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					
3/1/2021	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20202 Barcode Data Filing Period (optional - see instructions)
Period	
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Atlantic Broadband (SC) LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2 Batterymarch Park, Suite 205
	(Number, street, rural route, apartment, or suite number)  Quincy, MA 02169
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	Atlantic Broadband
	MAILING ADDRESS OF CABLE SYSTEM:
	2   520 Pine Log Road (Number, street, rural route, apartment, or suite number)
	Aiken, SC 29803 (City, town, state, zip code)
1	[Cong. town, state, 219 seed]

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Atlantic Broadband (SC) LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discunsive 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 "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 ident city.  City of Bamberg  City of Bamberg  City of Bamberg  SC  Bamberg County (un-incorp)  SC  Denmark  SC		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 "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 ident city.  CITY OR TOWN  STATE  City of Bamberg  City of Bamberg  City of Bamberg  SC  Denmark  SC	Name		
separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 "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 ident city.    CITY OR TOWN			
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 "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 ident city.    CITY OR TOWN	_		
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 ident city.  CITY OR TOWN STATE  City of Bamberg SC Denmark SC	ט		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.    CITY OR TOWN   STATE			you list will serve us a form of system identification her curter known as the
Served city.  CITY OR TOWN STATE  First City of Bamberg SC  Bamberg County (un-incorp) SC  Denmark SC			is, or mobile home parks should be reported in parentheses below the identif
First City of Bamberg SC Community Bamberg County (un-incorp) SC Denmark SC			s, or meane name parts and and are reported in parentineses across the facilities
First City of Bamberg SC  Community Bamberg County (un-incorp) SC  Denmark SC	Serveu		
First City of Bamberg SC  Community Bamberg County (un-incorp) SC  Denmark SC			
Community Bamberg County (un-incorp) SC Denmark SC		CITY OR TOWN	STATE
Community Bamberg County (un-incorp) SC Denmark SC	First	City of Bamberg	SC
Denmark SC	Community	Bamberg County (un-incorp)	SC
Reos à l'Oceanie de la company			
	d Rows as Necessary		

Accounting Period: 2020/2
FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (SC) LLC

SYSTEM ID# 40117

## Ε

#### 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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	495	34.99	Residential Expanded Basic	415	48.00		
Service to additional set(s)			Value	415	48.00		
<ul> <li>FM radio (if separate rate)</li> </ul>			Digital Plus	-	102.48		
Motel, hotel	9	4.37					
Commercial	116	44.34					
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						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
Pay cable	19.99	Motel, hotel		НВО	19.99		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Showtime	19.99		
Fire protection		• Pay cable		Cinemax	19.99		
Burglar protection		Pay cable-add'l channel		MoviePlex	9.00		
Installation: Residential		Fire protection		2 Premium	38.99		
First set	50.00	Burglar protection		3 Premium	55.99		
Additional set(s)	50.00	Other services:		NFL RedZone	49.99		
• FM radio (if separate rate)		Reconnect	40.00				
Converter	9.99	Disconnect					
		Outlet relocation	40.00				
		Move to new address	40.00				

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40117

# Atlantic Broadband (SC) LLC PRIMARY TRANSMITTERS: TELEVISION

G

#### 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), 76.61(e)(2) and (4), 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
WAGT	30.4	N	Augusta, GA
WAGT-CW	30.3	N	Augusta, GA
WCES	6.1	E	Wrens, GA
WEBA	33.1	E	Allendale, SC
WEBA-SCC	33.2	E	Allendale, SC
WEBA WORLD	33.3	E	Allendale, SC
WFXG	54.1	N	Augusta, GA
WFXG GRIT	54.3	N	Augusta, GA
WFXG/Bounce	54.2	N	Augusta, GA
WJBF	42.1	N	Augusta, GA
WJBF/MeTV	42.2	N	Augusta, GA
WRDW Antenna	12.3	N	Augusta, GA
WRDW-MYTV	12.2	N	Augusta, GA
WRDW	12.1	N	Augusta, GA
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		<u>                                     </u>	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Atlantic Broadband (SC) LLC

40117

#### 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
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Accounting Perio	d: 2020/2						FORI	M SA1-2E. PAGE 5.
<u>~</u>	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#
Name	Atlantic Broadband (SC	C) LLC						40117
	SUBSTITUTE CARRIAGE	_	_					
I	n 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							
Cubatituta	explanation of the programmi							
Substitute Carriage:	1. SPECIAL STATEMENT				e general ilisti	uctions in the	paper SAT	-2 101111.
Special					sia any nann	otwork tolovici	ion progra	m
Statement and	During the accounting per	-	ir cable system	i carry, on a substitute bas	sis, any nonin	etwork televisi		
Program Log	broadcast by a distant stati	on?					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progra	ım
	log in block 2.							
	2. LOG OF SUBSTITUTE					Hallande Alanda		
	In General: List each subst clear. If you need more spa				wnerever po	ssible, it their	meaning i	S
	Column 1: Give the title	of every no	nnetwork telev	rision program ("substitute	program") th	at, during the	accountin	g
	period, was broadcast by a	distant stat	tion and that yo	our cable system substitute	ed for the pro	gramming of a	another sta	ation
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	m titles, for e	xample, "I Lov	e Lucy" or	
	_		dcast live, ente	er "Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the	station broadca	asting the substitute progra	am.			
				he community to which the			FCC or, in	
	the case of Mexican or Can			community with which the stem carried the substitute			ith the me	nth
	first. Example: for May 7 giv		when your sys	item camed the substitute	program. Us	e numerais, w	illi lile illo	IIIII
			e substitute pro	gram was carried by your	cable system	n. List the time	es accurate	ely
	to the nearest five minutes.							-
	stated as "6:00-6:30 p.m."	"D":511	P 4 1	1 (1) 1 1 5				,
	to delete under FCC rules a			was substituted for progr				
	was substituted for program							Iraili
	effect on October 19, 1976.	5 .	, ,	1		3		
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	و	претіті іт	E PROGRAM			EN SUBSTITU IAGE OCCUF		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —		
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	2020/2  LEGAL NAME OF OWNER OF CABLE SYSTEM:			9	A1-2E. PAGE YSTEM ID
Name	Atlantic Broadband (SC) LLC				4011
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's s	econdary transm to compute this	ission service amount, see	8,340.00
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for thi	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2		• •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,	00)	
	Base amount under statutory formula	\$	263,800.00	-	
	Enter amount of gross receipts from space K	\$	148,340.00		
	3. Subtract line 2 from line 1	\$	115,460.00	-	
	Enter the amount of gross receipts from space K		\$	148,340.00	
	5. Enter the amount from line 3		\$	115,460.00	
	6. Subtract line 5 from line 4		\$	32,880.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	164.40
	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		\$	164.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	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)			1.319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4.				
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		¢	164.40	
otal Remittance Due					
	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	184.40
	I .				

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: band (SC) LLC			SYSTEM ID# 40117
M Channels	to its subscribe  1. Enter the total system carrie  2. Enter the total on which the	rs, and (2) the cable system's to all number of channels on which and television broadcast stations all number of activated channels cable system carried television	s	e accounting period.	336
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour	IER INFORMATION IS NEEDED (Identify annt.)	n individual to whom	
for Further Information	Name	Patrick Bratton		Telephone	617-786-8800
	Address	2 Batterymarch Park, (Number, street, rural route, apartm Quincy, MA 02169 (City, town, state, zip)			
	Email	pbratton@atlant	ticbb.com	Fax (optional	
O Certification	I, the undersigned (Owned)      (Agent)      X (Office)      I have examined	and, hereby certify that (Check one of the other than corporation or part of owner other than corporation in line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B.  the statement of account and he te, and correct to the best of my ion 1001(1986)]	ion or partnership) I am the owner of the cable system ion or partnership) I am the duly authorized a owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of ereby declare under penalty of law that all state knowledge, information, and belief, and are maximum. A partner was a state of the corporation of the line above.	as identified in line 1 of space B; gent of the owner of the cable sys the legal entity identified as owner ments of fact contained herein de in good faith.	etem as identified
		Typed or printed	name: Patrick Bratton  Chief Financial Officer	s/ John Smith)	
		Title: (Title	e of official position held in corporation or partnership	)	
		Date:		March 1, 2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2020/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
antic Broadband (SC) LLC	40117
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	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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