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.

SA3E Long Form

Return completed workbook by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/27/23	\$ ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting		2022/2							
Period									
B Owner	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. 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.								
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Verizon New York Inc.							
					06301	020222			
					063010	2022/2			
		22001 Loudoun County Parkway Ashburn, VA 20147							
С		TRUCTIONS: In line 1, give any business or trade names used to nes already appear in space B. In line 2, give the mailing address of							
System	1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Buffalo, NY) VHO 15							
	2	MAILING ADDRESS OF CABLE SYSTEM: 548 Elmwood Ave (Number, street, rural route, apartment, or suite number) Buffalo, NY 14222 (City, town, state, zip code)							
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nunity served below and re	elist on pag	je 1b			
Area	with	n all communities.							
Served		CITY OR TOWN	STATE						
First		AMHERST (TOWN)	NY						
Community	В	elow is a sample for reporting communities if you report multiple ch	annel line-ups in S	pace G.					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#			
Sample	Ald	ance	MD MD	A B		1 2			
	Ger		MD	B		3			
form in order to pro numbers. By provid search reports pre	ocess ding P pared	tion 111 of title 17 of the United States Code authorizes the Copyright Offce to colle- your statement of account. PII is any personal information that can be used to identif II, you are agreeing to the routine use of it to establish and maintain a public record, for the public. The effect of not providing the PII requested is that it may delay proce ements of account, and it may affect the legal sufficiency of the fling, a determination	y or trace an individual, which includes appearing ssing of your statement	such as name, address and telep ng in the Offce's public indexes an of account and its placement in t	ohone nd in				

	FORM	SA3E.	PAGE	1b.
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ORM SA3E. PAGE 1b.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Verizon New York Inc.			063010					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should b	e reported in pare	entheses					
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-	e column blank. I levant community	f you report any s with a subscribe	tations r group,					
channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b		up designated by	a number					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-				
AMHERST (TOWN)	NY	Α		First				
BLASDELL (VILLAGE)	NY	Α		Community				
HAMBURG (TOWN)	NY	Α						
HAMBURG (VILLAGE)	NY	Α						
KENMORE (VILLAGE)	NY	A						
	NY	A		See instructions for				
	NY NY	A		additional information on alphabetization.				
ORCHARD PARK (VILLAGE) TONAWANDA (ERIE) TOWN	NY	A						
WEST SENECA (TOWN)	NY	A						
		<u> </u>						
				Add rows as necessary.				
		I		1				

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							S	YSTEM ID	
Name	Verizon New York Inc.									06301	
E Secondary Transmission Service: Sub- scribers 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 ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, with the number of subscribers a sufficient.	able service to once again uno has rate categ tiers of service	additio der "Sei jories fo s that in	nal sets would rvice to additio or secondary tr nclude one or i	b n a m	be include al set(s)." nsmissior ore secor	d in the count u n service that ar ndary transmiss	nder "Serv e different ions), list tl	vice to the from those hem, together		
		DCK 1						BLOC	K 2		
		NO. OF		5.175					NO. OF	5475	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE		CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Service to first set	4	2,683	\$ 45.35							
	Service to additional set(s)		_,000	Ψ -0.00	i						
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		640	\$ 35.00	ļļ						
	Converter Residential										
	Non-residential										
						e					
F Services Other Than Secondary ransmissions: 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		GORY OF SEI			RATE CATEGORY OF SER		ORY OF SERVICE	RATE	
	Continuing Services: • Pay cable	\$ 15.00				idential		See Tab	Attachment B		
	 Pay cable—add'l channel Fire protection Burglar protection 		Commercial Pay cable Pay cable			annel					
	Installation: Residential • First set	\$ 99.00	Pay cable-add'l channel Fire protection 99.00 Burglar protection								
	• Additional set(s) • FM radio (if separate rate)	\$ 60.00	•Re	services:							
	• Converter		۰Ou	sconnect Itlet relocation			\$ 60.00				
			• Mc	ove to new add	lre	ess					

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	45.00
Fios Current TV for Bar/Restaurant	N/A	45.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	95.00
Fios TV Extreme HD	79.99	115.00
Fios TV Ultimate HD	89.99	125.00
Fios Local TV	65.00	N/A
Fios TV Test Drive	80.00	N/A
Your Fios TV	80.00	N/A
More Fios TV	100.00	N/A
The MostFios TV	120.00	N/A
Fios TV Mundo Total	120.00	N/A
Fios TV Mundo	100.00	N/A
Your Fios TV Spotlight Package	80.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
HBO Mar	15.00	15.00
HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00 N/A	N/A
Spanish Language Package	N/A N/A	Varies 34.99
Music Choice Package Internaltional Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
·	Varies	Varies
Pay Per View MLB Extra Innings	139.99	Varies
MLB Extra minings MLS Direct Kick	89.00	N/A
NBA League Pass	199.00	Varies
NBA League Pass NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00
	10.00	10.00

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
	,	
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 purchase	\$399.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to \$100	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

FORM SA3E. PAGE 3.					0)/07EN ID //		
	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Prizon New York Inc. 063010						
VERIZON NEW YORK INC. U63010 PRIMARY TRANSMITTERS: TELEVISION							
PRIMARY TRANSMITTE In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, , basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the ts community of licens on which your cable sy Column 3: Indicate educational station, by	ERS: TELEVISI G, identify ever system during t ions in effect o 6.61(e)(2) and sis, as explaine Stations: With CC rules, regul here in space only on a subs and also in sp. formation cond rm. th station's call associated with -2". Simulcast e channel num se. For exampl ystem carried t in each case e entering the lo	y television s the accountin in June 24, 19 (4), or 76.63 ed in the next respect to an ations, or aut e G—but do li stitute basis ace I, if the si cerning subst l sign. Do not th a station an streams mus ber the FCC e, WRC is CI he station whether the s etter "N" (for	ng period except 981, permitting i (referring to 76. t paragraph ny distant station thorizations: st it in space I (f tation was carrie titute basis statio coording to its o st be reported in has assigned to hannel 4 in Was station is a netw network), "N-M"	(1) stations carri- the carriage of ce 61(e)(2) and (4))] as carried by your the Special Stater ed both on a subs ons, see page (v) on program servic ver-the-air design o column 1 (list ea o the television sta- thington, D.C. Thi rork station, an inc (for network mult	the sand low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir s may be different from the channe dependent station, or a noncommercia icast), "I" (for independent), "I-M commercial educational multicast)	G Primary Transmitters: Television	
planation of local servi Column 5: If you ha	ation is outside ce area, see p ave entered "Y he distant stati	e the local se age (v) of the 'es" in column on during the	rvice area, (i.e. e general instruc n 4, you must co e accounting per	"distant"), enter "\ ctions located in th omplete column 5 iod. Indicate by e	es". If not, enter "No". For an ex		
For the retransmiss of a written agreement the cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	ion of a distan entered into c a primary trans simulcasts, als aree categories e location of ea Canadian statio	t multicast stu on or before J smitter or an a so enter "E". I s, see page (v ach station. F ons, if any, gi	ream that is not lune 30, 2009, b association repr f you carried the v) of the genera or U.S. stations ve the name of	subject to a royal between a cable s resenting the prime channel on any l instructions loca , list the community with the community with	I capacity ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifed		
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LEGAL NAME OF OWN		STEM:			SYSTEM ID# 063010	Namo
PRIMARY TRANSMITTE	ERS: TELEVISI	ON				
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Name	LEGAL NAME OF		LE SYSTE	EM:				SYSTEM ID# 063010
	*01120111100							000010
H	all-band basis	t every radio s whose signals	station c were "g	arried on a separate and disc enerally receivable" by your c	able system dur	ing the accou	inting pe	riod.
Primary Transmitters: Radio	receivable if (1) on the basis of) it is carried b monitoring, to ormation abou	y the sys be rece ut the the	II-Band FM Carriage: Under stem whenever it is received vived at the headend, with the e Copyright Office regulations	at the system's h system's FM an	neadend, and itenna, during	(2) it ca certain	n be expected, stated intervals.
	Column 1: Column 2: S Column 3:	dentify the cal State whether f the radio stat	l sign of the station tion's sig	each station carried. on is AM or FM. jnal was electronically proces	sed by the cable	e system as a	separat	e and discrete
	Column 4: 0	Give the station	n's locat	k mark in the "S/D" column. ion (the community to which t the community with which th			CC or, i	n the case of
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							,	
						·		

LEGAL NAME OF OWNER OF Verizon New York Inc.		TEM:				S	063010	Name
SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G				
In General: In space I, identi substitute basis during the ac explanation of the programm form.	counting pe	riod, under spe	cific present and former FC	C rules, regu	lations, or a	uthorizations.	. For a further	Substitute
1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta	riod, did you			sis, any noni	network tel		ram XNo	Carriage: Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	s "Yes," you i	must comp	lete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant star egulations, o tition. Do no Lucy" or "NI m was broa sign of the adcast stati hadian station th and day ve "5/7." es when the Example: a ter "R" if the and regulation rogramming	attach addition prinetwork tele tion and that y pri authorization of use general BA Basketball: dcast live, ent station broadco on's location (ons, if any, the when your sy e substitute pri a program carri e listed program	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", o 76ers vs. Bulls." er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° n was substituted for prog uring the accounting perio	program) that ted for the pro- eneral instruct or "basketbal "No." ram. e station is li e station is li e program. U r cable syste I:15 p.m. to 6 ramming that od; enter the	at, during th ogramming ttions locate II". List spe censed by lentified). lse numera tm. List the 5:28:30 p.m t your syste letter "P" if	the accounting of another s ad in the pap acific program the FCC or, ls, with the n times accura a. should be arm was requithe listed pro-	g station er n in nonth ately ired	
							7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES — TO	FOR DELETION	
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2022/2

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						SYS	TEM ID#
Name	Name Verizon New York Inc.								063010	
	PART-TIME CARRIAGE LOG									
J Part-Time Carriage Log	In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.									
			DA	ATES AND HOURS	OF F	PART-TIME CAP	RRIAGE			
	CALL SIGN	WHEN CARRIAGE OCCURRED HOURS			CALL SIGN	WHEN CARRIAGE OCCURRED HOURS				
		DATE	FROM	то			DATE	FROM		ТО
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FORM	SA3E. PAGE 7.				1
LEG	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name
Vei	izon New York Inc.			063010	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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.					
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 					
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entere	ed on li	ine 1 of	
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered	on line	e 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be e	entereo	d on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.				
	Line 1. Enter the amount of gross receipts from space K \$ 17,625,688.4 Line 2. Multiply the amount in line 1 by 0.01064 \$ 17,625,688.4			17,625,688.46	
	Enter the result here.			407 507 00	
	This is your minimum fee.	\$		187,537.33	-
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. Image: No-Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 	nn 4, yo iod?	ou mus	t check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$	•	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	-	\$	187,537.33	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact
		-	•		the Licensing
	Line 4. FILING FEE	-	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		188,262.33	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	ge (i) c	of the	auunonal tees.

ACCOUNTING PERIOD: 2022/2

Name Under two results of Cost and the American Market Solution (Cost and the American Market Solutis)))))))))))))))))))))))))))))))))	ACCOUNTING PERIO		FORM SA3E. PAGE 8						
M CHANNELS Instructions: Van must give (1) the number of channels on which the cable system cannel detertion broadcast stations to its subscripts and (2) the cable system's total number of activated channels, during the accounting period. 1: Sinter the total number of activated channels on which the cable system cannel detertion broadcast stations on which the cable system cannel detertion broadcast stations on which the cable system cannel detertion broadcast stations on the total termination of activated channels on which the cable system cannel detertion broadcast stations on the total termination of activated channels on which the cable system cannel detertion broadcast stations on the total termination of activated channels on which the cable system cannel detertion broadcast stations on the total termination of activated channels on which the cable system cannel detertion broadcast stations on the total termination of activated channels on the cable system cannel detertion broadcast stations on the total termination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of activated channels on the cable system cannel determination of a spanel	Name		SYSTEM ID# 063010						
M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its autocrites and (2) the cable system is take in mutber of advirated channels, during the accounting period. 31 1. Enter the total number of advirated of teamels on which the cable 31 2. Enter the total number of advirated of teamels 537 N Instructions: You must give (1) the number of advirated of teamels 537 N Instructions: You must give (1) the cable system is taken in the cable system carried television broadcast stations 537 N Instructions: You must give (1) the cable system is taken in the cable system is taken in the cable system carried television broadcast stations 537 N Instructions: You must give (1) the cable system is taken in the			005010						
Channels It is subsciences and (2) the cable system's load number of activated channels, during the accounting period. 31 2. Enter the load number of activated channels or which the cable system carried television broadcast stations or which the cable system carried television broadcast television television broadcast services. 537 N NUMUUAL O EE CONTACTED IF FURTHER INFORMATION IS NEEDED. (identify an individual for urban information Telephone 703-447-9209 Name Patrick Merrick Telephone 703-447-9209 Address 2 2001 Locadcon County Parkway Utermise due to count of account must be cartified and signed in account accounts of the cable system care Utermise due to count of account must be cartified and signed in account on the cable system care (Cartification 1 he undensigned, horeby cartify hall (Check one, Auf any one, of the boxes.) Cartification 1 he undensigned, horeby cartify hall (Check one, Auf any one, of the cable system care of the cable system as identified in line 1 of space B and the two series in on a comparison of patheterity. Cartify and patheterity of the cable system as identified in line 1 of space B.<									
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and nonknowladuati services 337 N NUNUOUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED. (identify an individual we can contact about this statement of account.) Name Patrick Merrick Telephone 703.447-9209 Andress: 22001 Loudoun County Parkway. Telephone 703.447-9209 Andress: 22001 Loudoun County Parkway. Telephone 703.447-9209 Winde: Market Statement of account.) Fax (optional) Andress: Control CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) 1 the undersigned, hereity certify that (Check one, dur only one, of the boxes.) 0 Onere other than corporation or pattership) and the owner of the cable system as identified in line 1 of space B; or 1 in to 1 of space B. and that the owner is not a composition or pattership) and the owner of the cable system as identified in line 1 of space B; or 1 in to 1 of space B. 1 of space B. 1 office or partney I am an officer (if a coporation) or a patters file a mathemation of the cable system as identified in line 1 of space B; or 1 to 1 of space B. 1 to be account on the rely duration, and belief, and are made in good fast. 1 to 2.5, Section 1001(1968) 2 Control to 1 to be and on the rely duration, and belief, and are made in good fast. 1 to 2.5, Section 1001(1968) 2 Control to 1 be and on the rely duration on pattershi		2. Enter the total number of activated channels							
N Individual of Be Contracted to EUF FURTHER INFORMATION IS NEEDED; (identify an individual we can contact about this statement of account.) Nome Patrick Merrick Telephone 703.447-0209 Address 2201 Loudoun County Parkway Telephone 703.447-0209 Address 2201 Loudoun County Parkway Telephone 703.447-0209 Mark Patrick Merrick Telephone 703.447-0209 Address 2201 Loudoun County Parkway Telephone 703.447-0209 Mark Patrick Merrick Telephone 703.447-0209 Mark Patrick Merrick Telephone 703.447-0209 Mark Patrick Merrick Patrick Merrick Telephone 703.447-0209 Mark Patrick Merrick Patrick Merrick Patrick Merrick Patrick Merrick Mark Patrick Merrick Patrick Merrick Patrick Merrick Patrick Merrick Mark Patrick Merrick Patrick Merrick Patrick Merrick Patrick Merrick Mark Patrick Merrick Patrick Merrick Patrick Merrick Patrick Merrick Mark Patrick Merrick Certified ad coconta must be carified and signed in accordance			537						
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(city, town, state, 2p) Email patrick.merrick@veriZOn.com Fax (optional) Certification • I. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • Other 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 duy authorized agent of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duy authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation or a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under paralty of law that all statements of fact contained herein are true, complexe, and orner to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986)] Extern en electronic signature on the line above using an %or signature to cartly the istalement. (is, j, ci, obscrift). Eddre mering the first hourd stath of the divignature, place your cursor in the how and press the F2* button, then type fa/ and your name. Typed or printed name: Christy K. Reyes Title: Assistant Secretary, Verizon New York Inc. • (The or dicial position had in corporation or pathership): Date: • Date: February 28, 20									
Email patrick.metrick@verizon.com Fax (optional) O Certification Certification Certification • 1. the undersigned, hareby certify that (Check one, but only one, of the boxes.) O O • 0 Omer 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, or Image: Certification • 1. the undersigned, hareby certify that (Check one, but only one, or the boxes.) Image: Certification Image: Certification • 0 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. Image: Certification • 1 New examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B. Image: Certification • 1 New examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in the two statement of account and hereby declare under penalty of law that all statement. If us.S.C., Section 1001(1986)] More Tert an electronic signature on the line above using an 'No'' signature to certify this statement. If us.S.C., Section 1001(1986)] More Tert and electronic signature on the line above using an 'No'' signature, place yours in the box and press the 'F2'' button, then type <i>d</i> and your name. Pressing the 'F' button will avoid enabling Excel's Lotus compatibility settings.									
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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 telephol 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 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 t 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 lav

FORM	SA3F	PAGE9

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New York Inc.	SYSTEM ID# 063010	Name		
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."				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.				
During the accounting period did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners?	ecclipts for secondary transmissions			
YES. Enter the total here and list the satellite carrier(s) below.	\$			
Name Mailing Address Mailing Address				
You must complete this worksheet for those royalty payments submitted as a resu For an explanation of interest assessment, see page (viii) of the general instruction		Q		
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 days			
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** enter here and on line 3, block 4, space L, (page 7)	\$ (interest charge)			
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rac contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ate.pdf. For further assistance please			
** 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 sub please list below the owner, address, first community served, accounting period, a filing.				
Owner Address				
First community served Accounting period				
ID number				
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to col	lect the personally identifying information (PII) requested on the			

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.