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  \$  3-1-22 ALLOCATION NUMBER					
\$ 3 1 22	FOR COPYRIGHT OFFICE USE ONLY				
3 1 22	DATE RECEIVED	AMOUNT			
	3-1-22				

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		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							
		LVT Corp							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		127 US Highway 12 (Number, street, rural route, apartment, or suite number)							
		Camp Douglas, WI 54618-5011 (City, town, state, zip)							
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С		s 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:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							
<b>—</b>	•								

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.

	LEGAL MANE OF OWNED OF OARLE OVOTEN	FORM SA1-2E. PAGE SYSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	LVT Corp Instructions: List each separate community served by the cable system. A "community served by the cable system."	633
	separate and distinct community or municipal entity (including unincorporated comm	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see	
	community." Please use it as the first community on all future filings.	ve as a form of system identification fiercarter known as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identif
Area	city.	
Served		
	CITY OR TOWN	STATE
First	Camp Douglas	WI
Community	New Lisbon	WI
	Hustler	WI
Rows as Necessary	Mauston	WI
,	Tomah	WI
	Sparta	WI
	West Salem	WI
	Bangor	WI
	1	

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LVT Corp

SYSTEM ID# 63389

## 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.

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	762	26.45	Commercial 2	3	70.00	
Service to additional set(s)	962	5.00	Commercial 3	4	95.00	
• FM radio (if separate rate)			Basic	161	81.95	
Motel, hotel	1	1,099.00	Expanded	486	96.45	
Commercial	21	62.50				
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT	E
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel	рр		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	рр		
Converter		Disconnect	рр		
		Outlet relocation			
		Move to new address	рр		

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LVT Corp

63389

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

WMSN DT4 TBD TV

WMSN DT3 Charge T\

WISC

# **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), 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.

2. B'CAST CHANNEL NUMBER

3

59

17

WISC DT2 TVW N-M Madison, WI 4 **WMTV** 5 Ν Madison, WI **WKBT** 8 Ν LaCrosse, WI **WMSN** 47 Ν Madison, WI WEAU 13 Ν Eau Claire, WI **WXOW** 19 Ν LaCrosse, WI 23 **KQEG** ı LaCrosse, WI **WLAX** 25 N LaCrosse, WI **WKOW** 27 Ν Madison, WI Ε WHLA 31 LaCrosse, WI 7 WKBT DT2 MyNetwor N-M LaCrosse, WI WXOW DT3 ME TV 29 N-M LaCrosse, WI LaCrosse, WI WXOW DT2 The CW 10 N-M WMTV DT4 12 N-M Madison, WI WKOWDT2 METV 28 N-M Madison, WI WHLA DT3 21 N-M LaCrosse, WI WHLA DT2 22 N-M LaCrosse, WI WKOW DT3 Decades 58 N-M Madison, WI 57 N-M WMTV DT2 Madison, WI WLAX DT2 Antenna T 26 N-M LaCrosse, WI WMSN DT2 Comet TV 48 N-M Madison, WI

N-M

N-M

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

Madison, WI

Madison, WI

Madison, WI

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63389 LVT Corp PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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  $(\bar{4})$ , 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** Transmitters: substitute program basis, as explained in the next paragraph. Television 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 WMTV DT3 Antenna T 6 N-M Madison, WI WKOW DT4 Court TV 60 N-M Madison, WI WXOW DT4 Court TV 61 N-M LaCrosse, WI

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

LVT Corp 63389

### 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
	<b></b>						
	<del> </del>						
	<b></b>						
							<b></b>
	<b></b>						
	<b></b>						
	<del> </del>						
	<b></b>						
	<del> </del>						
	<b></b>						

Accounting Perio								F	ORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						SYSTEM ID# 63389
1	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the accomplanting of the programming	y every non ecounting pe	network televisi riod, under spe	ion program, broadcast by cific present and former F	y a o	rules, regula	ations, or au	ıthorizatior	ns. For a further
Substitute Carriage: Special Statement and Program Log	explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat  Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Canacolumn 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m."	CONCERI od, did your ion? , leave the  PROGRA tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broace sign of the s dcast static adian statio th and day e "5/7."	r cable system rest of this pag  MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca in's location (th ns, if any, the when your syst substitute pro-	TUTE CARRIAGE carry, on a substitute ba e blank. If your answer i te line. Use abbreviation ows to the tables. sion program ("substitut- ur cable system substitut- ur cable system substitut- s. See page (v) of the ge tball." List specific progra- "Yes." Otherwise enter sting the substitute prog- e community to which the community with which the tem carried the substitute gram was carried by you	s "Y s w e prited ener am "No ram ne s e st e pr	herever postogram") that for the progal instruction titles, for extention is lice attion is lice attion is lice attion. Use	ust completed in the state of t	ision prog YES te the prog eir meaning the account of another er information ove Lucy" the FCC or, with the research	g is station tion. or
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulatio ming that y	ons in effect du our system wa	ring the accounting perions s permitted to delete und	od; (	enter the let FCC rules a	ter "P" if th and regulat EN SUBST	e listed prions in	ogram
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	١	5. MONTH AND DAY	AGE OCC 6. FROM	TIMES  TO	7. REASON FOR DELETION

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  LVT Corp	S	YSTEM ID# 63389
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute thi page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service s amount, see	4,167.00
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  • 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.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)	,
	1. Base amount under statutory formula	0_	
	2. Enter amount of gross receipts from space K	0	
	3. Subtract line 2 from line 1	<del></del> 0	
	4. Enter the amount of gross receipts from space K		
	<u></u>		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	<u> </u>	422.67
	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	\$	422.67
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5:	27,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<u>0</u>	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	422.67	
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	\$	442.67
	EFT Trace # or TRANSACTION ID # 26V4Q0TP		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV	WNER OF CABLE SYSTEM:				SYSTEM ID# 63389
M Channels		• ,		which the cable system carried to activated channels during the a		5
		number of channels on whic d television broadcast stations				. 27
	on which the o	number of activated channe cable system carried televisio cast services	n broadcast sta			185
N Individual to Be Contacted		BE CONTACTED IF FURTH		TION IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Emily Call			Telephon	608 634 7411
		100 Majestic Drive, S (Number, street, rural route, apartr	te 200 nent, or suite num	iber)		
		Westby, WI 54667 (City, town, state, zip)				
	Email	emily.call@mwt	.net		Fax (optional	
•	CERTIFICATION (7	This statement of account mu	ust be certified a	and signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned	I, hereby certify that (Check or	ne, but only one	, of the boxes.)		
	(Owner	other than corporation or pa	<b>artnership)</b> I an	m the owner of the cable system a	as identified in line 1 of space	B; or
			-	rship) I am the duly authorized ag a corporation or partnership; or	ent of the owner of the cable	system as identified
		<b>r or partner)</b> I am an officer (i n line 1 of space B.	f a corporation)	or a partner (if a partnership) of the	ne legal entity identified as ow	rner of the cable system
		e, and correct to the best of my		under penalty of law that all staten formation, and belief, and are mad		
			X /s/	Jim Costello		_
				onic signature on the line above to e using an "/s/ signature" (e.g., /s/ .		
		Typed or printed	name: <b>Jin</b>	n Costello		
		Title:	President le of official position	on held in corporation or partnership)		
		Date:			3/1/22	

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: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
T Corp	63389
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?	P Special Statement Concerning Gross Receipts Exclusion
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
** 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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CONTROL #: REMITTANCE #:

Radio

 $\square$  Accepted

C	Cable Workshee	Total amount of remittance	Numbe	er of SAs rec'd	In	nitials	
		Date of remittance	 □Check	□EFT	□FILING	FEES	
Cable ID#					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation n	umber			
Space A Accounting		(enter four digit year and	l /1 (for Jan-Jun perio	od) or /2 (for Jul-Dec	period) No spac	ces)	
Period	☐ Letter sent	]	☐Information receive	d			
	□Accepted □Phone call/Date/Contact						
Space B Owner							
	☐ Letter sent	[	☐Information receive	d			
	□Accepted	[	Phone call/Date/Co	ntact			
Space D Area Served							
	☐Letter sent	]	Information receive	d			
	□Accepted		Phone call/Date/Co	ntact			
Space E Secondary Transission							
Service Subscribers:	☐ Letter sent		☐ Information received				
and Rates	□Accepted		Phone call/Date/Co	ntact			
Space G Primary Transmitters:							
Television	☐ Letter sent		☐ Information receive	ed			
	□Accepted	[	Phone call/Date/Co	ntact			
Space H Primary Transmitters:							

 $\square$ Phone call/Date/Contact

		Comiese
	☐Information received	Carriage
Letter sent		
□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	
□Accepted	☐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	Assessment