

U.S. COPYRIGHT OFFICE  
INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT  
The SA1-2E is a U.S. Copyright Office Form  
Email completed workbook to:  
[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

#### Submitting the form

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at [coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov). Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

#### General Instructions

- *Alphabetization:* Alphabetization is NOT required for any spaces.
- *Protection:* Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- *Navigation:* To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- *Data Input:* Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

<https://www.copyright.gov/forms/sa1-2.pdf>

#### Page 1 – Spaces A-C

- Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
- Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
- Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). **DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.**
- **For the barcode to display properly on the form, a barcode font must be downloaded.** The following address offers a free bar code font:

<http://www.barcoderesource.com/freebarcodefont.shtml>

#### Page 2 – Space D

- Information can be manually entered into the highlighted areas.

#### Page 2 – Spaces E-F

- Information can be manually entered into the highlighted areas.

#### Page 3 – Space G

- Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

#### Page 4 – Space H

- Information can be manually entered into the highlighted areas.

#### Page 5 – Space I

- Section 2 – Information can be manually entered into the highlighted areas where applicable.

#### Page 6 – Spaces K-L

- Space K – input the total gross receipts for the cable system in the highlighted box.
- Space L – The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- Space L - Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

#### Page 7 – Spaces M-O

- Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheet will allow a signature to be entered.

#### Page 8 – Spaces P-Q

- Manually enter information into highlighted spaces as applicable.

**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
2/24/2020	68.76 DL
	ALLOCATION NUMBER
	1027026

Return completed workbook  
 by email to:

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

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

<b>A</b>	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))																														
Accounting Period	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">2017/1</td> <td style="padding: 5px;">Period 1 = January 1 - June 30</td> <td style="padding: 5px;">Period 2 = July 1 - December 31</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">20171</td> <td colspan="2" style="padding: 5px;">Barcode Data Filing Period (optional - see instructions)</td> </tr> </table>	2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	20171	Barcode Data Filing Period (optional - see instructions)																									
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<b>B</b>	<p><b>Owner</b></p> <p><b>Instructions:</b>                  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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>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.</p>																														
	<table style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.</td> <td style="width: 15%; border: 1px solid black; text-align: center;">99999</td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Family View Cablevision</td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"> </td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;">217 Seagull Lane</td> </tr> <tr> <td colspan="3" style="padding: 5px;"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Anderson SC 29625</td> </tr> <tr> <td colspan="3" style="padding: 5px;"><small>(City, town, state, zip)</small></td> </tr> </table>	<input checked="" type="checkbox"/>	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	99999	<b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b>			Family View Cablevision			<b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</b>						<b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</b>			217 Seagull Lane			<small>(Number, street, rural route, apartment, or suite number)</small>			Anderson SC 29625			<small>(City, town, state, zip)</small>		
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<b>C</b>	<p><b>System</b></p> <p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																														
	<table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="padding: 5px;"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td> </tr> <tr> <td style="width: 5%; text-align: center;">2</td> <td style="padding: 5px;"><b>MAILING ADDRESS OF CABLE SYSTEM:</b></td> </tr> <tr> <td></td> <td style="padding: 5px;"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td style="padding: 5px;"><small>(City, town, state, zip code)</small></td> </tr> </table>	1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>	2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b>		<small>(Number, street, rural route, apartment, or suite number)</small>		<small>(City, town, state, zip code)</small>																						
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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Family View Cablevision</b>	<b>SYSTEM ID#</b> <b>99999</b>
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<b>K</b> <b>Gross Receipts</b>	<p><b>GROSS RECEIPTS</b>  <b>Instructions:</b> 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. . . . .</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>\$</b></td> <td style="width: 90%; text-align: right;"><b>130,138.00</b></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	<b>\$</b>	<b>130,138.00</b>	(Amount of gross receipts)	
<b>\$</b>	<b>130,138.00</b>					
(Amount of gross receipts)						

**IMPORTANT:** You must complete a statement in space P concerning gross receipts.

<b>L</b> <b>Copyright Royalty Fee</b>	<p><b>COPYRIGHT ROYALTY FEE</b>  <b>Instructions:</b> 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.</p>																		
<b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b>																			
<p>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</p>																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Line 1. Royalty fee for accounting period . . . . .</td> <td style="width: 20%; text-align: right;">\$ <b>52.00</b></td> </tr> <tr> <td>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right;">\$ <b>1.76</b></td> </tr> <tr> <td>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .</td> <td style="text-align: right;"><b>\$ 53.76</b></td> </tr> </table>		Line 1. Royalty fee for accounting period . . . . .	\$ <b>52.00</b>	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .	\$ <b>1.76</b>	Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .	<b>\$ 53.76</b>												
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**FILING FEE AND TOTAL REMITTANCE DUE**


<b>Filing Fee and Total Remittance Due</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) . . . . .</td> <td style="width: 20%; text-align: right;">\$ <b>53.76</b></td> </tr> <tr> <td>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .</td> <td style="text-align: right;">\$ <b>15.00</b></td> </tr> <tr> <td>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</td> <td style="text-align: right;"><b>\$ 68.76</b></td> </tr> </table> <p style="text-align: center; margin-top: 10px;"> <b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; padding: 2px 20px;">26N00391</span> </p> <p style="font-size: small; margin-top: 10px;"><b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page 1 of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</p>	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) . . . . .	\$ <b>53.76</b>	2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .	\$ <b>15.00</b>	3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .	<b>\$ 68.76</b>
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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Family View Cablevision</b>	<b>SYSTEM ID#</b> <b>99999</b>
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<b>M</b>  <b>Channels</b>	<p><b>CHANNELS</b> <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">8</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">69</span></p>
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<b>N</b>  <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)</p> <p>Name <span style="border: 1px solid black; padding: 2px 100px;">Larry Waterman</span> Telephone <span style="border: 1px solid black; padding: 2px 20px;">864-885-9115</span></p> <p>Address <span style="border: 1px solid black; padding: 2px 100px;">217 Seagull Lane</span> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><span style="border: 1px solid black; padding: 2px 100px;">Anderson SC 29625</span> <small>(City, town, state, zip)</small></p> <p>Email <span style="border: 1px solid black; padding: 2px 100px;">larryw4881@aol.com</span> Fax (optional) <span style="border: 1px solid black; padding: 2px 100px;"></span></p>
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<b>O</b>  <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input checked="" type="checkbox"/> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> <b>(Agent of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input type="checkbox"/> <b>(Officer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> <p style="text-align: center;"> <b>X /s/ Larry Waterman</b></p> <p style="text-align: center;"><small>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</small></p> <p>Typed or printed name: <span style="border: 1px solid black; padding: 2px 100px;">Larry Waterman</span></p> <p>Title: <span style="border: 1px solid black; padding: 2px 100px;">Owner</span> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <span style="border: 1px solid black; padding: 2px 100px;">2/24/2020</span></p>
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Family View Cablevision

99999

**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

YES. Enter the total here and list the satellite carrier(s) below ..... \$

**P**

**Special Statement Concerning Gross Receipts Exclusion**

Name

Mailing Address

Name

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 ..... \$ **67.00**

x **1%**

Line 2 Multiply line 1 by the interest rate\* and enter the sum here ..... **0.67**

x **956** days

Line 3 Multiply line 2 by the number of days late and enter the sum here ..... **640.52**

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 ..... \$ **1.76**

(interest charge)

\* To view the interest rate chart click on [www.copyright.gov/licensing/interest-rate.pdf](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@copyright.gov](mailto: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

ID number

First community served

Accounting period

**Q**

**Interest Assessment**

**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.

CONTROL #:

REMITTANCE #: 119870



# Cable Worksheet

\$68.76	1	
Total amount of remittance	Number of SAs rec'd	Initials

02/25/20  
 Date of remittance  Check  EFT  FILING FEES

Cable ID #	63787	Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number
DL		10/21/20	1027026
		\$68.76	AM

Space A Accounting Period

2017/1 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

Letter sent  Information received

Accepted  Phone call/Date/Contact

Space B Owner

Letter sent  Information received

Accepted  Phone call/Date/Contact

Space D Area Served

Letter sent  Information received

Accepted  Phone call/Date/Contact

Space E Secondary Transission Service Subscribers: and Rates

Letter sent  Information received

Accepted  Phone call/Date/Contact

Space G Primary Transmitters: Television

Letter sent  Information received

Accepted  Phone call/Date/Contact

Space H Primary Transmitters: Radio

Accepted  Phone call/Date/Contact

Space I Substitute Carriage

Letter sent  Information received

<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	<b>Space J</b> Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space K</b> Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space L</b> Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phoe call/Date/Contact	
		<b>Space M</b> Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space O</b> Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space P</b> Statement of Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		<b>Space Q</b> Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	