This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
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 COPYRIG	Return completed workbook by email to	
for Secondary Transm Cable Systems (Short		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook.		2-28-25	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A ACCOUNT	NG PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20242 Barcode Data Filing Period (optional - see instructions)
		20242
Accounting Period		
T CHOQ		
		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
В		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.
		061735
		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
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
	INSTR	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:
	-	ROCKVIEW STATE CORRECTIONAL INSTITUTION
		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 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 filing, a determination that would be made by a court of law.

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	CEQUEL COMMUNICATIONS LLC	061735								
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
First	CITY OR TOWN BELLEFONTE	STATE PA								
Community	(ROCKVIEW SCI)									
Add Rows as Necessary										

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
E	SECONDARY TRANSMISSION In General: The information in s					/ transmission s	ervice of th	ne cable				
	system, that is, the retransmission			-	•							
Secondary	about other services (including p	ay cable) in spa	ace F, n	ot here. All the	facts you	state must be th						
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub- scribers and	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											
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).											
	Rate: Give the standard rate c	-	-	•			-					
	unit in which it is generally billed	· · ·	,		y standaro	d rate variations	within a pa	articular 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			0								
	that applies to your system. Note											
	categories, that person or entity				••		•					
	subscriber who pays extra for ca					in the count und	ler "Servic	e 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										
	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.	OCK 1					BLOC	()				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBER	S RATE			
	Residential:		•									
	Service to first set		0	-								
	• Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel Commercial		470	42.44								
			470	42.41								
	Converter Residential											
	Non-residential											
	• NON-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	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	•	-		5		0 ()					
Other Than												
Secondary	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.											
ransmissions:	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											
Rates	-				-							
	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.											
		BLOC	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER\	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	-		el, hotel								
	Pay cable—add'l channel			nmercial								
	Fire protection			cable								
	•Burglar protection			cable-add'l ch	annel							
	Installation: Residential			protection								
	• First set	-		glar protection								
	Additional set(s)	-		ervices:								
	• FM radio (if separate rate)			onnect		-						
			 Disc 	connect								
	Converter						•••••					
	• Converter		• Out	et relocation		-						

ounting Period:	2024/2			FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II 06173							
Hamo	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G	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										
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations:									
	• Do <i>not</i> list the station here station was carried <i>only</i> on	e in space G—but do list it in space I (th									
	basis. For further information Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ESI	tions. PN, etc. Identify each							
	of license. For example, W	the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network s	, C	·							
	educational station, by ente (for independent multicast), For the meaning of these te	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list	for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form.	vendent), "I-M" tional multicast).							
		dian stations, if any, give the name of th	-								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WATM-1	23	Ν	ALTOONA, PA							
	WJAC-1	6	N	JOHNSTOWN, PA							
Rows as Necessary	WKBS-1	47	I	ALTOONA, PA							
	WPCW-1	19	I	PITTSBURGH, PA							
	WPSU-1	3	E	CLEARFIELD, PA							
	WTAJ-1	10	N	ALTOONA, PA							
	WWCP-1	8	1	JOHNSTOWN, PA							
		0	•	JOHNSTOWN, PA							

EGAL NAME OF									SYSTEM 061
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the	t ti sys nis ed	he system's hea stem's FM anter point, see page I by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC) it can b ertain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		5/0	LOCATION OF STATION	1	UALL SIGN		5/0	LOCATION OF STATION	
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Accounting Perio	d: 2024/2					I	FORM SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#				
Name	CEQUEL COMMUNICA	TIONS LL	.C				061735				
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG							
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a										
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	 During the accounting peri 				s. anv nonnet	twork television proc	aram				
Statement and Program Log	broadcast by a distant stat	-	,								
Program Log	,										
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their meanir	na is				
	clear. If you need more space				Microver poo		ig io				
				sion program ("substitute p							
	period, was broadcast by a										
	under certain FCC rules, reg Do not use general categori										
	"NBA Basketball: 76ers vs.	Bulls."									
				"Yes." Otherwise enter "N							
				sting the substitute progra e community to which the		nsed by the ECC or	in				
	the case of Mexican or Can						,				
	Column 5: Give the mon	th and day		em carried the substitute p			month				
	first. Example: for May 7 giv					1 :					
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1							
	stated as "6:00–6:30 p.m."	Example: a	program carrie		o p.m. to 0.2						
				was substituted for progra							
	to delete under FCC rules a was substituted for program						rogram				
	effect on October 19, 1976.	inning that y	our system wa								
		IIBSTITLIT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	5				
						_					
						_					

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 06173
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	9,687.07 xss 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 \$2 • 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 t accounting period is \$52.00.	his six-month	
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	2. Eiter and the gross receipts non space K 3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	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		
Filing Fee and Total Remittance	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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 061735
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number rers, and (2) the cable system' ptal number of channels on wh ried television broadcast static ptal number of activated chann he cable system carried televis padcast services	s total number of activated ch ich the cable ons	annels during the a	accounting period.	7 48
N Individual to Be Contacted		TO BE CONTACTED IF FUR		DED (Identify an ir	ndividual	
for Further Information	Name	RODNEY HASKINS			Telephone (903)) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701				
		(City, town, state, zip)				
	Email	RODNEY.HAS	KINS@ALTICEUSA.COM		Fax (optional	
O Certification		N (This statement of account n	-		Copyright Office regulations)	
					is identified in line 1 of space B; or	
	(Age		ration or partnership) I am the the owner is not a corporation o		ent of the owner of the cable system a	as identified
	X (Off	icer or partner) I am an officer in line 1 of space B.	(if a corporation) or a partner (i	f a partnership) of th	ne legal entity identified as owner of th	he cable system
	are true, comp	ed the statement of account and blete, and correct to the best of r action 1001(1986)]				
			X /s/ Alan Dann		certify this statement.	
			Enter signature using an "/s/ s		•	
		Typed or printe	d name: ALAN DANN	ENBAUM		
		Title:	SVP, PROGRAMMIN			
		Date:			2/28/2025	

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

EQUEL COMMUNICATIONS LLC PUELL COMMUNICATIONS LLC PUELL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION A stability from Viewer Act of 1988 amended Tile 17, section 111(()(1)(A), of the Copyright Act by adding the folio, section 2000 of providing secondary transmissions pusuant to section 119. To determining the total number of subscribers and the gross anounts in paids the table system for the basis exclusion and the total number of subscribers and amounts, see the note on page (vii) of the general instructors include subscribers and amounts, see the note on page (vii) of the general instructors include subscribers and amounts of the system seculus any amounts of gross receipts for secondary transmissions make by satellite carrier (s) below. To receive founding duriness inclusion with the satellite carrier (s) below. To receive found and the seculus these amounts of gross receipts for secondary transmission and the satellite carrier (s) below. To receive found and the system seculus any amounts of gross receipts for secondary transmission and the satellite carrier (s) below. To receive found and the system seculus any amounts of gross receipts for secondary transmission and the secondary transmission and the system seculus any amounts of also payse with of the paper SA1-2 form. To receive found and the system seculus any amounts of also paysent or underpayment. To receive found and the payment or underpayment. Life 1 finds this worksheet for those royally payments submitted as a result of a late payment or underpayment. Life 2 Multiply line 1 by the interest rate' and enter the sum here	ounting Period: 2024/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite Hore Viewer Act of 1986 amended Tile 17, secton 111(b)(1)(A), of the Capyright Act by adding the following sectorizes: The structure of providing sectorizes of primary breakast transmitters, the system shall not include sub- sectiles and anounts collected from subscripters secting sectorize for the basic sectiles and anounds collected from subscripters secting sectorizes in the organize matrix the system shall not include sub- sectiles and anounds collected from subscripters secting section and primary breakast transmitters. The system shall not include sub- sectiles and anounds collected from subscripters secting section and primary breakast transmissions include 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 in the satellite carrier(s) below. INTEREST ASSESSMENT You must complete this worksheet for those royally 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. In e 2 Multiply line 1 by the interest rate* and enter the sum here Nume Nume (interest charge) Nume (interest charge) Nume (interest charge) Number (interest charge) Number (interest charge) Number (interest charge) Number (interest charge) Nume (interest charge) Number (interest charge)	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The Stabilite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P Stability Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Capbing yolden to cable system for the basic sorters and amounts collected from subscribers and the gross amounts paid to the cable system for the basic content in clude subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* P For more information on when to exclude these amounts, see the note on page (wil) of the general instructions located in the paper SA1-2 form. Note Outling be accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions mide by satellite carriers to satellite (arrier(s) below. S Norre	QUEL COMMUNICATIONS LLC	061735
made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mame Mating Address Mame INTEREST ASSESSMENT You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (VII) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here .	 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. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Maiing Address Maiing 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. Image: 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. Image: Complete this worksheet for those royalty payments and enter the sum here		
Mailing Address Mailing Address Mailing Address Image: 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. Image: 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rates and enter the sum here	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Interest Assessment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Interest Assessment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment		
Line 1 Einer and and the another of days payment of underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here - x		Q
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 - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - inspace 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please - - - contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. - - - - ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. - NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please - - list below the owner, address, first community served, ID number, and accounting period as given in the original filing. - - Owner - - - - - Address - - - - - <td>Line 1 Enter the amount of late payment or underpayment</td> <td>Interest Assessment</td>	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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Line 4 Multiply line 3 by 0.00274** and enter here	Line 3 Multiply line 2 by the number of days late and enter the sum here	
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First community served	Address	
	ID number	
Accounting pariod		
	Accounting period	

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

Cable Worksheet		Total amount of remittance	Number of SAs rec'd	Initials			
		Date of remittance	Check EFT	□ FILING FEES			
Cable ID #				Amount Initials			
Examined by	Reviewed by	Date examination completed	Allocation number				
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for Jul-I	Dec period) No spaces)			
Period	□ Letter sent		Information received				
			Phone call/Date/Contact				
Space B Owner							
	Letter sent		Information received				
		Phone call/Date/Contact					
Space D Area Served							
	Letter sent		Information received				
	□ Accepted		Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter sent		Information received				
and Rates			Phone call/Date/Contact				
Space G Primary Transmitters:							
Television	□ Letter sent	□ Information received					
		E] Phone call/Date/Contact				
Space H Primary Transmitters:							
Radio	Accepted	C] Phone call/Date/Contact				

		Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
□ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Accepted	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	