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

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

-		-		
STATE	JENT	OF A	NCCO	UNT

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

 2-9-22
 \$

 ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
Fenou			
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.	31252
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		GCI Communication Corp	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503-2751 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless 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	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	GCI Cable, Inc Kenai	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	44661 Sterling Hwy Suite E (Number, street, rural route, apartment, or suite number)	
		Soldotna, AK 99669 (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 I
Name	GCI Communication Corp	312
D Area	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	unity" is the same as a "community unit" as defined in FCC rules: "a mmunities within unincorporated areas and including single, discre serve as a form of system identification hereafter known as the "fi
Served	city.	
F 1 (CITY OR TOWN	STATE
First Community	Soldotna	AK AK
,	Jondonia	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID			
Name								515	3125			
	GCI Communication Co	rp							0.120			
Е	SECONDARY TRANSMISSION											
E	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											
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission	ast 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											
Service: Sub- 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 serv							0				
	Rate: Give the standard rate c	-	-	•				-				
	unit in which it is generally billed.				iy standai	d rate variation	is within a p	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			-		-						
						•••	•					
		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.	,	5			I						
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	1			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	 Service to first set 		1,034	\$14.99								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		35	\$14.99								
	Converter Residential											
	Non-residential											
	- Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES								
F	In General: Space F calls for rat		'		•							
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services	•			•		• • •					
Other Than	amount of the charge and the un		usually l	billed. If any rat	es are ch	arged on a var	iable per-p	rogram basis,				
Secondary ransmissions:	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.											
Rates	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.						T					
		BLO						BLOCK 2	1			
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RAT			
	Continuing Services: Pay cable	¢04.04		tion: Non-resid	dential		Digital	Convertor	-			
	• Pay cable—add'l channel	\$24.31		el, hotel Imercial			Tier 2	Converter	5 \$61			
	• Fire protection			cable			Digital	Tiers	14			
	•Burglar protection			cable-add'l cha	annel		Digital					
	Installation: Residential		-	protection			DVR Tu	iner	14			
	• First set	25.50		lar protection								
	 Additional set(s) 	15.00		ervices:					1			
	• FM radio (if separate rate)		• Rec	onnect		20.00						
	• Converter		• Disc	onnect					[
	1						1		1			
			• Outl	et relocation		20.00						

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE					
Name	GCI Communication	Corp		3					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary hsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part-til e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepur r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	κτυυ	2.1	N	Anchorage, AK					
	KTUU-2	2.2	N-M	Anchorage, AK					
ws as Necessary	КТВҮ	4.1	I	Anchorage, AK					
	KYES	5.1	I	Anchorage, AK					
	KYES-4	5.4	I-M	Anchorage, AK					
	KYES-4 KAKM	<u>5.4</u> 7.1	I-M E	Anchorage, AK Anchorage, AK					
	KAKM	7.1	E	Anchorage, AK Anchorage, AK					
	KAKM KAKM-3	7.1 7.3	E E-M	Anchorage, AK					
	KAKM KAKM-3 KAKM-2	7.1 7.3 7.2	E E-M E-M	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4	7.1 7.3 7.2 7.4	E E-M E-M E-M	Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR	7.1 7.3 7.2 7.4 13.1	E E-M E-M E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2	7.1 7.3 7.2 7.4 13.1 13.2	E E-M E-M E-M N	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					
	KAKM KAKM-3 KAKM-2 KAKM-4 KYUR KYUR-2 KCFT	7.1 7.3 7.2 7.4 13.1 13.2 35.1	E E-M E-M E-M N I-M I	Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK Anchorage, AK					

EGAL NAME OF			ISIEM:					SYSTEM I
CI Commu	nication Co	orp						312
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: Gi	it is carried by nonitoring, to rmation abou m. entify the call ate whether t the radio stati his by placing ive the statior	y the syst be received t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea system's FM anter his point, see pag ed by the cable sy e station is license	dend, and (2) nna, during ce e (v) of the ge estem as a sep ed by the FCC	it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		ľ				S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>						
				L				

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#	
Name	GCI Communication C	orp						31252	
	SUBSTITUTE CARRIAGE			T AND PROGRAM I OG					
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy <i>every noi</i> ccounting p	nnetwork televis eriod, under spe	<i>tion program,</i> broadcast by ecific present and former F	a <i>distant</i> statio CC rules, regul	ations, or aut	horizations	For a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
Special Statement and	 During the accounting per 	iod, did you	ır cable system	carry, on a substitute bas	sis, any nonne	twork televis	ion progra		
Program Log	broadcast by a distant stat	tion?					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	am	
	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 <i>required</i> 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 in numerals. 								
	effect on October 19, 1976.		E PROGRAM					7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCU 6. TII FROM –	MES	DELETION	
							_		
							_		
							_		
								+	
								<u> </u>	
								+	
							-		
							_		
]	_	_		
						_	_		
							-		

Accounting Period:	2021/2 FORM SA1-2E.	PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM: CONTRACT OF CABLE SYSTEM:	EM ID# 31252
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. 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	
		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 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) \$ 205	5.24
	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 \$ 205	5.24
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filler Fred		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 205.24	
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 \$ 225	5.24
	EFT Trace # or TRANSACTION ID #	
	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.	

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER GCI Communication					SYSTEM ID# 31252
M Channels	to its subscribers, and 1. Enter the total numb system carried telev	(2) the cable system's to er of channels on which	total numb h the cable	s on which the cable system carried tele ber of activated channels during the acc e	ounting period.	17
		system carried television ervices		st stations		294
N Individual to Be Contacted		ONTACTED IF FURTHE his statement of accoun		RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Cinc	dy Hall			Telephone	907-868-5615
	(Numb	D Denali Street, Stu er, street, rural route, apartme horage, AK 99503 own, state, zip)	nent, or suite			
	Email	chall2@gci.co	om		Fax (optional 907-868-	9817
	CERTIFICATION (This st	atement of account mus	ist be cert	ified and signed in accordance with Cop	oyright Office regulations)	
O Certification	• I, the undersigned, here	by certify that (Check one	ie, but only	<i>v one</i> , of the boxes.)		
	(Owner other	than corporation or pa	artnership) I am the owner of the cable system as i 	identified in line 1 of space B	; or
				rtnership) I am the duly authorized agen not a corporation or partnership; or	t of the owner of the cable sy	ystem as identified
		artner) I am an officer (if a 1 of space B.	f a corpora	ation) or a partner (if a partnership) of the	legal entity identified as own	er of the cable system
		correct to the best of my	-	lare under penalty of law that all statemer je, information, and belief, and are made		
			X	/s/ Duncan Whitney		
				electronic signature on the line above to ce hature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed r	name:	Duncan Whitney		
				resident, Product Manageme position held in corporation or partnership)	nt	
		Date:			February 08, 2022	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Communication Corp	3125
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessment
Line 1 Enter the amount of late payment or underpayment	La linterest Assessmen
Line 1 Enter the amount of late payment or underpayment	La linterest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen

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.

C	Cab	ole Late a t	Total amount of remittance	Number of SAs rea	c'd Initi	als
	vvor	ksneet		-		
			Date of remittance	Check EFT	□ FILING FE	ES
Cable ID #					Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	□January	1 - June 30, 2017	C]July 1 - December 31, 2017		
	Letter s	ent	C	Information received		
		:d	Ľ	Phone call/Date/Contact		
Space B Owner						
	□Letter s	ent	C	Information received		
		d	C	Phone call/Date/Contact		
Space D Area Served						
	Letter s	ent	C	Information received		
		ed	Ľ	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	□Letter s	ent	C	Information received		
and Rates		d	C	Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	□Letter s	ent	[Information received		
		d	E	Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		ed	[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		
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 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	