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.

F	OR COPYRIGHT	OFFICE USE	

AMOUNT DATE RECEIVED 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	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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 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.	
		O6 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3817
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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)	
С		<b>FRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1		
		NEW CASTLE CORRECTIONAL FACILITY MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notice	e: Sectio	ion 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0638
D Area	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 mobi identified city.	d communities within unincorporated areas and including singl list will serve as a form of system identification hereafter know
Served	identified city.	
		STATE
First Community		IN
Community	(NEW CASTLE CORR)	
d Rows as Necessary		
u Rows as necessary		
	******	
l l		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYSTEM ID 06381		
		TIONS LLC								
F	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND R	ATES					
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmissi about other services (including									
Fransmission	last day of the accounting period		-					sung en une		
Service: Sub-	Number of Subscribers: Bot	-					-			
scribers and Rates	down by categories of secondar	•		-		•				
Rales	each category by counting the n separately for the particular serv		-	•••		•	-	scharged		
	Rate: Give the standard rate of							rge and the		
	unit in which it is generally billed	• •		,	•	ard rate variatior	is within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					condany transmi	ssion sorv	rice that cable		
	systems most commonly provid			•		•				
	that applies to your system. <b>Not</b>									
	categories, that person or entity						•			
	subscriber who pays extra for ca						nder "Serv	rice to the		
	first set" and would be counted of Block 2: If your cable system	•			• • •		e different	from those		
	printed in block 1 (for example,	-		•						
	with the number of subscribers a	and rates, in the	e right-l	hand block. A	two- or thre	ee-word descript	ion of the	service is		
	sufficient.							( )		
	BLO	OCK 1 NO. OF					BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		0	-						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		58	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		Nemie							
_	<b>In General:</b> Space F calls for ra					all your cable sy	stem's ser	vices that were		
F	not covered in space E, that is,	those services	that are	e not offered ir	n combinat	ion with any sec	ondary tra	nsmission		
<b>.</b>	service for a single fee. There a	•			•		• •			
Services Other Than	furnished at cost or (2) services amount of the charge and the u									
Secondary	enter only the letters "PP" in the		usually	, billed. If arry i		analged on a var		biogram basis,		
ransmissions:				•		•••				
Rates	Block 2: List any services that	• •			-	-	•			
	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					RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT	
					VICE	NATE	CATEG	ORT OF SERVICE	IVA I	
	CATEGORY OF SERVICE			BORY OF SEF	sidential					
	Continuing Services:		Installa	ation: Non-res	sidential					
	Continuing Services: • Pay cable		Installa • Mo	ation: Non-res tel, hotel	sidential					
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mo • Col	<b>ation: Non-res</b> tel, hotel mmercial	sidential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial / cable						
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mo • Cor • Pay • Pay	<b>ation: Non-res</b> tel, hotel mmercial						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l c	hannel					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	- - -	Installa • Mo • Col • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection	hannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	- - -	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	hannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	- - -	Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur • Ree	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection glar protectior services:	hannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	- - -	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other • Ree • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection glar protectior services: connect	hannel					

nting Period: 2	2023/1			F	ORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:			SYSTEM ID#			
	CEQUEL COMMUNIC	ATIONS LLC			063817			
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary nsmitters:	<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.							
levision	Substitute Basis Stations	: With respect to any distant stations oules, regulations, or authorizations:	carried by your cable system on a sub	ostitute program				
		e in space G—but do list it in space I (	the Special Statement and Program	Log)—if the				
	basis. For further information <b>Column 1:</b> List each station	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination	s, see page (v) of the general instruct program services such as HBO, ESF	ions. N, etc. Identify each				
	"WETA-2" as the same on	d with a station according to its over-th the form. el number the FCC assigned to the tele						
	of license. For example, W <b>Column 3:</b> Indicate in each	RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M"	station, an independent station, or a	noncommercial				
	(for independent multicast) For the meaning of these te <b>Column 4:</b> Give the location	, "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. If the community to which the station	onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION			
					STATION			
	WFYI-1	2	E	INDIANAPOLIS, IN				
	WTHR-1	13	N	INDIANAPOLIS, IN				
lecessary	WTTV-1	4	N	INDIANAPOLIS, IN				
	WXIN-1	59	<b>I</b>	INDIANAPOLIS, IN				
	WRTV-1	6	N	INDIANAPOLIS, IN				
	WISH-1	7		INDIANAPOLIS, IN				

EGAL NAME OF								SYSTEM I 0638
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an this point, see pa sed by the cable he station is licer	eadend, and ( tenna, during o tge (v) of the g system as a s nsed by the FC	2) it can certain s eneral i eparate	be expected, tated 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	
		5,0				3,0		
						·=-		
						·		
						·		

Accounting Perio	od: 2023/1						FORM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 063817		
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the are explanation of the programm 1. SPECIAL STATEMENT	fy every nor ccounting po 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 th	v a <i>distant</i> sta CC rules, reg	ulations, or autho	orizations. For a further		
Carriage: Special Statement and Program Log	<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 und	d; enter the ler FCC rules	etter "P" if the lis	E TE TE TE T. 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	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# 063817
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. 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	\$ 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	···· <u>\$ 52.00</u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	',100)
	1. Base amount under statutory formula	<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# 063817
<b>M</b> Channels	to its subscribers	bu 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.	
	system carried 2. Enter the total on which the ca	I number of channels on which the cable television broadcast stations	6 52
N Individual to	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	9-3152
	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</li> <li>(Owned)</li> <li>(Agenting)</li> <li>X</li> <li>(Officing)</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 id line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cab 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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counting Period: 2	2023/1	FORM SA1-2E. PAGE 8
SAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMM	UNICATIONS LLC	06381
The Satellite He lowing sentence "In deter service of scribers For more inform	TATEMENT 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: rmining 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." nation on when to exclude these amounts, see the note on page (vii) of the general instructions haper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
made by satelli	punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
Name Mailing Address	Name Mailing Address	
You must comp For an explana	ASSESSMENT blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment	Q Interest Assessmen
	x	-
Line 4 Multiply	x 0.00274 / 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 \$ (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.	
** This is th	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community Accounting per		

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C	Cable Worksheet	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	Allocation n	umber			
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)						
Period	Letter sent     Information received						
		Phone call/Date/Contact					
Space B Owner							
	□ Letter sent	□ Information received					
		Phone call/Date/Contact					
Space D Area Served							
	□ Letter sent	□ Information received					
		Phone call/Date/Contact					
Space E Secondary Transission							
Service Subscribers:	Letter sent     Information received						
and Rates		Phone call/Date/Contact					
Space G Primary Transmitters:							
Television	□ Letter sent	□ Information received					
		[	□ Phone call/Date/Co	ontact			
Space H Primary Transmitters:							
Radio	□ Accepted	[	Phone call/Date/Contact				

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	