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 COPYRIGH	Return completed workbook by email to:			
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	2/24/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	Barcode Data Filing Period (optional	- see instructions)			
Accounting Period					

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))		
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 -	December 31	
		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 corp title of the subsidiary, not that of the parent corporation.	poration, give the full corporate	
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 acc single statement of account and royalty fee payment covering the entire accounting period.	counting period should submit a	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licen	sing Division.	63698
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
		Zito Canton LLC		
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)		
		Zito Media		
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
		PO Box 665 (Number, street, rural route, apartment, or suite number)		
		Coudersport, PA 16915 (City. town, state, zip)		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business s already appear in space B. In line 2, give the mailing address of the system, if different		
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Forksville		
		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 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
INAITIE	Zito Canton LLC	636
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter kno filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Forksville	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I			
Name	Zito Canton LLC											
Ε	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable				
	system, that is, the retransmissi	on of television	and radio	broadcasts	by your sy	/stem to subscr	ibers. Give	e information				
Secondary	about other services (including p						those exis	ting on the				
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						hle system	n broken				
scribers and		•										
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> 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	-						-				
	category, but do not include disc	counts allowed	for advan	e 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											
	systems most commonly provide that applies to your system. Not											
	categories, that person or entity			•		0						
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the				
	first set" and would be counted once again under "Service to additional set(s)." <b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those											
	printed in block 1 (for example, 1											
	with the number of subscribers a					,	,,	, 0				
	sufficient.											
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	-			
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	CATEGORY OF SE		SUBSCRIBERS	RA			
	Residential:											
	Service to first set		56	51.88								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)								ļ			
	Motel, hotel											
	Commercial											
	Converter     Residential											
	Non-residential											
									<b>.</b>			
	SERVICES OTHER THAN SEC				-							
F	In General: Space F calls for ra											
•	not covered in space E, that is, the service for a single fee. There are											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur		usually bi	lled. If any r	ates are cl	narged on a var	iable per-p	orogram basis,				
Secondary ransmissions:	enter only the letters "PP" in the rate column.											
	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
Rates	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
Rates		1 0			isned. List							
Rates	listed in block 1 and for which a brief (two- or three-word) descri	1 0			isned. List	these other ser	1					
Rates	brief (two- or three-word) descri	otion and includ	le the rate CK 1	for each.				BLOCK 2				
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue BLOC RATE	de the rate CK 1 CATEGO	for each. RY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOC RATE	de the rate CK 1 CATEGO Installation	for each. RY OF SER on: Non-res	VICE		CATEG		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLOC RATE	de the rate CK 1 CATEGO Installatio • Motel	for each. RY OF SER on: Non-res hotel	VICE		CATEG		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOC RATE	de the rate CK 1 CATEGO Installati • Motel • Comn	for each. RY OF SER on: Non-res hotel nercial	VICE		CATEG		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE	de the rate CK 1 CATEGO Installation • Motel • Comm • Pay c	for each. RY OF SER on: Non-res hotel hercial able	VICE idential		CATEG		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOC RATE	de the rate <u>CK 1</u> <u>CATEGO</u> <b>Installati</b> • Motel • Comn • Pay c • Pay c	for each. RY OF SER on: Non-res hotel hercial able able-add'l ch	VICE idential		CATEG		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	BLOC RATE 17.95	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p	for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection	VICE idential		CATEGO		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	btion and includ BLOC RATE	CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p	for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ar protection	VICE idential		CATEG		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE 17.95	de the rate CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla	for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ar protection vices:	VICE idential		CATEG		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 17.95	de the rate CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set	for each. RY OF SER on: Non-res hotel hercial able able-add'I ch rotection ar protection vices: nnect	VICE idential	RATE	CATEGO		RA			
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	BLOC RATE 17.95	de the rate CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other secon • Disco	for each. RY OF SER on: Non-res hotel hercial able able-add'I ch rotection ar protection vices: nnect	VICE idential	RATE	CATEGO		RA			

accounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.							
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	Zito Canton LLC			63698							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	<ul> <li>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, <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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> </ul>										
	• List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th	<ul> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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</li> <li>"WETA-2" as the same on the form.</li> <li>Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community</li> </ul>									
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	ndent), "I-M" nal multicast). s licensed by the is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WBRE	28.1	N	Wilkes-Barre PA							
	WNEP	16	Ν	Scranton PA							
ows as Necessary	WOLF	56.1	N	Hazelton PA							
	WQMY	53.1	<b>I</b>	Williamsport PA							
	WSWB	38.1	l	Scranton PA							
	WVIA	44	E	Scranton PA							
	WYOU	22.1	Ν	Scranton PA							

EGAL NAME OF		_, .322 0						SYSTEM   636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
			1.001-001-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			<i></i>		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Canton LLC							63698
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no.	nnetwork televi	sion program, broadcast by	/ a distant sta	tion, that yo	ur cable sys	tem carried on a
	substitute basis during the a	01	· ·	•	, 0	,		
Substitute	explanation of the programn				he general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	• • • •		ur cable syster	n carry, on a substitute ba	isis, any nonr	network tele	evision prog	
Program Log	broadcast by a distant sta	ition?				L	YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust compl	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUT			ate line. Use abbreviations	s wherever p	ossible if th	eir meanin	n is
	clear. If you need more spa					5551510, 11 1		9 10
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which the		censed by t	he FCC or,	in
	the case of Mexican or Car							
	<b>Column 5:</b> Give the mo first. Example: for May 7 gi	,	when your sy	stem carried the substitute	e program. Us	se numeral	s, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syster	m. List the	imes accur	ately
	to the nearest five minutes							-
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	vour evete	m was reau	uired
	to delete under FCC rules							
	was substituted for program	nming that						-
	effect on October 19, 1976	•						
					WHE	N SUBSTI	TUTE	
	S		E PROGRAM		-	CARRIAGE OCCURRED		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN			6 1	IMES	DELETION
		100 01 110	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	IMES — TO	DELETION
			CALL SIGN	4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION

Accounting Period:	2020/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC		SI	STEM ID# 63698
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's secon (as identified in space E) during the accounting period. For a further explanation of how to co 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.	dary transmis ompute this ar	ssion service mount, see	<b>3,440.38</b> ss 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 o Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$ See page (vi) of the general instructions located in the paper SA1-2 form for more information.	527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you r	must pay for th	nis six-mon	
	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 \$137,10	00)	
	1. Base amount under statutory formula	63,800.00		
	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	s than \$527,6	600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	63,800.00		
	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 Free and				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		52.00	
Due	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
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form for mo	-		nts!

Accounting Period:	2020/2												FOI	RM SA1-2E. PA	GE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: _C												SYSTEN 63	M ID# 3698
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number o s, and (2) the cable system's t I number of channels on which television broadcast stations	total numb h the cabl	mber o able	of activated	d channels	during the	e accour	nting perio		ns		7		
	on which the ca	able system carried television	broadcas										95		
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		ORM	MATION IS	NEEDED	Identify a	n individı	ual to who	om					
for Further Information	Name	Teri McMullen								Telepho	one <b>814</b>	-260-04	34		
	Address	PO Box 665 (Number, street, rural route, aparth Coudersport PA 169 (City, town, state, zip)		suite nui	number)										
	Email	teri.mcmullen@	zitomed	edia.co	.com			Fa	ax (optiona	al)					
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined		one, but or partnersh ation or p owner is n (if a corpo I hereby du y knowled L hereby du y knowled	only or ship)   . r partn not a d oporation declar edge, ir /s an elect	one, of the l I am the ow tnership) I a a corporation ion) or a par are under pa , information /s/James ectronic signa ture using an	boxes.) wher of the am the duly on or partne rther (if a partner renalty of la h, and belie <b>c Rigas</b> hature on the n "/s/ signat	cable syste authorized ship; or artnership) w that all s f, and are n f, and are n	em as ide d agent c o of the le statement made in g	entified in l of the own gal entity i ts of fact c good faith	line 1 of sp er of the ca identified a ontained h	ace B; or ble syste	m as ident			
		Typed or printed Title: (Title of o	Presid	siden	James R ent held in corpora		ership)								
		Date:							02/26/20	)21					

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

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Canton LLC	63698
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: <ul> <li>"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</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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 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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
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.	
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.	

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 the 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.