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				
8-29-23	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

## coplicsoa@copyright.gov

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

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)								
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								
		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)								
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
С		s 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:  CLAYTON WORK CAMP								
		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.

	I	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	CEQUEL COMMUNICATIONS LLC							
	Instructions: List each separate community served by the cable system. A "co	ommunity" is the same as a "community unit" as defined in FCC ru						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated communities within unincorporated areas."							
	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 knows the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	CLAYTON	IL						
Community	(CLAYTON WORK CAMP)	IL						
Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063729 **CEQUEL COMMUNICATIONS LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Е 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 Secondary **Transmission** last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 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. **BLOCK 2 BLOCK 1** NO. OF NO. OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set Service to additional set(s) • FM radio (if separate rate) Motel, hotel 51 Commercial 42.41 Converter Residential Non-residential 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 F 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 **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, **Other Than** Secondary 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. **Transmissions**: Block 2: List any services that your cable system furnished or offered during the accounting period that were not **Rates** 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** BLOCK 2 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential Pay cable · Motel, hotel • Pay cable—add'l channel Commercial Fire protection · Pay cable Burglar protection • Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection

Other services:

Reconnect

Disconnect

Outlet relocationMove to new address

Additional set(s)

Converter

• FM radio (if separate rate)

unting Period:	2023/1			FORM SA1-2E. F					
Marra	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G		entify every television station (including em during the accounting period, except							
Primary ansmitters: Felevision	76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b>	in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6) as explained in the next paragraph. s: With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain s	stations carried on a					
		rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis.	ne Special Statement and Progra	m Log)—if the					
	<ul> <li>List the station here, and basis. For further informati Column 1: List each static multicast stream associate</li> </ul>	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ped with a station according to its over-the	see page (v) of the general instruction rogram services such as HBO, E	uctions. SPN, etc. Identify each					
	of license. For example, W Column 3: Indicate in eac	the form. nel number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (	station, an independent station, o	r a noncommercial					
	(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. <b>Column 4:</b> 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.								
				•					
				•					
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	ne community with which the stati	on is identified.  4. LOCATION OF STATION					
	1. CALL SIGN KHQA-1	2. B'CAST CHANNEL NUMBER 7	3. TYPE OF STATION	4. LOCATION OF STATION HANNIBAL, MO					
as Necessarv	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
s as Necessary	1. CALL SIGN KHQA-1	2. B'CAST CHANNEL NUMBER 7	3. TYPE OF STATION	4. LOCATION OF STATION HANNIBAL, MO					
: as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
s as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
vs as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
's as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
vs as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
/s as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
rs as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
vs as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
ws as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
ows as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					
s as Necessary	1. CALL SIGN KHQA-1 WGEM-1	2. B'CAST CHANNEL NUMBER 7 10	3. TYPE OF STATION  N  N	4. LOCATION OF STATION HANNIBAL, MO QUINCY, IL					

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**CEQUEL COMMUNICATIONS LLC** 

SYSTEM ID#

063729

## 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
OALL SIGN	AIVI OI I IVI	3/0	LOGATION OF STATION	JALL SIGN	CIVI OI I IVI	0/0	LOCATION OF STATION

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA						SYSTEM ID# 063729
1	SUBSTITUTE CARRIAGE In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	a distant stat		
Substitute	substitute basis during the ac explanation of the programm	• .	•	•			
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev <u>ision</u> prograr	m
Statement and Program Log	broadcast by a distant stat	ion?				YES	X NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the progra	m
	log in block 2.  2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	ssible, if their meaning is	8
	clear. If you need more space	ce, please a	add additional r	ows to the tables.	•		
	<b>Column 1:</b> Give the title operiod, was broadcast by a under certain FCC rules, reg	distant stati	on and that you	ur cable system substitute	d for the prog	gramming of another sta	ation
	Do not use general categori "NBA Basketball: 76ers vs.	es like "mov					
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "N	No."		
	Column 3: Give the call s					anned by the FCC or in	
	Column 4: Give the broathe case of Mexican or Cana						
	Column 5: Give the mon	th and day					nth
	first. Example: for May 7 giv  Column 6: State the time		substituto pro	gram was carried by your	cable system	List the times accurate	alv
	to the nearest five minutes.						ery
	stated as "6:00–6:30 p.m."	·		•	·	•	
	Column 7: Enter the letter						
	to delete under FCC rules a was substituted for program						iaiii
	effect on October 19, 1976.		·	•		· ·	
					П whi	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		DELETION
		103 01 140	CALL CICIT	4. STATION S EGGATION	7 (IVE EXT		
					-		
					-		
					-		
					-		
					-	_	
						_	
					-		
Ī							

Accounting Period:	•		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	S\	O63729
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	2,936.00 ss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less.  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2.  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.	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 the accounting period is \$52.00.	is six-month	
	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 \$137,1	100)	
	1. Base amount under statutory formula		
	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		
	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)	<u>.</u>	
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		•	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	<b>)</b>	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF OWNER O					SYSTEM ID# 063729	
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations						
N Individual to Be Contacted	we can contact about this	statement of account.)		MATION IS NEEDED (Identify an individual		(0.00) === 0.4=0	
for Further Information	Address 3027 (Number,	S SE LOOP 323 street, rural route, apartment	nt, or suite	number)	Telephone _	(903) 579-3152	
		RODNEY.HASKIN	NS@ALT	Fax (option	nal)		
O Certification	I, the undersigned, hereby  (Owner other th  (Agent of owner in line 1 of sp  X (Officer or parting in line 1 of sp  I have examined the stater)	certify that (Check one, to an corporation or partners) on the than corporation once B and that the owner once B.  The control of account and here the to the best of my known once the corporation of account and here the to the best of my known once the corporation of account and here the the the the the the corporation of account and here the the the the the the the the the th	but only conership) on or parter is not a corporation of the corporati	fied and signed in accordance with Copyright Offone, of the boxes.)  I am the owner of the cable system as identified in I  nership) I am the duly authorized agent of the owner accorporation or partnership; or  on) or a partner (if a partnership) of the legal entity in the interest of the component of the legal entity in the interest of the information, and belief, and are made in good faith.	ine 1 of space B; er of the cable sys dentified as owne	or stem as identified	
			nter an ele	ectronic signature on the line above to certify this stat ture using an "/s/ signature" (e.g., /s/ John Smith)	tement.		
			SVP, PF	ALAN DANNENBAUM  ROGRAMMING held in corporation or partnership)			
		Title: S\ (Title of officia	SVP, PF	ROGRAMMING			

**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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063729
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
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.	Receipts Exclusion
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 Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served Accounting period	

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 filling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Letter sent

C	Cable Worksh	eet	Total amount of remittance	Number of SAs rec'd		lı	Initials	
			Date of remittance	_ Check	EFT	☐ FILI	NG FEES	
Cable ID #						Amount	Initials	
Examined by	Reviewe	ed by	Date examination completed	Allocation i	number			
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun peri	od) or /2 (for Jul-De	c period) No spa	ces)	
Period	Letter sent			Information recei	ved			
	☐ Accepted			Phone call/Date/0	Contact			
Space B Owner								
	Letter sent		[	Information recei	ved			
	Accepted			Phone call/Date/0	Contact			
Space D Area Served								
	Letter sent		[	Information recei	ved			
	Accepted			Phone call/Date/0	Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent			Information recei	ved			
and Rates	☐ Accepted			Phone call/Date/0	Contact			
Space G Primary Transmitters:								
Television	Letter sent			Information rece	ived			
	Accepted			Phone call/Date/	Contact			
Space H Primary Transmitters:								
Radio	Accepted			Phone call/Date/	Contact			
						Space Substi Carria	tute	

 $\hfill \square$  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 Fees
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	
Accepted	Phone call/Date/Contact	