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 COPYRIG	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook.	8-29-23	\$ ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A			

Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
2023/1	
20231 Barcode Data Filing Period (optional - see instructions)	
Accounting Period	
B 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.	
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
CEQUEL COMMUNICATIONS LLC	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
SUDDENLINK COMMUNICATIONS	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
TYLER, TX 75701 (City, town, state, zip)	
C INSTRUCTIONS: In line 1, give any business of 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.	
System 1 IDENTIFICATION OF CABLE SYSTEM:	
ST. MARIES, ID	
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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	060206						
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							
Area	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or molecter.	pile home parks should be reported in parentheses below the identified						
Served	city.							
F 1 + 1		STATE ID						
First Community	ST. MARIES							
Add Rows as Necessary								

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:													
Name	CEQUEL COMMUNICAT								SYSTE 06	6020				
Е	SECONDARY TRANSMISSION In General: The information in s					/ transmission s	ervice	of the cable						
_	system, that is, the retransmission			-	-									
Secondary	about other services (including p						nose ex	isting on the						
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be).													
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 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													
	that applies to your system. Note categories, that person or entity			-		-								
	subscriber who pays extra for ca					0,								
	first set" and would be counted o	nce again unde	er "Servi	ce to additiona	l set(s)."									
	Block 2: If your cable system I	Ű												
	printed in block 1 (for example, ti with the number of subscribers a													
	sufficient.		, ngin ng											
-	BLC	DCK 1					BLC	DCK 2						
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBE	RS	RATI				
	Residential:						-							
	Service to first set		35	50.00										
	 Service to additional set(s) 													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		10	45.95										
	Converter													
	• Residential													
	Non-residential													
	SERVICES OTHER THAN SECO	ONDARY TRAI	NSMISS	IONS: RATES										
F	In General: Space F calls for rat		,		•									
Г	not covered in space E, that is, the service for a single fee. There are													
Services	furnished at cost or (2) services	•			0		•	· /						
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: Rates	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 s				•	• •								
	brief (two- or three-word) descrip													
		BLO	CK 1					BLOCK	2					
	CATEGORY OF SERVICE	RATE		ORY OF SER\		RATE	CAT	EGORY OF SERV	/ICE I	RATE				
	Continuing Services:			tion: Non-resi	dential									
	• Pay cable	17.00		el, hotel										
	Pay cable—add'l channel Fire protection	19.00		nmercial										
	 Fire protection 			cable										
	•			apple and the state	annei									
	•Burglar protection			cable-add'l ch	annor									
	•Burglar protection Installation: Residential	00.00	• Fire	protection										
	•Burglar protection Installation: Residential • First set	99.00	• Fire • Bur	protection glar protection										
	•Burglar protection Installation: Residential • First set • Additional set(s)	99.00 25.00	• Fire • Bur Other s	protection glar protection services:		40.00								
	•Burglar protection Installation: Residential • First set		• Fire • Bur • Bur • Rec	protection glar protection		40.00								
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur • Bur • Rec • Disc	protection glar protection services: connect		40.00								

				evetem
Name				SYSTEM 0602
				0002
	PRIMARY TRANSMITTERS:			
G		entify every television station (including tr em during the accounting period, <i>except</i> (·
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	carriage of certain network progr	ams [sections
Primary ansmitters:		(e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	ations carried on a
elevision		s: With respect to any distant stations car	ried by your cable system on a su	ibstitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	Special Statement and Program	log) if the
	station was carried only or		opecial Statement and Program	
		also in space I, if the station was carried		
		on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro		
	multicast stream associate	d with a station according to its over-the-a		
	"WETA-2" as the same on Column 2: Give the chapt	the form. nel number the FCC assigned to the televi	ision station for broadcasting over	the air in its community
		/RC is channel 4 in Washington, D.C.	olon olation for broadbacking over	
		h case whether the station is a network st	•	
		ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or		
	For the meaning of these t	erms, see page (iv) of the general instruct	tions in the paper SA1-2 form.	,
		on of each station. For U.S. stations, list the adian stations, if any, give the name of the	-	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAYU-1	28	<u> </u>	SPOKANE, WA
	KHQ-1	6	N	SPOKANE, WA
as Necessary	KHQ-1 KHQ-2	6 6.2	N I-M	SPOKANE, WA SPOKANE, WA
as Necessary				·····
as Necessary	KHQ-2	6.2	I-M	SPOKANE, WA
as Necessary	KHQ-2 KREM-1	6.2 2	I-M N	SPOKANE, WA SPOKANE, WA
s as Necessary	KHQ-2 KREM-1 KSPS-1	6.2 2 7	I-M N E	SPOKANE, WA SPOKANE, WA SPOKANE, WA
s as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
rs as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
<i>i</i> s as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ws as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ws as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
tows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
tows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
tows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
lows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
tows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID
ows as Necessary	KHQ-2 KREM-1 KSPS-1 KUID-1	6.2 2 7 12	I-M N E E	SPOKANE, WA SPOKANE, WA SPOKANE, WA MOSCOW, ID

	MMUNICA	TIONS	110						
			LLO						0602
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	
all-band basis whose signals were generally receivable by your cable system during the accounting period. 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. Column 1: Identify the call sign of each station carried.								Primary Transmitters Radio	
Column 2: S Column 3: If gnal, indicate t Column 4: G lexican or Cana	tate whether t the radio stati this by placing ive the statior	he statio ion's sigr a check a's locatio	n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	ne	station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2023/1						FORM SA1-	2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYS	STEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	.C					060206			
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG							
I	In General: In space I, identi substitute basis during the ad										
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation 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 CONCERNING SUBSTITUTE 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	tion?				YE	s 🔽 M	10			
	Note: If your answer is "No	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the pro	ogram				
	log in block 2.	,	1 3	, ,	, ,		5				
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst				wherever pos	sible, if their meani	ng is				
	clear. If you need more spa				program") the	t during the ecolu	oting				
	period, was broadcast by a			sion program ("substitute ur cable system substitute							
	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				
		n was broad		"Yes." Otherwise enter "N							
				sting the substitute progra e community to which the		nsed by the FCC o	r in				
	the case of Mexican or Can						,				
			when your syst	em carried the substitute	program. Use	numerals, with the	month				
	first. Example: for May 7 giv		substitute prov	gram was carried by your	cable evetem	List the times accu	irately				
	to the nearest five minutes.										
	stated as "6:00–6:30 p.m."										
				was substituted for progra							
	to delete under FCC rules a was substituted for program						orogram				
	effect on October 19, 1976.										
					WHE	N SUBSTITUTE					
		UBSTITUT	E PROGRAM 3. STATION'S		CARR	AGE OCCURRED		ASON FOR			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN		5 MONTH	6. TIMES	DE	ELETION			
				4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — T	.O DE				
				4. STATION'S LOCATION							
				4. STATION'S LOCATION							
				4. STATION'S LOCATION							
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				4. STATION'S LOCATION							

Accounting Period:	2023/1 FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S CEQUEL COMMUNICATIONS LLC	YSTEM ID# 060206
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 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.	2,746.16
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 \$263,800. • 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.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.	
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 060206
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to	You must give (1) the number of channels on which the cable system carried television broadca ers, and (2) the cable system's total number of activated channels during the accounting period. Ital number of channels on which the cable ried television broadcast stations	st stations 7 127
N Individual to		adcast services	
Be Contacted for Further Information	Name	RODNEY HASKINS	Telephone (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
	Email	(City, town, state, zip) RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	I, the undersig (Own (Age X (Off I have examin are true, comp	 If (This statement of account must be certified and signed in accordance with Copyright Office regened, hereby certify that (Check one, <i>but only one</i>, of the boxes.) If the other than corporation or partnership) I am the owner of the cable system as identified in line 1 Int of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or If cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identiin line 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contain lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] 	of space B; or the cable system as identified ified as owner of the cable system
		Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	t.
		Typed or printed name: ALAN DANNENBAUM	
		Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
		Date: 8/29/2023	

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L NAME OF OWNER OF CABLE SYSTEM: UEL COMMUNICATIONS LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	SYSTEM ID# 060206
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	060206
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x 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** 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	
	1
ID number	
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 filing, a determination that would be made by a court of law.

C	Cal Wol	ble rksheet	Total amount of remittance	Number of SAs rec'd			Initials	
			Date of remittance	Check	🗆 EFT	🗆 FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocati	on number			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)	
Period		r sent	C] Information re	eceived			
		oted	C] Phone call/Da	te/Contact			
Space B Owner								
	□ Letter	r sent	Information received					
		oted	Phone call/Date/Contact					
Space D Area Served								
	□ Letter	r sent	Ľ	Information re	eceived			
		oted	C] Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	□ Letter	r sent	Information received					
and Rates		oted	Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	□ Letter	rsent	C] Information r	eceived			
		oted	C] Phone call/Da	ite/Contact			
Space H Primary Transmitters:								
Radio		oted	[] Phone call/Da	ite/Contact			

		Carriage
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
C Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
	□ Info/add'l fee received	
□ Letter sent		