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

			Poture completed workback by
STATEMENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Systems (Short Form) General instructions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.	2/28/2023	ALLOCATION NUMBER	(202) 707-8150.
A ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Instructions:			
B Give the full legal name of the owner of subsidiary, not that of the parent corpo	-	ary of another corporation, give the full corporate	e title of the
Owner List any other name or names under wh	ich the owner conducts the business of the	e cable system.	
	ne accounting period, only the owner on the ayment covering the entire accounting period	e last day of the accounting period should submit od.	a single
Check here if this is the system's first fil	ing. If not, enter the system's ID number as	ssigned by the Licensing Division.	063192
LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		
CEQUEL COMMUNICATIONS LLC			
BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)		
	3		
MAILING ADDRESS OF OWNER C	F CABLE SYSTEM		
3027 S SE LOOP 323 (Number, street, rural route, apartment, or suit	e number)		

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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.

TYLER, TX 75701 (City, town, state, zip)

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

SHERIDAN CORRECTIONAL FACILITY

С

System

1

2

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.						
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	063192						
D Area Served	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 first 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 home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First Community	SHERIDAN (SHERIDAN CORR)	IL						
,								
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
Е	SECONDARY TRANSMISSION In General: The information in s					rtransmission se	ervice of th	e cable			
	system, that is, the retransmission			-	•						
Secondary	about other services (including p	ay cable) in spa	ace F, n	ot here. All the	facts you	state must be th					
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub- 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										
	separately for the particular serv	-		(g			
	Rate: Give the standard rate c	-	-	•			-				
	unit in which it is generally billed.	· ·	,		y standaro	d rate variations	within a pa	articular rate			
	category, but do not include disc Block 1: In the left-hand block				as of seco	ndary transmiss	ion servic	e that cable			
	systems most commonly provide			•		•					
	that applies to your system. Note										
	categories, that person or entity				• •		•				
	subscriber who pays extra for ca					in the count und	er "Servic	e to the			
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those			
	printed in block 1 (for example, the	Ũ									
	with the number of subscribers a										
	sufficient.		-								
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		0	-							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		43	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES							
F	In General: Space F calls for rat		'		•						
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•	-	•	•						
Other Than											
Secondary	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.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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 constant obstractive and or ortablished. List these other convices in the form of a										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
				BLOCK 2							
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVIC	E RATE		
	Continuing Services:			tion: Non-resi							
	• Pay cable	-	• Mot	el, hotel							
	• Pay cable—add'l channel	-		nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection		-	cable-add'l cha	annel						
	Installation: Residential		-	protection							
	First set	-		glar protection							
	 Additional set(s) 	- (ervices:							
	• FM radio (if separate rate)			connect		-					
	• Converter		• Disc	connect							
				let relocation		-					
	1		2.44								
			• Mov	ve to new addre	SS	-					

	-			FORM SA1-2E. PAGE				
ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID				
	CEQUEL COMMUNIC			06319				
	PRIMARY TRANSMITTERS:							
G	carried by your cable syste FCC rules and regulations	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61	(1) stations carried only on a part-ti e carriage of certain network progra	ime basis under ams [sections				
imary smitters: evision	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations:						
	• Do not list the station her station was carried only or	e in space G—but do list it in space I (th						
	basis. For further information Column 1: List each station	n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the	see page (v) of the general instruct rogram services such as HBO, ESF	tions. PN, etc. Identify each				
	"WETA-2" as the same on Column 2: Give the chann	6						
	Column 3: Indicate in each	n case whether the station is a network s	, , ,					
	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				
	WBBM-1	2	Ν	CHICAGO, IL				
	WCIU-1	26	I	CHICAGO, IL				
Necessary	WCIU-1 WFLD-1	26 32	<u> </u>	CHICAGO, IL CHICAGO, IL				
Necessary			 					
Necessary	WFLD-1	32	 	CHICAGO, IL				
Necessary	WFLD-1 WGBO-1	32 66	 N	CHICAGO, IL JOLIET, IL				
Necessary	WFLD-1 WGBO-1 WGN-1	32 66 9	I I I N N	CHICAGO, IL JOLIET, IL CHICAGO, IL				
Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1	32 66 9 7		CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL				
Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1	32 66 9 7 5		CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL				
is Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1	32 66 9 7 5		CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN				
as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
5 as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
; as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
s as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				
as Necessary	WFLD-1 WGBO-1 WGN-1 WLS-1 WMAQ-1 WPWR-1 WSNS-1	32 66 9 7 5 50 44	N 	CHICAGO, IL JOLIET, IL CHICAGO, IL CHICAGO, IL CHICAGO, IL GARY, IN CHICAGO, IL				

EGAL NAME OF									SYSTEM 063
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically process s mark in the "S/D" column. on (the community to which the the community with which the	t th sys his ed	ne system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,6			5.122 01011		5,6		
				-					
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				+					
				-					
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				-					
				-					
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				-					
				H			t	+	
				-					

Accounting Perio	d: 2022/2						FORM	SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					063192
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identif	y every non	network televisi	on program, broadcast by a	distant static	on, that your cable	system	carried on a
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	 During the accounting peri 	od, did youi	r cable system	carry, on a substitute basis	s, any nonne	twork television p	orogram	
Statement and Program Log	broadcast by a distant stat	ion?					'ES	× NO
	Note: If your anowar is "No.	" loovo tho	root of this pag	o blonk. If your onowor in "				
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete the	program	
	log in block 2. 2. LOG OF SUBSTITUTE	DROCRA	Me					
	In General: List each substi			te line. Use abbreviations v	wherever pos	sible if their mea	anina is	
	clear. If you need more space				morever pee		annig io	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.			Locioposino program				
				"Yes." Otherwise enter "N				
				sting the substitute program e community to which the		need by the ECC	or in	
	the case of Mexican or Can						, 01, III	
				em carried the substitute p			he mont	h
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				/
	stated as "6:00–6:30 p.m."	Example. a	program carrie	eu by a system nom 0.01.1	5 p.m. to 0.2	.0.30 p.m. snould	De	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was i	required	,
	to delete under FCC rules a							m
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete undel	FCC rules a	and regulations in	l	
					_			
					WHE	EN SUBSTITUTI	E	
	S		E PROGRAM			IAGE OCCURR		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то	
						_		
						_		
						_		
1		L	l					

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063192
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service Imount, see	9,967.16 ss 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 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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 t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	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)	<u> </u>	
	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		<u></u>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filler Fr			
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
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	:		SYSTEM ID# 063192
M Channels	to its subscrib 1. Enter the to system car	bers, and (2) the cable system otal number of channels on w ried television broadcast stati	tions	ne accounting period.	10
	on which th	otal number of activated chan ne cable system carried televi padcast services			44
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	RTHER INFORMATION IS NEEDED (Identify a count.)	n individual	
for Further Information	Name	RODNEY HASKINS	3	Telephone (903) 57	9-3152
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)			
	Email	RODNEY.HA	ASKINS@ALTICEUSA.COM	Fax (optional	
0	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance wit	th Copyright Office regulations)	
Certification			k one, <i>but only one</i> , of the boxes.) r partnership) I am the owner of the cable system	m as identified in line 1 of space B; or	
	(Age		oration or partnership) I am the duly authorized t the owner is not a corporation or partnership; or		entified
	I have examin are true, comp	in line 1 of space B. ed the statement of account ar	er (if a corporation) or a partner (if a partnership) on nd hereby declare under penalty of law that all sta f my knowledge, information, and belief, and are r	tements of fact contained herein	ble system
	1		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /		
		Typed or print	ted name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
		Date:		2/28/2023	

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.

Dunting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	063192
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? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
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	
 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.	
 (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. 	
 (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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. 	
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