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

			Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)			<u>coplicsoa@loc.gov</u>
General instructions are located	08/16/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20231 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2601 EAST STREET (Number, street, rural route, apartment, or suite number)
	TEXARKANA, AR 71854 (City, town, state, zip)
С	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.
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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.	631
_	Instructions: List each separate community served by the cable system. A "community" is t	
D	separate and distinct community or municipal entity (including unincorporated communitie	
	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 "f
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	arks should be reported in parentheses below the identif
Served	city.	
	CITY OR TOWN	STATE
First	FOUKE	AR
Community	FORT LYNN	AR
	GENOA	AR
d Rows as Necessary	TEXARKANA	AR
	TRIGG	AR
	DODDRIDGE	AR
	EMERSON	AR
	TALLEY	AR
	FULTON	AR
	WASHINGTON	AR
	RAVANA	AR
	BLOOMBURG	TX
	HOPE	AR
	BRISTER	AR
	MCNAB	AR
	GARLAND	AR
	KIBLAH	AR
	BRIGHT STAR	AR
	ATLANTA	TX
	NOXOBE	AR
	CAPPS CITY	AR
	OZAN	
	YANCY	AR AR
	COLUMBUS TAYLOR	AR AR
	NASHVILLE	
		AR
	BLEVINS MACEDONIA	AR
	PHILADELPHIA	AR AR
	MCCASKILL	AR

							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA				_		515	TEM ID 6313
	SOUTHWEST ARKANSA	AS TELEPHO	NE COOP	ERATIVE, II	NC.			0313
_	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIBERS	AND RATES				
E	In General: The information in s	pace E should c	over all categ	ories of secon				
. .	system, that is, the retransmission							
Secondary Transmission	about other services (including plast day of the accounting period					nose existing	on the	
Service: Sub-	Number of Subscribers: Both					ole system, b	roken	
scribers and	down by categories of secondary							
Rates	each category by counting the nu						arged	
	separately for the particular servi Rate: Give the standard rate cl						and the	
	unit in which it is generally billed.	-				-		
	category, but do not include disco					, manifa par		
	Block 1: In the left-hand block	in space E, the	form lists the	categories of				
	systems most commonly provide							
	that applies to your system. Note categories, that person or entity s		-		-			
	subscriber who pays extra for ca							
	first set" and would be counted o							
	Block 2: If your cable system h	-		•				
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	nd rates, in the r	right-hand bio	ock. A two- of t	nree-wora descriptio	on of the serv	lice is	
		DCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		TE C	CATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE			DATEGORY OF SE		SUBSCRIBERS	
	Service to first set		641	40.95 LIFE	LINE		54	40.9
	Service to additional set(s)		209	5.00 PRC			78	85.9
	• FM radio (if separate rate)				MIER		461	91.9
	Motel, hotel				IMATE		14	####
	Commercial				IMATE-SHOW	PROMO	34	####
	Converter						• •	
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIONS	: RATES				
F	In General: Space F calls for rat	e (not subscribe	r) informatior	with respect t	o all your cable syst	tem's service	s that were	
Г	not covered in space E, that is, th							
Services	service for a single fee. There are furnished at cost or (2) services of							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.	2		0		,	
Fransmissions:	Block 1: Give the standard rate							
Rates	Block 2: List any services that	• •						
	listed in block 1 and for which a s brief (two- or three-word) descrip				list these other serv	ices in the lo	im or a	
	bher (two- or three-word) descrip							
		BLOC					BLOCK 2	DATE
	CATEGORY OF SERVICE Continuing Services:			OF SERVICE Non-residenti	RATE	CATEGO	RY OF SERVICE	RATE
	Pay cable		Motel, hot			STARZ		8.95
	Pay cable—add'l channel		Commerce				NCORE ONLY	4.95
	Fay cable—add i channel Fire protection		Pay cable			SHOWT		17.95
	•							10.99
	•Burglar protection Installation: Residential		•	-add'l channel		HISPAN		8.9
			Fire prote Burglar pr			VARIET		2.95
	First set		• Burglar pr					••••••
	 Additional set(s) 		• Reconnec			MOVIE F		1.9
	• EM radio (if comparets rate)							
	• FM radio (if separate rate)							
	 FM radio (if separate rate) Converter 		Disconnec	ct				
	, , ,		Disconnec Outlet relo	ct				

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYST
	SOUTHWEST ARKAI	NSAS TELEPHONE COOPERAT	IVE, INC.	
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Insmitters: elevision	In General: In space G, idicarried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ente (for independent multicast)	entify every television station (including the accounting period, except of in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) (e)(2) and (4), or 76.63 (referring to 76.61) (e)(2) and (4), or 76.63 (referring to 76.61) (for a sexplained in the next paragraph. s: With respect to any distant stations carules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination proted with a station according to its over-the-the form. The I number the FCC assigned to the telev. VRC is channel 4 in Washington, D.C. h case whether the station is a network sering the letter "N" (for network), "N-M" (for, "E" (for noncommercial educational), or the station according to the station), or the station according the station according the station is a network sering the letter "N" (for network), "N-M" (for network),	(1) stations carried only on a part-tin e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo vision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for independent "E-M" (for noncommercial education	me basis under ams [sections tions carried on a ostitute program _og)—if the o on some other ons. 'N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M"
	Column 4: Give the location FCC. For Mexican or Cana	erms, see page (iv) of the general instruction of each station. For U.S. stations, list adian stations, if any, give the name of the	the community to which the station e community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTBS	3-1	<u>N</u>	SHREVEPORT, LA
	KTBS-WX	3-2	N-M	SHREVEPORT, LA
ows as Necessary	KTBS-24	3-3	N-M	SHREVEPORT, LA
	KTALDT	6-1	N	SHREVEPORT, LA
	KSLA DT	12-1	N	SHREVEPORT, LA
	BOUNCE	12-3	N-M	SHREVEPORT, LA
	GRIT	12-4	N-M	SHREVEPORT, LA
	GRIT KPXJ-HD	12-4 21-1	N-M N	
				SHREVEPORT, LA
	KPXJ-HD	21-1	N	SHREVEPORT, LA TEXARKANA, TX
	KPXJ-HD KPXJ-ME	21-1 21-2	N N-M	SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA
	KPXJ-HD KPXJ-ME KPXJ-MO	21-1 21-2 21-3	N N-M N-M	SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA SHREVEPORT, LA
	KPXJ-HD KPXJ-ME KPXJ-MO KPXJ-AN	21-1 21-2 21-3 21-4	N N-M N-M N-M	SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA
	KPXJ-HD KPXJ-ME KPXJ-MO KPXJ-AN LPBHD	21-1 21-2 21-3 21-4 24-1	N N-M N-M N-M E	SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA
	KPXJ-HD KPXJ-ME KPXJ-MO KPXJ-AN LPBHD LPB2	21-1 21-2 21-3 21-4 24-1 24-2	N N-M N-M E E-M	SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA
	KPXJ-HD KPXJ-ME KPXJ-MO KPXJ-AN LPBHD LPB2 LPB3	21-1 21-2 21-3 21-4 24-1 24-2 24-3	N N-M N-M E E E-M E-M	SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA
	KPXJ-HD KPXJ-ME KPXJ-MO KPXJ-AN LPBHD LPB2 LPB3 KMSSTV	21-1 21-2 21-3 21-4 24-1 24-2 24-3 33-1	N N-M N-M E E-M E-M N	SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA MINDEN, LA MINDEN, LA MINDEN, LA

	FOWNER OF C		'STEM: LEPHONE COOPERATI'	VE, INC.				SYSTEM I 631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	i it is carried b monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of e the statio cion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a wed at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

Accounting Period	d: 2023/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ΓEM:				SYSTEM ID#
Name	SOUTHWEST ARKANS	SAS TELE	PHONE COO	OPERATIVE, INC.			63132
	SUBSTITUTE CARRIAGE						
		-	-			on that your cable of	system carried on a
	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT				0	• •	
Special	During the accounting per	-			sis any nonne	atwork television n	rogram
Statement and		-	a cable system	Carry, on a substitute bas	sis, any nonne		
Program Log	broadcast by a distant stat	ion?				YE	s 🔽 NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the p	rogram
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subs				wherever po	ssible, if their mea	ning is
	clear. If you need more spa	ice, please	add additional	rows to the tables.			
	period, was broadcast by a			ision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	etball." List specific progra	m titles, for ex	ample, "I Love Lu	cy" or
	"NBA Basketball: 76ers vs.	Bulls."					
				r "Yes." Otherwise enter "			
				asting the substitute progr			an in
	the case of Mexican or Car			ne community to which the			or, in
				tem carried the substitute			ie month
	first. Example: for May 7 giv		·····		p 9	,	
				gram was carried by your			
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. should	be
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	was substituted for progr	omming that	your oveters wee r	oquirod
	to delete under FCC rules a						
	was substituted for program						program
	effect on October 19, 1976.		-			-	
					11		
						N SUBSTITUTE	
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCURREE 6. TIMES	D 7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		то
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2023/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.			S	63132
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s; (as identified in space E) during the accounting period. For a further explanatic 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	ystem's se on of how t	condary transm o compute this	nission service amount, see	
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 l • Use block 3 if the amount of gross receipts in space K is more than \$137,100 l See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less than the second se	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that you	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	s 1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	157,493.70		
	3. Subtract line 2 from line 1	\$	106,306.30		
	- 4. Enter the amount of gross receipts from space K			- 157,493.70	
	5. Enter the amount from line 3		\$	106,306.30	
	6. Subtract line 5 from line 4		\$	51,187.40	
	7. Multiply line 6 by .005 (enter figure here)			\$	255.94
	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	ind 8		\$	255.94
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00	-	
				_	
	- 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	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	255.94	
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			\$	275.94
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				its!

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: T ARKANSAS TELEPHONE	COOPERATIVE, INC.	SYSTEM ID# 63132
M Channels	to its subscrit 1. Enter the tr system car 2. Enter the tr on which th	bers, and (2) the cable system's total number of channels on which rried television broadcast station total number of activated channel he cable system carried television	ns	
N Individual to		TO BE CONTACTED IF FURT act about this statement of account	HER INFORMATION IS NEEDED (Identify an individual ant.)	to whom
Be Contacted for Further Information	Name	Tina Moore		Telephone 870-653-8222
	Address	2601 East Street (Number, street, rural route, apar Texarkana, AR 7185 (City, town, state, zip)		
	Email	tinam@swatco	.com Fax (optional 870-653-7156
O Certification	(Ow (Age X (Of • I have examin are true, comp	ent of owner other than corpora in line 1 of space B and that th fficer or partner) I am an officer (i in line 1 of space B. ned the statement of account and h	artnership) I am the owner of the cable system as identified tion or partnership) I am the duly authorized agent of the o e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal ent hereby declare under penalty of law that all statements of fac y knowledge, information, and belief, and are made in good fac X /s/Tina Moore	wner of the cable system as identified ity identified as owner of the cable system t contained herein aith.
		Typed or printed	Enter an electronic signature on the line above to certify thi Enter signature using an "/s/ signature" (e.g., /s/ John Smith I name: Tina Moore Accountant/Compliance Officer	
		Title: (Ti	tle of official position held in corporation or partnership)	

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.

Intervent of the total here and list the satellite carrier(s) below. \$ Name Maing Address Name Name	unting Period: 2023/1	FORM SA1-2E. PAG
	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
The Statilite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(Å), of the Copyright Act by adding the fol- lowing sentence: and the total number of subscribers and the gross amounts paid to the cable system for the basic survice of providing 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 totated in the page 5A1-2 form. During the accounting period. did the cable system exclude any amounts of gross receipts for secondary transmissions and the statellite carriers to satellite dish owners? Norre Maing Address Nume Maing Address Nume Maing Address Line 1 Enter the total here and list the satellite carrier(s) below. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rates and enter the sum here Nume Line 2 Multiply line 1 by the interest rate ² and enter the sum here Nume to appendix the low of 2 line 6, or block 3 line 6 Norre Nume to explanation of interest rate and enter the sum here Nume to a explanation of secondary transmissions (mained as a result of a late payment or underpayment. For an explanation of interest rate ² and enter the sum here Nume to appendix the low of 2 line 8, or block 3 line 6 Nume to appendix the low of 2 line 8, or block 3 line 6 Norre (mained address, first community served, 10 number, and account already submitted to the Copyright Office, please list below the owner, address, first community served, 10 number, and account already submitted to the copyright Office, please list below the owner, address, first community served, 10 number, and account already submitted to the copyright Office, please list below the owner, address, first community served, 10 number, and account already submitted to the original filling.	ITHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.	631
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. Interest Assessment Line 1 Enter the amount of late payment or underpayment .	 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? 	P Special Statemen Concerning Gros Receipts Exclusio
Mailing Address Mailing Address Image: Control of Controf Control of Co	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and enter the sum here		
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENT	
Line 1 Enter the amount of late payment of underpayment x		
Line 2 Multiply line 1 by the interest rate* and enter the sum here		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	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 Assessme
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	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 Assessme
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	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 Assessme
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	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 Assessme
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	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 Assessme
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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.