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							
8/28/2023	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

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: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MCC Iowa, LLC (Maquoketa, IA)
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918 (City, town, state, zip)
	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/1	
		FORM SA1-2E. PAGE 1b.
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Iowa, LLC (Maquoketa, IA)	4888
	Instructions: List each separate community served by the cable system. A "commun	
D	separate and distinct community or municipal entity (including unincorporated comunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will so community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Maquoketa	IA
Community		
Add Rows as Necessary		
,		

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4888

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MCC Iowa, LLC (Maguoketa, IA)

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.

BLO	OCK 1	BLOCK 2	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	381	74.49	
Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial	0	74.49	
Converter			
Residential			
Non-residential			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	PP	Motel, hotel		Family Cable 1	105.00	
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	109.99	Burglar protection				
Additional set(s)	49.00	Other services:				
FM radio (if separate rate)		Reconnect	49.00			
Converter	10.50	Disconnect				
		Outlet relocation	49.00			
		 Move to new address 				

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4888

MCC Iowa, LLC (Maquoketa, IA)

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
KCRG ABC	9	N	Cedar Rapids, IA
KFXB CTN	40	l .	Dubuque, IA
KGAN CBS	51	N	Cedar Rapids, IA
KGCW/KGCW(HD) CW	41	l	BURLINGTON, IA
KGCW-DT2 This TV	41.2	I-M	BURLINGTON, IA
KGCW-DT3 Laff	41.3	I-M	BURLINGTON, IA
KIIN/KIIN(HD) IPTV PBS	12	E	lowa City, IA
KIIN-DT2 (IPTV) KIDS (HD)	12.2	E-M	lowa City, IA
KIIN-DT3 (IPTV) PBS World	12.3	E-M	lowa City, IA
KIIN-DT4 (IPTV) PBS Create	12.4	E-M	lowa City, IA
KLJB/KLJB(HD) FOX	49	I	Davenport, IA
KLJB-DT2 MeTV	49.2	I-M	Davenport, IA
KLJB-DT4 Bounce (HD)	49.4	I-M	Davenport, IA
KWQC/KWQC(HD) NBC	36	N	Davenport, IA
KWQC-DT3 COZI TV	36.3	I-M	Davenport, IA
KWQC-DT4 H&I	36.4	I-M	Davenport, IA
KWQC-DT5 Start TV	36.5	I-M	Davenport, IA
KWQC-DT6 Circle	36.6	I-M	Davenport, IA
WHBF/WHBF(HD) CBS	4	N	Rock Island, IL
WHBF-DT2 Court TV	4.2	I-M	Rock Island, IL
WHBF-DT3 Grit	4.3	I-M	Rock Island, IL
WHBF-DT4 ION Mystery	4.4	I-M	Rock Island, IL
WMWC/WMWC (HD) TBN	8	ı	Davenport, IA
WMWC-DT2 TBN Inspire (HD)	8.2	I-M	Davenport, IA
WMWC-DT3 Smile TV	8.3	I-M	Davenport, IA

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

MCC Iowa, LLC (Maguoketa, IA)

SYSTEM ID#

4888

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
WMWC-DT4 ENLACE USA	8.4	I-M	Davenport, IA
WQAD/WQAD(HD) ABC	38	N	Moline, IL
WQAD-DT2 ANTENNA TV	38.2	I-M	Moline, IL
WQAD-DT3 /WQAD-DT3 (HD) My	38.3	I-M	Moline, IL
WQAD-DT4 True Crime Network	38.4	I-M	Moline, IL
WQPT/WQPT(HD) PBS	24	E	Moline, IL
WQPT-DT2 Deutsche Welle	24.2	E-M	Moline, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Maquoketa, IA)

4888

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
O/ IEE OIOIT	7 1111 01 1 111	CIB	200,111011 01 01,111011	OF REE CICIT	7 1101 01 1 101	CIB	200/thortor of thirds
							
		L					

	1 222 /4							
Accounting Perio	a: 2023/1 LEGAL NAME OF OWNER OF (ARI E SVST	EM:				FOR	SYSTEM ID#
Name	MCC Iowa, LLC (Maque							4888
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, regulation of the period of the perio	: SPECIAl fy every non ecounting pe ng that mus CONCER od, did you ion? f, leave the PROGRA itute progra ce, please a of every non distant static gulations, o es like "mor Bulls." n was broad sign of the s docast static adian statio adian statio adian statio adian statio ar "5/7." s when the Example: a er "R" if the nd regulation	L STATEMEN Intervent televis I	ion program, broadcast by scific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base ge blank. If your answer is the line. Use abbreviations rows to the tables. Is is is in program ("substitute ur cable system substitute ur cable system substitutes. See page (v) of the general string the substitute program of the community of the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	a distant statio CC rules, regula e general instru is, any nonnet "Yes," you mu wherever pos program") tha ad for the program titles, for exa No." e station is licer station is iden program. Use cable system. 15 p.m. to 6:2 amming that you t; enter the lett	tions, or auctions in the work televerst complete sible, if the transming construction of the tified). List the tire tire 8:30 p.m. story system ter "P" if the tire to the tire tire tire tire tire tire tire tir	thorizations. The paper SA1- rision program YES the the program eir meaning is the accounting of another state information ove Lucy" or the FCC or, in the most accurate should be the was require the listed program.	n carried on a For a further 2 form. M X NO m Solution n.
	,	UBSTITUT	E PROGRAM	1	1 1	N SUBST	-	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
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							_	

Accounting Period:	2023/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Iowa, LLC (Maquoketa, IA)			s	YSTEM ID# 4888
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	stem's se	condary transmi compute this a	ssion service mount, see	4,996.97 pss 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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is \$52.00	fee that yo	u must pay for th	is 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 line	es 1 and 2		<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	184,996.97	•	
	3. Subtract line 2 from line 1	\$	78,803.03	•	
	4. Enter the amount of gross receipts from space K		. \$	184,996.97	
	5. Enter the amount from line 3		\$	78,803.03	
	6. Subtract line 5 from line 4		\$	106,193.94	
	7. Multiply line 6 by .005 (enter figure here)			\$	530.97
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8		\$	530.97
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263.800.00	•	
	3. Subtract line 2 from line 1	<u> </u>		•	
	4. Multiply line 3 by .01			•	
	Novalty 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		<u> </u>	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6			_
	FILING FEE AND TOTAL REMITTANCE DUE	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	530.97	
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			\$	550.97
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				nts!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: (Maquoketa, IA)				SYSTEM ID# 4888
M Channels	to its subscriber	s, and (2) the cable system's	total number of h the cable	which the cable system carried t activated channels during the a	ccounting period.	41
	on which the	I number of activated channe cable system carried television deast services	n broadcast sta			69
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		TION IS NEEDED (Identify an in	idividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, aparte	nent, or suite numl	per)		
		Mediacom Park, NY (City, town, state, zip)	10918			
	Email	Copyrights@me	diacomcc.con	1	Fax (optional	
_	CERTIFICATION (This statement of account mo	st be certified a	and signed in accordance with C	copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	e, but only one	, of the boxes.)		
	(Owner	r other than corporation or p	artnership) I an	n the owner of the cable system a	s identified in line 1 of space E	3; or
		of owner other than corpora in line 1 of space B and that th		ship) I am the duly authorized ago corporation or partnership; or	ent of the owner of the cable s	ystem as identified
	(Office			or a partner (if a partnership) of th	ne legal entity identified as owr	ner of the cable system
		e, and correct to the best of m		nder penalty of law that all statem ormation, and belief, and are mad		
			X /s/	Kenneth J. Kohrs		
				onic signature on the line above to ousing an "/s/ signature" (e.g., /s/ J	•	
		Typed or printed	name: Ke	nneth J. Kohrs		
		Title:		e President, Financial R	eporting	
		Date:			8/3/2023	

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: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
C Iowa, LLC (Maquoketa, IA)	4888
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."	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? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* 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	
ID number	
First community served	
Accounting period	

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.