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
1-22-25	$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Licensing Section Digitally signed by Licensing Section Date: 2025.02.12 10:13:51 -05'00'

A — Accounting Period

ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))

2024/2 — **Period 1 = January 1 - June 30** **Period 2 = July 1 - December 31**

[ ] **Barcode Data Filing Period (optional - see instructions)**

B — Owner

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.

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. 63701

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

Sycamore Telephone Company

BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)

Sycamore Telephone Company

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

104 East Seventh Street
(Number, street, rural route, apartment, or suite number)

Sycamore, Ohio 44882
(City, town, state, zip)

C — System

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.

1 **IDENTIFICATION OF CABLE SYSTEM:**

2 **MAILING ADDRESS OF CABLE SYSTEM:**

(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sycamore Telephone Company	SYSTEM ID# 63701

D

Area Served

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first 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 identified city.

First Community

Add Rows as Necessary

CITY OR TOWN	STATE
Sycamore	Ohio
McCutchenville	Ohio
Melmore	Ohio
Carey	Ohio
Upper Sandusky	Ohio
Tiffin	Ohio
Nevada	Ohio

Accounting Period: 2024/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Sycamore Telephone Company	**63701**

E

Secondary Transmission Service: Subscribers and Rates

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	289	74.50			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Non-residential					

F

Services Other Than Secondary Transmissions: Rates

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 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 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, 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.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a 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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		**Installation: Non-residential**			
• Pay cable		• Motel, hotel		**Expanded Basic**	**110.44**
• Pay cable—add’l channel		• Commercial		**Variety**	**123.48**
• Fire protection		• Pay cable		**HBO**	**17.95**
•Burglar protection		• Pay cable-add’l channel		**Cinemax**	**13.45**
Installation: Residential		• Fire protection		**Starz/Encore**	**10.95**
• First set		• Burglar protection		**Showtime**	**15.95**
• Additional set(s)		**Other services:**			
• FM radio (if separate rate)		• Reconnect			
• Converter		• Disconnect			
		• Outlet relocation			
		• Move to new address			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sycamore Telephone Company	SYSTEM ID# 63701

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WTOL	11.1	N	Toledo, Ohio
WTOL-DT2-Justice	11.2	N-M	Toledo, Ohio
WTOL-DT3-Grit	11.3	N-M	Toledo, Ohio
WTOL-DT4-Quest	11.4	N-M	Toledo, Ohio
WTOL-D5 Shop LC	11.5	N-M	Toledo, Ohio
WTOL-D6 GetTV	11.6	N-M	Toledo, Ohio
WTOL-D8 Laff	11.8	N-M	Toledo, Ohio
WGTE	30.1	E	Toledo, Ohio
WGTET2-FAM	30.2	E-M	Toledo, Ohio
WGTET3-CRE	30.3	E-M	Toledo, Ohio
WLMB	40	N	Toledo, Ohio
WTVG	13.1	N	Toledo, Ohio
WTVGT2-CW	13.2	N-M	Toledo, Ohio
WTVGT3-MeTV	13.3	N-M	Toledo, Ohio
WTVGT4-The365	13.4	N-M	Toledo, Ohio
WTVGT6-Dabl	13.6	N-M	Toledo, Ohio
WTVGT7-Weather	13.7	N-M	Toledo, Ohio
WUPW	36.1	N	Toledo, Ohio
WUPWDT2-Bounce	36.2	N-M	Toledo, Ohio
WNWO	24.1	N	Toledo, Ohio
WNWO-DT2-Charge!	24.2	N-M	Toledo, Ohio
WNWO-DT3-Comet	24.3	N-M	Toledo, Ohio
WNWO-DT4 TBD	24.4	N-M	Toledo, Ohio
WBNS	10.1	N	Columbus, Ohio
WBNS-DT2-MeTV	10.2	N-M	Columbus, Ohio

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **Sycamore Telephone Company**	**SYSTEM ID# 63701**

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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.

Column 4: 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBNS-DT3 Dabl	10.3	N-M	Columbus, Ohio
WBGU	27.1	E	Bowling Green, Ohio
WBGUT2-EC	27.2	E-M	Bowling Green, Ohio
WBGUT3-CR	27.3	E-M	Bowling Green, Ohio

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Sycamore Telephone Company

SYSTEM ID# 63701

H

Primary Transmitters: Radio

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.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sycamore Telephone Company	SYSTEM ID# 63701

I

Substitute Carriage: Special Statement and Program Log

SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

In General: In space I, identify *every nonnetwork television program,* broadcast by a *distant* station, that your cable system carried on a *substitute basis* during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.

1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? [ ] YES [X] NO

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.

2. LOG OF SUBSTITUTE PROGRAMS

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.

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."

Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."

Column 3: Give the call sign of the station broadcasting the substitute program.

Column 4: Give the broadcast 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).

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."

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."

Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was *required* to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED				7. REASON FOR DELETION
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	—	TO	
						—		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **Sycamore Telephone Company**	**SYSTEM ID# 63701**

K
Gross Receipts

GROSS RECEIPTS

Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.

Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . . $ **129,183.00** (Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross receipts.

L
Copyright Royalty Fee

COPYRIGHT ROYALTY FEE

Instructions: To compute the royalty fee you owe:

- Complete block 1, block 2, *or* block 3.
- Use block 1 if the amount of gross receipts in space K is $137,100 or less
- Use block 2 if the amount of gross receipts in space K is more than $137,100 but less than or equal to $263,800
- Use block 3 if the amount of gross receipts in space K is more than $263,800 but less than $527,600

See page (vi) of the general instructions located in the paper SA1-2 form for more information.

BLOCK 1: GROSS RECEIPTS OF $137,100 OR LESS

Instructions: As a cable system with gross receipts of $137,100 or less, the royalty fee that you must pay for this six-month accounting period is $52.00

Line 1. Royalty fee for accounting period	$ **52.00**
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	**0.00**
Line 3. **TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD**. Add lines 1 and 2	$ **52.00**

BLOCK 2: GROSS RECEIPTS OF $263,800 OR LESS (but more than $137,100)

1. Base amount under statutory formula	$ **263,800.00**		
2. Enter amount of gross receipts from space K			
3. Subtract line 2 from line 1			
4. Enter the amount of gross receipts from space K			
5. Enter the amount from line 3			
6. Subtract line 5 from line 4			
7. Multiply line 6 by .005 (enter figure here)			
8. Interest charge. Enter the amount from line 4, space Q, page 8			**0.00**
9. **TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.** Add lines 7 and 8 . . .			

BLOCK 3: GROSS RECEIPTS OF MORE THAN $263,800 (but less than $527,600)

1. Enter the amount of gross receipts from space K			
2. Base amount under statutory formula	$ **263,800.00**		
3. Subtract line 2 from line 1			
4. Multiply line 3 by .01			
5. Royalty due on the first $263,800 of gross receipts (under statutory formula) . . .		$ **1,319.00**	
6. Interest charge. Enter the amount from line 4, space Q, page 8		**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

1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	$ **52.00**	
2. Filing Fee (See the instructions for more information on filing fee calculations) . . .	$ **15.00**	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		$ **67.00**

EFT Trace # or TRANSACTION ID # 27L08NNB

Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: **Sycamore Telephone Company**	SYSTEM ID# **63701**

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 **37**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services **305**

N Individual to Be Contacted for Further Information

INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)

Name **Richard Ekleberry II** Telephone **419-927-6012**

Address **104 East Seventh Street**
(Number, street, rural route, apartment, or suite number)

Sycamore, OH 44882
(City, town, state, zip)

Email rick.ekleberry@syctelco.com Fax (optional

O Certification

CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)

- **I**, the undersigned, hereby certify that (Check one, *but only one* , of the boxes.)

[ ] **(Owner other than corporation or partnership)** I am the owner of the cable system as identified in line 1 of space B; or

[ ] **(Agent of owner other than corporation or partnership)** I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or

[X] **(Officer 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 system in line 1 of space B.

- I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]

X /s/ Richard Ekleberry II

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: **Richard Ekleberry II**

Title: **General Manager**
(Title of official position held in corporation or partnership)

Date: 1/22/2025

LEGAL NAME OF OWNER OF CABLE SYSTEM: **Sycamore Telephone Company**

SYSTEM ID# **63701**

P

Special Statement Concerning Gross Receipts Exclusion

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."

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?

☐ NO

☐ YES. Enter the total here and list the satellite carrier(s) below. . . . . $

Name	Name
Mailing Address	Mailing Address

Q

Interest Assessment

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.

Line 1 Enter the amount of late payment or underpayment . . . .

x

Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . -

x ______ days

Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . -

x 0.00274

Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . $ -

(interest charge)

* To view the interest rate chart click on *www.copyright.gov/licensing/interest-rate.pdf.* For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner

Address

ID number

First community served

Accounting period

CONTROL #: REMITTANCE #:

Cable Worksheet

Total amount of remittance	Number of SAs rec'd	Initials

Date of remittance ☐ Check ☐ EFT ☐ FILING FEES

Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	

Space A Accounting Period		
	☐ January 1 - June 30, 2017	☐ July 1 - December 31, 2017
	☐ Letter sent	☐ Information received
	☐ Accepted	☐ Phone call/Date/Contact
Space B Owner		
	☐ Letter sent	☐ Information received
	☐ Accepted	☐ Phone call/Date/Contact
Space D Area Served		
	☐ Letter sent	☐ Information received
	☐ Accepted	☐ Phone call/Date/Contact
Space E Secondary Transission Service Subscribers: and Rates		
	☐ Letter sent	☐ Information received
	☐ Accepted	☐ Phone call/Date/Contact
Space G Primary Transmitters: Television		
	☐ Letter sent	☐ Information received
	☐ Accepted	☐ Phone call/Date/Contact
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 (SA3 only)

☑ Letter sent	☐ Information received
☐ Accepted	☐ Phone call/Date/Contact

Space K
Gross Receipts

☐ Letter sent	☐ Information received
☐ Letter sent	☐ 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