple	to the progre			
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each substiclear. If you need more spate Column 1: Give the title 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 broatthe case of Mexican or Canto the case of Mexican or Canto the nearest five minutes. State the timute to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules a was substituted for program effect on October 19, 1976.	nce, please of every no distant stat gulations, or ies like "mo Bulls." In was broad sign of the adcast static had and day we "5/7." es when the Example: a er "R" if the and regulation ming that	add additional annetwork televition and that your authorization ovies" or "baskiddcast live, enterstation broadcon's location (tons, if any, the when your system on the program carrolisted program ons in effect distinct the tons of the program ons in effect distinct the program ons in effect distinct the program carrollisted program ons in effect distinct the program on the program on the program on the program of the program o	rows to the tables. vision program ("substitut our cable system substitut is. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program community to which the community with which the stem carried the substitute ogram was carried by you ied by a system from 6:0 in was substituted for proguring the accounting periods.	e program") that ted for the programeral instruction am titles, for ex "No." ram he station is lice to station is idea to program. Use ir cable system 1:15 p.m. to 6:2 gramming that yod; enter the left	at, during the gramming of the first state of the f	he accounting another state information cove Lucy" or the FCC or, in the most accurate should be an was required the listed programme listed programme.	g ation on. onth ely		
	s	UBSTITUT	TE PROGRAM	1		N SUBST AGE OCC		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	_	TIMES — TO	DELETION		

Accounting Period:	2022/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WTC Communications Inc			;	SYSTEM ID# 4557
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 seasof cast identified in space E) during the accounting period. For a further explanation	system's s	econdary transn	nission servic	f
	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.			-	48,311.00
	IMPORTANT: You must complete a statement in space P concerning gross re	eceipts.		(Amount of	gross 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 in	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	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 lin	nes 1 and 2	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	100)	
	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	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	448,311.00	-	
	Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	184,511.00	_	
	4. Multiply line 3 by .01		. \$	1,845.11	
	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 .		\$	3,164.11
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,164.11	
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			\$	3,184.11
	EFT Trace # or TRANSACTION ID #	27	OUH9QC]	
	<u>Important:</u> Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	022/1 FORM SA1-2E. PAG	ε 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WTC Communications Inc SYSTEM 45	ID# 557
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 236]
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Nathan Winter Telephone	
	Address 1009 Lincoln Ave PO Box 25 (Number, street, rural route, apartment, or suite number) Wamego, KS 66547 (City, town, state, zip)	
	Email nwinter@wtcks.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	=
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Jeff Wick	
	Title: President/GM (Title of official position held in corporation or partnership)	
	Date: 7.18.2022	ļ

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: 2022/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
TC Communications Inc	4557
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."	Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	-
Line 2. Multiply line 4 by the interset rate* and enter the even been	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 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 symbol	
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.