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						
08/03/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	Barcode Data Filing Period (optional - see instructions)	
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 corpus subsidiary, not that of the parent corporation.	porate title of the
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 s statement of account and royalty fee payment covering the entire accounting period.	ubmit a single
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	61967
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	HomeTel Entertainment, Inc.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	501 N. Douglas Street	
	(Number, street, rural route, apartment, or suite number) Saint Jacob, IL 62281	
	(City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the mes already appear in space B. In line 2, give the mailing address of the system, if different from the address	
System	DENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	PO Box 215 [Number, street, rural route, apartment, or suite number)	
	(Number, street, rural route, apartment, or suite number) Saint Jacob, IL 62281 (City, town, state, zip code)	
	(Gity, town, state, 2ip Gute)	

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 filing, a determination that would be made by a court of law.

Accounting Period:	2022/1	
tocounting i criou.		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	HomeTel Entertainment, Inc.	61967
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 serve community." Please use it as the first community on all future filings.	inities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	me parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First Community	St. Jacob	IL .
Add Rows as Necessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HomeTel Entertainment, Inc.

SYSTEM ID# 61967

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.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	324	68.95	Digital Basic	211	15.00	
Service to additional set(s)			Digital Premium	27	35.00	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel		Digital Premium	10.95	
 Pay cable—add'l channel 		Commercial		to	27.95	
Fire protection		Pay cable				
 Burglar protection 		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set		Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

HomeTel Entertainment, Inc.

431 EWI 1047 61967

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
KDNL	30	N	St. Louis, Missouri
KETC	9	E	St. Louis, Missouri
KMOV	4	N	St. Louis, Missouri
KPLR	11	l	St. Louis, Missouri
KSDK	5	N	St. Louis, Missouri
KTVI	2	N	St. Louis, Missouri
WRBU	46	l	East St. Louis, Illinois
WRBU-3	46.3	I-M	East St. Louis, Illinois
KNLC	24	l	St. Louis, Missouri
KPLR-2	11.2	I-M	St. Louis, Missouri
KPLR-3	11.3	I-M	St. Louis, Missouri
KPLR-4	11.4	I-M	St. Louis, Missouri
KDNL-2	30.2	N-M	St. Louis, Missouri
KDNL-3	30.3	N-M	St. Louis, Missouri
KDNL-4	30.4	N-M	St. Louis, Missouri
KETC-2	9.2	E-M	St. Louis, Missouri
KETC-3	9.3	E-M	St. Louis, Missouri
KETC-4	9.4	E-M	St. Louis, Missouri
KSDK-2	5.2	N-M	St. Louis, Missouri
KSDK-3	5.3	N-M	St. Louis, Missouri
KSDK-4	5.4	N-M	St. Louis, Missouri
KTVI-2	2.2	N-M	St. Louis, Missouri
KMOV-2	4.2	N-M	St. Louis, Missouri
KMOV-3	4.3	N-M	St. Louis, Missouri

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61967 HomeTel Entertainment, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KMOV-4 4.4 N-M St. Louis, Missouri KMOV-5 4.5 St. Louis, Missouri N-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HomeTel Entertainment, Inc.

61967

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM OF FM S/D LOCATION OF STATION CALL SIGN AM OF FM S/D LOCATION OF STATION (A									
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ĺ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	NI/A								
	IN/A				l				
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Accounting Perior	d: 2022/1 LEGAL NAME OF OWNER OF C	ADI E QVQTI	ENA:					FOR	M SA1-2E. PAGE 5.
Name	HomeTel Entertainmen		zivi.						SYSTEM ID# 61967
	SUBSTITUTE CARRIAGE	SPECIAL	_ STATEMEN	T AND PROGRAM LO					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every noni counting pe	network televisi	on program, broadcast by	/ a d CC	rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	During the accounting peri-	od, did your	cable system	carry, on a substitute ba	sis,	any nonne	twork televi	sion progran	n
Program Log							[YES	X NO
0 0							۔ st completی		
	log in block 2.		. 0	•		, ,	·	, 0	
	2. LOG OF SUBSTITUTE	PROGRA	VIS						
	In General: List each substi				s wh	nerever pos	sible, if the	ir meaning is	;
	clear. If you need more space Column 1: Give the title of				e pro	ogram") tha	t during th	e accounting	
	period, was broadcast by a								
	under certain FCC rules, reg								n.
	Do not use general categorie "NBA Basketball: 76ers vs. I		/ies" or "baske	tball." List specific progra	am t	itles, for ex	ample, "I Lo	ove Lucy" or	
	Column 2: If the program		cast live, enter	"Yes." Otherwise enter	"No	."			
	Column 3: Give the call s	•							
	Column 4: Give the broad the case of Mexican or Cana							e FCC or, in	
	Column 5: Give the mont							with the mor	nth
	first. Example: for May 7 give		1 44 4						.
	Column 6: State the time to the nearest five minutes.					•			ly
	stated as "6:00–6:30 p.m."	<u> глатріо. а</u>	program carrie	ou by a cyclom nom c.o.	0	p to 0.2	0.00 p.m. c	modia bo	
	Column 7: Enter the lette		. •				•	•	
	to delete under FCC rules at was substituted for program								am
	effect on October 19, 1976.	9 ,	,						
					П				
	SI	JBSTITUT	E PROGRAM				EN SUBST IAGE OCC	-	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 074710110100047101		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	•	AND DAY	FROM	<u>— то</u>	
								_	
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					-11				
					}				
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Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	HomeTel Entertainment, Inc.				61967
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 re	ystem's se on of how t	econdary transm o compute this a	ission service amount, see	3,151.63 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 less. Use block 3 if the amount of gross receipts in space K is more than \$263,800 less 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 \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00.			his six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	163,151.63	_	
	3. Subtract line 2 from line 1	\$	100,648.37	_	
	4. Enter the amount of gross receipts from space K		\$	163,151.63	
	5. Enter the amount from line 3		\$	100,648.37	
	6. Subtract line 5 from line 4		\$	62,503.26	
	7. Multiply line 6 by .005 (enter figure here)			\$	312.52
	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 a	and 8		\$	312.52
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula		263,800.00	_	
		Ψ	203,000.00	_	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01			4 240 00	
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .		·	
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and					
Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	312.52	
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			\$	332.52
	EFT Trace # or TRANSACTION ID #	762	274995800		
	Important: 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: 2	2022/1			FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O HomeTel Enter	WNER OF CABLE SYSTEM: tainment, Inc.		SYSTEM ID# 61967			
M Channels	to its subscriber	s, and (2) the cable system's I number of channels on whic	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	26			
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services						
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of accounts	HER INFORMATION IS NEEDED (Identify an individual unt.)				
for Further Information	Name	Rachel Stopka	Telephone	618-644-3366			
	Address	501 North Douglas S (Number, street, rural route, apart Saint Jacob, IL 6228	ment, or suite number)				
	Email	(City, town, state, zip) rstopka@home	tel.com Fax (optional				
	CERTIFICATION (This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)				
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, but only one, of the boxes.)				
	(Owner	r other than corporation or p	partnership) I am the owner of the cable system as identified in line 1 of space E	3; or			
			ation or partnership) I am the duly authorized agent of the owner of the cable see owner is not a corporation or partnership; or	ystem as identified			
		er or partner) I am an officer (in line 1 of space B.	if a corporation) 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 m	hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith.				
			X /s/ Rachel Stopka				
			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: Rachel Stopka				
		Title:	Secretary - Treasurer tle of official position held in corporation or partnership)				
		Date:	8/3/2022				

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 filing, a determination that would be made by a court of law.

counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
omeTel Entertainment, Inc.	61967
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? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
TEG. Enter the total fiere 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 1 by the interest rate* and enter the sum here	-
	lays
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 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 filing, a determination that would be made by a court of law.