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				
2/23/2023	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		2022/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		20222 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 corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63874						
		-							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		TDS Metrocom, LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		525 Junction Road							
		(Number, street, rural route, apartment, or suite number)							
		Madison, WI 53717 (City, town, state, zip)							
	INSTI	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl	ess these						
С	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	ace B.						
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		TDS Telecom, Inc.							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
	ļ	(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/02						
	T	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	TDS Metrocom, LLC	63874					
D	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						
Area Served	city.						
	CITY OR TOWN	STATE					
First Community	Appleton	WI					
Add Rows as Necessary							

Accounting Period: 2022/02
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Metrocom, LLC

SYSTEM ID# 63874

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	1,582	\$25/mo				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential	1,582	\$6/Mo.				
Non-residential						
1	[T		1	T	

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$8.00-\$15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00		
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0-\$50.00	Burglar protection			
 Additional set(s) 	\$0-\$50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2022/02 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63874

TDS Metrocom, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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
WBAY	2.1	N	Green Bay, WI
WBAY-DT2	2.2	N-M	Green Bay, WI
WBAY-DT3	2.3	N-M	Green Bay, WI
WBAY-DT4	2.4	N-M	Green Bay, WI
WBAY-DT5	2.5	N-M	Green Bay, WI
WBAY-DT6	2.6	N-M	Green Bay, WI
WLUK	11.1	N	Green Bay, WI
WLUK-DT2	11.2	N-M	Green Bay, WI
WLUK-DT3	11.3	N-M	Green Bay, WI
WCWF	14.1	1	Green Bay, WI
WCWF-DT2	14.2	I-M	Green Bay, WI
WCWF-DT3	14.3	I-M	Green Bay, WI
WCWF-DT4	14.4	I-M	Green Bay, WI
WCWF-DT5	14.5	I-M	Green Bay, WI
WACY	32.1	1	Green Bay, WI
WACY-DT2	32.2	I-M	Green Bay, WI
WACY-DT3	32.3	I-M	Green Bay, WI
WACY-DT4	32.4	I-M	Green Bay, WI
WACY-DT5	32.5	I-M	Green Bay, WI
WACY-DT6	32.6	I-M	Green Bay, WI
WFRV	5.1	N	Green Bay, WI
WFRV-DT2	5.2	N-M	Green Bay, WI
WFRV-DT3	5.3	N-M	Green Bay, WI
WFRV-DT4	5.4	N-M	Green Bay, WI

Accounting Period: 2022/02 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
TDS Metrocom, LLC

63874

PRIMARY TRANSMITTERS: TELEVISION

G

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WGBA	26.1	N	Green Bay, WI
WGBA-DT2	26.2	N-M	Green Bay, WI
WGBA-DT3	26.3	N-M	Green Bay, WI
WGBA-DT4	26.4	N-M	Green Bay, WI
WPNE	38.1	E	Green Bay, WI
WPNE-DT2	38.2	E-M	Green Bay, WI
WPNE-DT3	38.3	E-M	Green Bay, WI
WPNE-DT4	38.4	E-M	Green Bay, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Metrocom, LLC 63874

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 or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	7 1101 01 1 101	C/B	EGG/MIGH GI GI/MIGH		C/ LEE CICIT	7 (101 01 1 101	O/D	EGG/(HOIT OF GI)/(HOIT
N/A								
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Accounting Perio	d. 2022/02						FOR	M CA1 2E DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	TDS Metrocom, LLC							63874
•	SUBSTITUTE CARRIAGE	: SPECIAI	LSTATEMEN	T AND PROGRAM LOG				
I	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	ITUTE CARRIAGE				
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant stat						YES	X NO
	Note: If your answer is "No log in block 2.	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust compl	ete the progra	am
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	ssible, if th	neir meaning i	is
	clear. If you need more spa				!!\ 41-		41	_
	period, was broadcast by a	distant stati	nnetwork televi on and that vo	ision program ("substitute ur cable system substitute	program") the	at, during gramming	of another st	g ation
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I	Love Lucy" or	r
	"NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."							
				sting the substitute progra				
				ne community to which the			he FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			a with the me	anth
	first. Example: for May 7 give	,	when your sys	tem camed the substitute	program. Use	riumeras	s, with the file	лш
	Column 6: State the time	es when the		gram was carried by your				ely
	to the nearest five minutes.	Example: a	ı program carri	ed by a system from 6:01:	:15 p.m. to 6:2	28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	ar "R" if the	listed program	was substituted for progra	amming that v	ınır eveta	m was require	ed
	to delete under FCC rules a							
	was substituted for progran		our system wa	is permitted to delete unde	er FCC rules a	and regula	ations in	
	effect on October 19, 1976.							
		UDCTITUT	E DDOCDAM			N SUBS		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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Accounting Period:	2022/02	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	YSTEM ID
	150 metrocom, LLO		038/
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to comput 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.	transmission service te this amount, see	9,050.79 pss receipts)
_	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 equ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527, See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	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 paccounting period is \$52.00	pay for this six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	, ,	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
		49.21	
	4. Enter the amount of gross receipts from space K	189,050.79	
	5. Enter the amount from line 3	74,749.21	
	6. Subtract line 5 from line 4	114,301.58	
	7. Multiply line 6 by .005 (enter figure here)	<u>\$</u>	571.51
	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	····· \$	571.51
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less that	n \$527,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	00.00	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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)	571.51	
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	\$	591.51
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the F See page i of the general instructions in the paper SA1-2 form and the Excel instructions ta		

Accounting Period:	2022/02				FORM SA1-2E. PAGE 7.
Name	TDS Metrocom	OWNER OF CABLE SYSTEM:			SYSTEM ID# 63874
M Channels	to its subscriber	s, and (2) the cable system's	total number of activated channels	Γ	32
	on which the	al number of activated channe cable system carried television dcast services	n broadcast stations		162
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (nt.)	dentify an individual to whom	
for Further Information	Name	Mitchell Maier		Telephone ((608) 886-8210
	Address	525 Junction Rd (Number, street, rural route, apart Madison, WI 53593	nent, or suite number)		
	Email	(City, town, state, zip) Finance@tdstelec	om.com	Fax (optional	
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accor	lance with Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)		
	(Owne	r other than corporation or p	artnership) I am the owner of the ca	ble system as identified in line 1 of space B;	or
	(Agent		tion or partnership) I am the duly a e owner is not a corporation or partn	uthorized agent of the owner of the cable sy- rship; or	stem as identified
	X (Office	er or partner) I am an officer (in line 1 of space B.	f a corporation) or a partner (if a par	nership) of the legal entity identified as owne	er of the cable system
		te, and correct to the best of m	nereby declare under penalty of law t y knowledge, information, and belief,	nat all statements of fact contained herein and are made in good faith.	
			X /s/ Sharon V. Tisda Enter an electronic signature on the I Enter signature using an "/s/ signature	ne above to certify this statement.	
		Typed or printed	name: Sharon V. Tisdale		
		Title:	Assistant Treasurer le of official position held in corporation or	partnership)	
		Date:		February 17, 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 fling, a determination that would be made by a court of law.

ounting Period: 2022/02	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Metrocom, LLC	63874
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	- Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xd	ays
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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