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

STATEME		FOR COPYRIG	Return completed workbook by email to	
	ry Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
Cable Systems (Short Form)			\$	For additional information, contact the U.S. Copyright
	ctions are located of this workbook.	8-29-23	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
	OF THIS WORDOOK.		ALLOCATION NUMBER	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20231	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	orate title
Owner	List any other name or names under which	h the owner conducts the business of t	the cable system.	
			the last day of the accounting period should su	ıbmit a
	single statement of account and royalty fe			063711
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF 3027 S SE LOOP 323	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite nu	imber)		
	City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line 2			
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>
	ST. MARY'S DETENTION C			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite nu	mber)		
	(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.

Norse	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II				
Name	CEQUEL COMMUNICATIONS LLC					
D	CEQUEL COMMUNICATIONS LLC0637Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 know 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					
Aroa	identified city.					
-	CITY OR TOWN	STATE				
First	(ST. MARY'S DETENTION CENTER)	MD				
Community	LEONARDTOWN	MD				
dd Rows as Necessary						
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ır.						
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:							FORM SA1-2E. PAGE : SYSTEM ID:				
Name			•						06371			
Е	In General: The information in s	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										
Secondary	system, that is, the retransmissi about other services (including )					•						
Transmission	last day of the accounting period	d (June 30 or D	)ecemb	er 31, as the c	ase may b	e).		-				
Service: Sub- scribers and		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
Rates	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	vice at the rate	indicat	ed—not the nu	mber of se	ets receiving ser	vice).	-				
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed											
	category, but do not include disc						is within a					
	Block 1: In the left-hand block	k in space E, th	e form	lists the catego	ories of se	•						
	systems most commonly provid that applies to your system. <b>Not</b>											
	categories, that person or entity			-		-						
	subscriber who pays extra for ca	able service to	additio	nal sets would	be include	d in the count u	•					
	first set" and would be counted of Block 2: If your cable system	•			• • •		o difforant	from these				
	printed in block 1 (for example,	-										
	with the number of subscribers					•						
	sufficient.	DCK 1			Τ		BLOC	()				
	BLU	NO. OF					BLUC	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		0	-								
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel											
	Commercial		30	42.41								
	Converter											
	Residential											
	Non-residential											
			NeMIS		6							
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	stem's sei	rvices that were				
F	not covered in space E, that is,	those services	that ar	e not offered in	combinat	ion with any sec	ondary tra	ansmission				
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• •	,				
Other Than	amount of the charge and the u											
Secondary	enter only the letters "PP" in the	rate column.				-						
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
Rates	<b>Block 2:</b> 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) descrip	otion and inclue	de the r	ate for each.								
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-res	idential							
	• Pay cable	-		otel, hotel								
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>	-	_	mmercial y cable								
	•Burglar protection			y cable-add'l cl	nannel							
	Installation: Residential			e protection								
	• First set	-		rglar protection	l							
	<ul> <li>Additional set(s)</li> </ul>	-		services:								
	• FM radio (if separate rate)		• Re	connect		-						
	• Converter			sconnect								
			<b>•</b>									
				itlet relocation		-						

ng Period:									
ame	LEGAL NAME OF OWNER C				TEM ID				
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G mary mitters:	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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.								
vision	Substitute Basis Stations basis under specific FCC	s: With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th							
	station was carried <i>only</i> of • List the station here, and		both on a substitute basis and al	so on some other					
	Column 1: List each static	on's call sign. <i>Do not</i> report origination placed with a station according to its over-the	rogram services such as HBO, ES	SPN, etc. Identify each					
	of license. For example, W	nel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. h case whether the station is a network s	-						
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati	ering the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	ational multicast). In is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	I				
	1. CALL SIGN WETA-4	2. B'CAST CHANNEL NUMBER 26	3. TYPE OF STATION E	4. LOCATION OF STATION WASHINGTON, DC	l				
					l				
15 Necessary	WETA-4	26	E	WASHINGTON, DC WASHINGTON, DC					
s Necessary	WETA-4 WJLA-1 WRC-1	26 7 4	E N	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
s Necessary	WETA-4 WJLA-1 WRC-1 WTTG -1	26 7 4 5	E N N I	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
as Necessary	WETA-4 WJLA-1 WRC-1	26 7 4	E N	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
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as Necessary	WETA-4 WJLA-1 WRC-1 WTTG -1	26 7 4 5	E N N I	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					

EGAL NAME OF								SYSTEM I 0637
PRIMARY TRA								
n General: List	t every radio s	tation ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing	y the sys be rece it the Co sign of he static ion's sig g a chec	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's h system's FM an this point, see pa sed by the cable	eadend, and ( tenna, during o age (v) of the g system as a s	2) it can certain s jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which the community with which the		-	CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		
							·	
							·	

Accounting Perio	od: 2023/1						FORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 063711
Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	fy every noi ccounting p ing that mus	nnetwork televi eriod, under sp st be included i	<i>sion program,</i> broadcast by ecific present and former F n this log, see page (v) of t	/ a <i>distant</i> sta CC rules, reg	ulations, or autho	orizations. For a further
	<ul> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried 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."</li> </ul>						
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulati	ons in effect d	as permitted to delete uno	d; enter the der FCC rules	letter "P" if the li	sted program s in E RED 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. TIMES FROM — —	S DELETION TO
					· · · · · · · · · · · · · · · · · · ·		

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063711
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	smission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,800.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00.	or this six-month
	Line 1. Royalty fee for accounting period	<b>\$ 52.00</b>
	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	···· <b>\$ 52.00</b>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)
	1. Base amount under statutory formula    \$    263,800.00	<u>)</u>
	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 \$52	27,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00	<u>)</u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.		····	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	<ol> <li>Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)</li></ol>		52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	EFT Trace # or TRANSACTION ID #			
	<b>Important:</b> Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f			

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC	SYSTEM ID# 063711
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	5 60
N Individual to		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
Be Contacted for Further Information	Name	RODNEY HASKINS Telephone (903) 579-31	52
	Address 	3027 S SE LOOP 323         (Number, street, rural route, apartment, or suite number)         TYLER, TX 75701         (City, town, state, zip)         RODNEY.HASKINS@ALTICEUSA.COM         Fax (optional)	
O Certification	<ul> <li>I, the undersigned (Owned)</li> <li>(Agenting in 1)</li> <li>X (Officing in 1)</li> <li>I have examined</li> </ul>	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified line 1 of space B and that the owner is not a corporation or partnership; or ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable sy line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein (e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

/s/ Alan Dannenbaum
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: ALAN DANNENBAUM
Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)
Date:

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	023/1	FORM SA1-2E. PAGE
	IER OF CABLE SYSTEM:	SYSTEM ID
	JNICATIONS LLC	06371
The Satellite Ho lowing sentence "In deter service o scribers	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
located in the p	aper SA1-2 form.	
•	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name       Mailing Address	
You must comp For an explana	<b>SSESSMENT</b> lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
Line 2 Multiply	xline 1 by the interest rate* and enter the sum here	-
Line 3 Multiply	line 2 by the number of days late and enter the sum here	-
	line 3 by 0.00274** and enter here	
	L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	-
in space * To view th		-
in space * To view th contact th	(interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
in space * To view th contact th ** This is the NOTE: If you an	(interest charge) e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	_
in space * To view th contact th ** This is the NOTE: If you an	(interest charge) e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

**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	Cable Worksheet	Total amount of remittance	Numbe	r of SAs rec'd	Initials	
		Date of remittance	Check	EFT	🗆 FILIN	G FEES
Cable ID #					Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation n	umber		
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun peric	od) or /2 (for Jul-De	c period) No spa	ces)
Period	□ Letter sent	C	] Information receive	d		
		C	] Phone call/Date/Co	ntact		
Space B Owner						
	□ Letter sent	C	] Information receive	d		
		E	] Phone call/Date/Co	ntact		
Space D Area Served						
	□ Letter sent	Ľ	] Information receive	d		
		E	] Phone call/Date/Co	ntact		
Space E Secondary Transission						
Service Subscribers:	□ Letter sent	C	] Information receive	d		
and Rates		C	] Phone call/Date/Co	ntact		
Space G Primary Transmitters:						
Television	□ Letter sent	[	] Information receive	ed		
		[	□ Phone call/Date/Co	ontact		
Space H Primary Transmitters:						
Radio	□ Accepted	[	☐ Phone call/Date/Co	ontact		

Space I
Substitute
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	
□ 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
Letter sent	□ Info/add'l fee received	
	Phone call/Date/Contact	