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

				Return completed workbook		
STATEM	IENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:		
	lary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
·	tems (Short Form)	2/24/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division a		
in the first ta	b of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31			
Period						
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full co	orporate		
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.			
	If there were different owners during th single statement of account and royalty		the last day of the accounting period should nting period.			
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	2298		

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	2298
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665	
		(Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915	
		(City, town, state, zip)	
		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Hickman	
		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 sufficiency of the fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito Midwest LLC	22
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Hickman	KY
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1				
Name	Zito Midwest LLC								229			
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES							
E	In General: The information in s					ry transmission	service of	the cable				
	system, that is, the retransmission											
Secondary Transmission		es (including pay cable) in space F, not here. All the facts you state must be those existing on the punting period (June 30 or December 31, as the case may be).										
Service: Sub-		rs: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	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											
Rates	each category by counting the n			U I I I		•		s charged				
	separately for the particular serv Rate: Give the standard rate of					•	,	rae and the				
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	ounts allowed	for adva	ance payment.								
	Block 1: In the left-hand block											
	systems most commonly provide that applies to your system. Not											
	categories, that person or entity			•		0						
	subscriber who pays extra for ca											
	first set" and would be counted o							с и				
	Block 2: If your cable system printed in block 1 (for example, t											
	with the number of subscribers a											
	sufficient.	,	Ũ			·						
	BLC	DCK 1					BLOC		1			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		13	59.45								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S							
F	In General: Space F calls for ra											
F	not covered in space E, that is, t											
Services	service for a single fee. There ar furnished at cost or (2) services											
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the											
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that											
Rates	listed in block 1 and for which a				•	•	•					
	brief (two- or three-word) descrip	otion and inclu	de the ra	ate for each.								
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:		Installa	ation: Non-res	idential							
	• Pay cable		• Mot	tel, hotel								
	 Pay cable—add'l channel 			mmercial								
	Fire protection		,	/ cable								
	•Burglar protection		,	/ cable-add'l cł	nannel							
	Installation: Residential			protection								
	• First set	30.00		glar protection								
	Additional set(s)	20.00		services:		30.00						
			• Rec	connect								
	• FM radio (if separate rate)			00000-+								
	• FM radio (if separate rate) • Converter											
	,		• Out	connect let relocation ve to new addr		30.00 30.00						

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			22
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES i-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educate ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	Ν	Paducah KY
	KFVS	12.1	Ν	Cape Girardeau MO
	KFVS	12.3	l	Cape Girardeau MO
	WDKA	49.1	I	Paducah KY
	WKMU	21	E	Mayfield KY
	WPSD	6.1	Ν	Paducah KY
	WPSD	6.3	N-M	Paducah KY
			N-M	
	WPSD WQWQ WSIL	6.3 12.2 3.1	<u>N-М</u> І N	Paducah KY
ows as Necessary	WQWQ	12.2	I	
Yows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
lows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
tows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
ows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
tows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
Rows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
tows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
Rows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
ows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
Rows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
Rows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
Rows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY
Rows as Necessary	WQWQ WSIL	12.2 3.1	I	Paducah KY Paducah KY

counting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Maine	Zito Midwest LLC			22
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a
	basis under specific FCC ru	lles, regulations, or authorizations: e in space G—but do list it in space I (the Special Statement and Program Lo	
	basis. For further information Column 1: List each station	n concerning substitute basis stations s call sign. <i>Do not</i> report origination	ed both on a substitute basis and also on see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channed	he form.	evision station for broadcasting over th	
	Column 3: Indicate in each	case whether the station is a network	s station, an independent station, or a r (for network multicast), "I" (for indeper	
	(for independent multicast), For the meaning of these te	"E" (for noncommercial educational), rms, see page (iv) of the general instr	or "E-M" (for noncommercial education	nal multicast).
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		•		

Lito Midwes	TOWNER OF (SYSTEM 22
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							2298
	SUBSTITUTE CARRIAG							
I					-	tion that ve	ur ooblo ow	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program	01	, ·	•	, 0	,		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tel	evision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	nge blank. If your answer is	s "Yes " vou r	- nust.comp		
	log in block 2.	, leave the		ige blank. If your answer is	5 163, you i	nusi comp	ete tile più	gram
	2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible, if t	neir meanin	ig is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fur	ther informa	ation.
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy'	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter '	"No "			
				asting the substitute progr				
				the community to which th			the FCC or,	, in
	the case of Mexican or Car			e community with which the stem carried the substitute			s with the	month
	first. Example: for May 7 gi	,	when your sy		e program. Os		s, with the	monun
				ogram was carried by you				
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syste	m was <i>req</i>	uired
	to delete under FCC rules							rogram
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete unc	ler FCC rules	and regula	ations in	
	ellect off October 19, 1970	•						
								-
						N SUBSTI		
	S			1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN			AGE OCC		
		2. LIVE?	3. STATION'S	4. STATION'S LOCATION	CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6. 1	URRED IMES	

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 2298
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 amount, see	7,432.12 sss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	this six-mon	
	accounting period is \$52.00	¢	52.00
	Line 1. Royalty fee for accounting period	<u>ې</u>	52.00
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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)	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		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2022/2															FOR	RM SA1-2E	E. PAGE 7
Name	LEGAL NAME OF OWNER Zito Midwest LLC	R OF CABLE SYSTEM:															SYS	TEM ID# 2298
M Channels	2. Enter the total numb on which the cable sy	(2) the cable system's er of channels on whic ion broadcast stations	total numl ch the cab s els n broadcas	mber o able 	of activ	vated o	channels	during	the ac	counting	period		ions			10		
N Individual to Be Contacted	INDIVIDUAL TO BE C	ONTACTED IF FURTI	HER INFC								o whor	n						
for Further Information	Name Ter i	i McMullen										Telep	hone 8	314-26	0-043	4		
	(Numt	Box 665 ber, street, rural route, apar idersport PA 169 town, state, zip)		suite nur	number)													
	Email	teri.mcmullen@	@zitomed	edia.co	.com					Fax (o	ptional)						
O	(Agent of ow in line 1 c	eby certify that (Check r than corporation or mer other than corpor if space B and that the martner) I am an officer if space B. atement of account and correct to the best of m 1(1986)] Typed or printer Title: (Title of a	one, <i>but of</i> partnersh ration or p owner is n (if a corpo d hereby d hy knowled K Enter an Enter sig	only or ship) a r partne not a c poratior declar edge, ir declar signatur	one, of thership a corpor ion) or a lare und , informa /s/Jam ectronic ture usir	i the bo ie owned ip) I am ration o a partn der pen ation, a signatu ng an ", signatu signatu	er of the n the duly or partne ner (if a p nalty of la and belie Rigas ure on th /s/ signal	cable sy r author rship; o artnersh w that a f, and a	ized ag r nip) of ti ill state re mad	as identifi gent of the he legal e ments of le in good	ed in lin e owne entity id fact co d faith. is stater h)	ne 1 of s r of the dentified ontained ment.	space B cable sy as own	/stem as				
		Date:								02	/27/202	23						

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

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o Midwest LLC	2298
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P 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.	
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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@loc.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	
	m
ID number	
ID number First community served Accounting period	

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