

U.S. COPYRIGHT OFFICE
INSTRUCTIONS FOR THE SA3E LONG FORM – EXCEL FORMAT

The SA3E is a U.S. Copyright Office Form

Email completed workbook to:

coplicsoa@loc.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@loc.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.
- *Excel:* The form was designed for optimum use with Excel 2007 and later versions. A computer that runs Excel 2003 can be used to complete the form but, as described below, it may be necessary to bypass certain error messages generated by
- *Protection:* All tabs of the SA3E Long Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the form to function properly. **The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.**

the tab you wish to view/edit. 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.

General Data Input tab

- Ensure that the proper accounting period is filled in numerical format (e.g., "2017/1") next to the "ACCOUNTING PERIOD:" listed at the top of the page. Failure to enter the accounting period here will cause the form to not populate the correct accounting period on the header of each page of the Statement of Account.
- Space A – fill in the accounting period in text form (e.g., for 2017/1, fill-in "January 1 – June 30, 2017")
- Space B – If this is the system's first filing, place an "X" in the appropriate box and leave the system ID number blank. Otherwise, fill in the system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January-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.
free bar code font:

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

- Spaces C, E, F, M, N, O – Fill in all applicable information in the appropriate highlighted boxes.

Gross Receipts tab

subscriber groups.

- Users that wish to name individual subscriber groups by community names or other designations may fill in the "Subgroup/Community Name" column.
- Cable systems that have subscriber groups should fill in the individual subscriber group gross receipts in the "Gross Receipts" column. The "Subgroup Gross Receipts Total" box will automatically add together all entries from the "Gross Receipts" column allowing users to ensure their total gross receipts match the cumulative gross receipts of the system's subscriber groups. The form will display an "OUT OF BALANCE" error message if the "Gross Receipts" column total fails to

Notes tab

- The notes tab is available for user input to provide notes or other information for the Copyright Examiner.

Signals tab

- Enter the call signs, broadcast channel numbers, type of station, location of station, and enter/select what the basis of carriage would be if the station was distant (e.g., "O" "E" or "LAC") (filling in this column will not automatically classify the signal as distant on Space G). The DSE column will automatically populate with the correct DSE value based on the type of station classification. In unused rows, "#N/A" will display in the DSE column, but this will not impact the form's operation.
- It is only necessary to list signals that are carried in multiple channel lineups once on the Signals tab. Listing a signal twice will not interfere with the operation of the form if the listings are identical; however, if the same signal is listed more than once and the listings are different, errors will occur in other portions of the form.
- Note that this tab can accommodate up to 1285 stations and, if desired, can be used as a master list for multiple SOA filings. In other words, an operator may fill out the signals tab with all the signals from multiple SOA filings and copy the signal information into other Excel SA3E long form signal tabs to simplify data entry. Signals listed in the signals tab that are not carried on the system for which the particular form is being completed will not impact the rest of the form's operation.
- **Detailed instructions are located at the end of the paper SA3 form, located at:**
<https://www.copyright.gov/forms/sa3.pdf>

Page 1 – Spaces A-C

- Spaces A, B and C will automatically populate with information from the General Data Input tab, including a barcode. **Note that the barcode will only display if the barcode font has been downloaded as described above.**
- Space D will automatically populate with the information for the first community listed on the "Page 1b – Space D(1)" tab.

Page 1b – Space D

- All community names, states, channel lineups and subgroup numbers can be manually entered in the highlighted areas.
- Add rows as needed so that all communities are listed in space D.

Page 2 – Spaces E-F

- Blocks 1 of both Spaces E and F will automatically populate with information from the General Input Data tab.
- Information can be manually entered into the highlighted areas of Block 2 for both Space E and F.

Page 3 – Space G (AA-AW)

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:
	2019/2 (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)

B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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.
	<input 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. 062627
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):
3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 22001 Loudoun County Parkway <small>(Number, street, rural route, apartment, or suite number)</small> Ashburn, VA 20147 <small>(City, town, state, zip)</small>	

BARCODE DAT
Filing Period
062

C System	INSTRUCTIONS: 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.
	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Burlington, MA) VHO 6
2 MAILING ADDRESS OF CABLE SYSTEM: 51 South Bedford St <small>(Number, street, rural route, apartment, or suite number)</small> Burlington, MA 01803 <small>(City, town, state, zip code)</small>	

E Secondary Transmission Service: Sub- scribers and Rates	BLOCK 1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:			
• Service to first set	476,892	25.00	
• Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel Commercial Converter			
• Residential	8,705	35.00	
• Non-residential			

F Services Other Than Secondary Transmissions: Rates	BLOCK 1			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential	
• Pay cable	15.00		• Motel, hotel	
• Pay cable—add'l channel			• Commercial	
• Fire protection			• Pay cable	
• Burglar protection			• Pay cable-add'l channel	
Installation: Residential			• Fire protection	
• First set	99.00		• Burglar protection	
• Additional set(s)	65.00		Other services:	
• FM radio (if separate rate)			• Reconnect	
• Converter			• Disconnect	
			• Outlet relocation	65.00
			• Move to new address	

M Channels	CHANNELS Instructions: 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.
	1. Enter the total number of channels on which the cable system carried television broadcast stations 80
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 453

N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
	Name Patrick Merrick Telephone 703-694-5088
	Address 22001 Loudoun County Parkway <small>(Number, street, rural route, apartment, or suite number)</small> Ashburn, VA 20147 <small>(City, town, state, zip)</small>
	Email (optional) patrick.merrick@verizon.com Fax (optional)

O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".
	Typed or printed name: Veronica C. Glennon
	Title: Assistant Secretary, Verizon New England Inc. <small>(Title of official position held in corporation or partnership)</small> Date: February 28, 2020

Total Gross Receipts

\$ 184,325,671.77

OK

Subgroup Gross Receipts Total

\$ 184,325,671.77

Subgroup	Subgroup/Community Name	Gross Receipts
FIRST	1	\$ 2,475,407.58
SECOND	2	\$ 47,542,219.47
THIRD	3	\$ 51,716,100.25
FOURTH	4	\$ 80,410,920.79
FIFTH	5	\$ 2,181,023.68
SIXTH	6	
SEVENTH	7	
EIGHTH	8	
NINTH	9	
TENTH	10	
ELEVENTH	11	
TWELVTH	12	
THIRTEENTH	13	
FOURTEENTH	14	
FIFTEENTH	15	
SIXTEENTH	16	
SEVENTEENTH	17	
EIGHTEENTH	18	
NINTEENTH	19	
TWENTIETH	20	
TWENTY-FIRST	21	
TWENTY-SECOND	22	
TWENTY-THIRD	23	
TWENTY-FOURTH	24	
TWENTY-FIFTH	25	
TWENTY-SIXTH	26	
TWENTY-SEVENTH	27	
TWENTY-EIGHTH	28	
TWENTY-NINTH	29	
THIRTIETH	30	
THIRTY-FIRST	31	
THIRTY-SECOND	32	
THIRTY-THIRD	33	
THIRTY-FOURTH	34	
THIRTY-FIFTH	35	
THIRTY-SIXTH	36	
THIRTY-SEVENTH	37	
THIRTY-EIGHTH	38	
THIRTY-NINTH	39	
FORTIETH	40	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WGBH	2	E	Boston	0.250	O
WSBK	38	N	Boston	0.250	
WBZ	4	N	Boston	0.250	
WCVB	5	N	Boston	0.250	
WWJE	50	I	Derry	1.000	
WHDH	7	N	Boston	0.250	
WFXT	25	I	Boston	1.000	
WMUR	9	N	Manchester	0.250	
WNEU	60	I	Merimack	1.000	
WENH	11	E	Durham	0.250	O
WLVI	56	I	Cambridge	1.000	
WPX	68	I	Boston	1.000	
WBTS	8	N	Boston	0.250	
WSBE	36	E	Providence	0.250	O
WUTF	66	I	Marlborough	1.000	
WMFP	18	I	Lawrence	1.000	
WYDN	48	E	Worcester	0.250	O
WUNI	27	I	Worcester	1.000	
WGBX	44	E	Boston	0.250	O
WWDP	46	I	Norwell	1.000	
WGBH-simulcast	19	E	Boston	0.250	E
WSBK-simulcast	39	N	Boston	0.250	
WBZ-simulcast	30	N	Boston	0.250	
WCVB-simulcast	20	N	Boston	0.250	
WHDH-simulcast	42	N	Boston	0.250	
WFXT-simulcast	31	I	Boston	1.000	
WMUR-simulcast	9	N	Manchester	0.250	
WNEU-simulcast	60	I	Merimack	1.000	
WENH-simulcast	11	E	Durham	0.250	E
WLVI-simulcast	41	I	Cambridge	1.000	
WPX-simulcast	68	I	Boston	1.000	
WBTS-simulcast	8	N	Boston	0.250	
WSBE-simulcast	21	E	Providence	0.250	
WUTF-simulcast	66	I	Marlborough	1.000	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage
WMFP-simulcast	18	I	Lawrence	1.000	
WUNI-simulcast	27	I	Worcester	1.000	
WGBX-simulcast	44	E	Boston	0.250	E
WWDP-simulcast	46	I	Norwell	1.000	
This TV Network[WHD H]	7	N-M	Boston	0.250	
WCVB Me TV	20	N-M	Boston	0.250	
WUNI Bounce TV	27	I-M	Worcester	1.000	
WFXT LAFF	31	I-M	Boston	1.000	
WLVI Buzzr	56	I-M	Cambridge	1.000	
WBTZ Cozi TV	8	I-M	Boston	1.000	
WGBX 44	44	E-M	Boston	0.250	O
WGBH PBS Kids	2	E-M	Boston	0.250	O
GBH World	44	E-M	Boston	0.250	O
GBX Create	44	E-M	Boston	0.250	O
WNEU Exitos TV	60	I-M	Merimack	1.000	
WUTF LATV	66	I-M	Marlborough	1.000	
WBZ StartTV	30	N-M	Boston	0.250	
WUNI Grit TV	27	I-M	Worcester	1.000	
WUNI getTV	27	I-M	Worcester	1.000	
WFXT Escape	31	I-M	Boston	1.000	
WBPX qubo	68	I-M	Boston	1.000	
WDPX ION Plus	58	I-M	Woburn	1.000	
WLNE	6	N	New Bedford	0.250	
WNAC CW	64	I	Providence	1.000	
WJAR	10	N	Providence	0.250	
WNAC	64	I	Providence	1.000	
WPRI	12	N	Providence	0.250	
WPRI My Network	12	N	Providence	0.250	
WRIW	50	I	Providence	1.000	
WLNE-simulcast	49	N	New Bedford	0.250	
WNAC CW-simulcast	64	I	Providence	1.000	
WJAR-simulcast	51	N	Providence	0.250	

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station	DSE	Space G Basis of Carriage	
				#N/A		
				#N/A		
				#N/A		
				#N/A		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Verizon New England Inc.

20192

Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

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.

**SA3E
 Long Form**

Return completed workbook by
 email to:

coplicsoa@loc.gov

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

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
 Cable Systems (Long Form)*

General instructions are located in
 the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
02/26/2020	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2019/2																														
B Owner	<p>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. List any other name or names under which the owner conducts the business of the cable system. <i>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.</i></p> <input 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. 062627																														
<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon New England Inc.</p> <p style="text-align: right;">06262720192 062627 2019/2</p> <p>22001 Loudoun County Parkway Ashburn, VA 20147</p>																															
C System	<p>INSTRUCTIONS: 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 border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="3"> IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Burlington, MA) VHO 6 </td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3"> MAILING ADDRESS OF CABLE SYSTEM: 51 South Bedford St <small>(Number, street, rural route, apartment, or suite number)</small> Burlington, MA 01803 <small>(City, town, state, zip code)</small> </td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Burlington, MA) VHO 6			2	MAILING ADDRESS OF CABLE SYSTEM: 51 South Bedford St <small>(Number, street, rural route, apartment, or suite number)</small> Burlington, MA 01803 <small>(City, town, state, zip code)</small>																						
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D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td>BURLINGTON</td> <td colspan="3">MA</td> </tr> <tr> <td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td> </tr> <tr> <td>CITY OR TOWN (SAMPLE)</td> <td>STATE</td> <td>CH LINE UP</td> <td>SUB GRP#</td> </tr> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </table>			CITY OR TOWN	STATE			BURLINGTON	MA			Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																														
BURLINGTON	MA																														
Below is a sample for reporting communities if you report multiple channel line-ups in Space G.																															
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																												
Alda	MD	A	1																												
Alliance	MD	B	2																												
Gering	MD	B	3																												

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627		
<p>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.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).</p> <p>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.</p>			D Area Served
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
BURLINGTON	MA	A	3
ABINGTON	MA	A	2
ACTON	MA	A	3
ANDOVER	MA	A	3
ARLINGTON	MA	A	4
ASHLAND	MA	A	2
BEDFORD	MA	A	3
BELLINGHAM	MA	A	2
BELMONT	MA	A	4
BILLERICA	MA	A	3
BOSTON	MA	A	4
BOXBOROUGH	MA	A	3
BOXFORD	MA	A	3
BRAINTREE	MA	A	2
BURRILLVILLE	RI	B	4
CANTON	MA	A	2
CENTRAL FALLS	RI	B	4
CHARLESTOWN	RI	B	5
CHELMSFORD	MA	A	3
COHASSET	MA	A	2
COVENTRY	RI	B	4
CRANSTON	RI	B	4
CUMBERLAND	RI	B	4
DANVERS	MA	A	3
DEDHAM	MA	A	2
DOVER	MA	A	2
DUNSTABLE	MA	A	3
DUXBURY	MA	A	2
EAST GREENWICH	RI	B	4
EAST PROVIDENCE	RI	B	4
EASTON	MA	C	4
EXETER	RI	B	4
FITCHBURG	MA	A	3
FOSTER	RI	B	4
FOXBOROUGH	MA	A	2
FRAMINGHAM	MA	A	4
FRANKLIN	MA	A	2
GEORGETOWN	MA	A	3
GLOCESTER	RI	B	4

See instructions for additional information on alphabetization.

Add rows as necessary.

First
Community

GRAFTON	MA	A	2
GROTON	MA	A	3
HAMILTON	MA	A	3
HANOVER	MA	A	2
HINGHAM	MA	A	2
HOLBROOK	MA	A	2
HOLLISTON	MA	A	2
HOPEDALE	MA	A	2
HOPKINTON	MA	A	2
HOPKINTON	RI	B	4
HUDSON	MA	A	4
HULL	MA	A	2
IPSWICH	MA	A	3
JOHNSTON	RI	B	4
KINGSTON	MA	A	2
LAKEVILLE	MA	A	2
LAWRENCE	MA	A	3
LEOMINSTER	MA	A	3
LEXINGTON	MA	A	3
LINCOLN	MA	A	4
LINCOLN	RI	B	4
LITTLETON	MA	A	3
LYNN	MA	A	3
LYNNFIELD	MA	A	3
MALDEN	MA	A	3
MANSFIELD	MA	C	4
MARBLEHEAD	MA	A	3
MARION	MA	A	1
MARLBOROUGH	MA	A	4
MARSHFIELD	MA	A	2
MATTAPOISETT	MA	A	1
MAYNARD	MA	A	4
MEDFIELD	MA	A	2
MEDFORD	MA	A	3
MEDWAY	MA	A	2
MELROSE	MA	A	3
MENDON	MA	A	2
METHUEN	MA	A	3
MIDDLEBOROUGH	MA	A	2
MIDDLETON	MA	A	3
MILFORD	MA	A	2
MILLBURY	MA	A	2
MILLIS	MA	A	2
NAHANT	MA	A	3
NARRAGANSETT	RI	B	4
NATICK	MA	A	4
NEEDHAM	MA	A	4
NEWTON	MA	A	4
NORFOLK	MA	A	2
NORTH ANDOVER	MA	A	3
NORTH ATTLEBOROUGH	MA	C	4
NORTH KINGSTOWN	RI	B	4
NORTH PROVIDENCE	RI	B	4
NORTH READING	MA	A	3
NORTH SMITHFIELD	RI	B	4
NORTHBOROUGH	MA	A	2
NORWELL	MA	A	2
NORWOOD	MA	A	2

PAWTUCKET	RI	B	4
PLYMOUTH	MA	A	2
PROVIDENCE	RI	B	4
RANDOLPH	MA	A	2
RAYNHAM	MA	C	4
READING	MA	A	3
RICHMOND	RI	B	4
ROCHESTER	MA	A	1
ROCKLAND	MA	A	2
ROWLEY	MA	A	3
SCITUATE	RI	B	4
SHERBORN	MA	A	2
SMITHFIELD	RI	B	4
SOUTH KINGSTOWN	RI	B	4
SOUTHBOROUGH	MA	A	2
STONEHAM	MA	A	3
STOUGHTON	MA	A	2
STOW	MA	A	3
SUDBURY	MA	A	4
SUTTON	MA	A	2
SWAMPSCOTT	MA	A	3
TAUNTON	MA	C	4
TEWKSBURY	MA	A	3
TOPSFIELD	MA	A	3
TYNGSBOROUGH	MA	A	3
WAKEFIELD	MA	A	3
WALPOLE	MA	A	2
WALTHAM	MA	A	4
WAREHAM	MA	A	1
WARWICK	RI	B	4
WAYLAND	MA	A	4
WELLESLEY	MA	A	4
WENHAM	MA	A	4
WEST GREENWICH	RI	B	4
WEST NEWBURY	MA	A	3
WEST WARWICK	RI	B	4
WESTBOROUGH	MA	A	2
WESTERLY	RI	B	5
WESTFORD	MA	A	3
WESTON	MA	A	4
WESTWOOD	MA	A	2
WILMINGTON	MA	A	3
WINCHESTER	MA	A	3
WOBURN	MA	A	3
WOONSOCKET	RI	B	4
WRENTHAM	MA	A	2

Attachment B - Section F, Other Services

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2		
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	79.99	N/A
Fios TV Mundo	64.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
HBO	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99

Attachment B - Section F, Other Services

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	7.99	8.00
Set-Top Box First two boxes	12.00	11.99
Set-Top Box: Boxes 3-5	6.00	11.99
Set-Top Box: 6+ boxes	No charge	11.99
Fios Quantum Gateway Router	12.00	9.99
Fios Home Wireless Router	15.00	N/A
Fios TV Activation Fee	99.99	99.99
DVR Service	12.00	12.00
Multi-room DVR Service	N/A	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	50.00	N/A
Set-Top Box Retrieval Fee	99.00	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	100.00	N/A
Seasonal Service Suspension	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV One Voice Remote	24.99	N/A
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Rout	124.00	100.00
Unreturned/Damaged Wireless Router	175.00	N/A
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 located in the paper SA3 form. <p>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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.</p> <p>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 (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: 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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> Primary Transmitters: Television		
CHANNEL LINE-UP A					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGBH	2	E	No		Boston
WSBK	38	N	No		Boston
WBZ	4	N	No		Boston
WCVB	5	N	No		Boston
WWJE	50	I	No		Derry
WHDH	7	N	No		Boston
WFXT	25	I	No		Boston
WMUR	9	N	No		Manchester
WNEU	60	I	No		Merimack
WENH	11	E	Yes	O	Durham
WLVI	56	I	No		Cambridge
WBPX	68	I	No		Boston
WBTS	8	N	No		Boston
WSBE	36	E	Yes	O	Providence
WUTF	66	I	No		Marlborough
WMFP	18	I	No		Lawrence
WYDN	48	E	Yes	O	Worcester
WUNI	27	I	No		Worcester

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name			
PRIMARY TRANSMITTERS: TELEVISION					
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CHANNEL LINE-UP A					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGBX	44	E	No		Boston
WWDP	46	I	No		Norwell
WGBH-simulcast	19	E	No		Boston
WSBK-simulcast	39	N	No		Boston
WBZ-simulcast	30	N	No		Boston
WCVB-simulcast	20	N	No		Boston
WHDH-simulcast	42	N	No		Boston
WFXT-simulcast	31	I	No		Boston
WMUR-simulcast	9	N	No		Manchester
WNEU-simulcast	60	I	No		Merimack
WENH-simulcast	11	E	Yes	E	Durham
WLVI-simulcast	41	I	No		Cambridge
WBPX-simulcast	68	I	No		Boston
WBTS-simulcast	8	N	No		Boston
WSBE-simulcast	21	E	Yes	0	Providence
WUTF-simulcast	66	I	No		Marlborough
WMFP-simulcast	18	I	No		Lawrence
WUNI-simulcast	27	I	No		Worcester

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name
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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.

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G
Primary Transmitters: Television

See instructions for additional information on alphabetization.

CHANNEL LINE-UP A

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGBX-simulcast	44	E	No		Boston
WWDP-simulcast	46	I	No		Norwell
This TV Network[7	N-M	No		Boston
WCVB Me TV	20	N-M	No		Boston
WUNI Bounce TV	27	I-M	No		Worcester
WFXT LAFF	31	I-M	No		Boston
WLVI Buzzr	56	I-M	No		Cambridge
WBTZ Cozi TV	8	I-M	No		Boston
WGBX 44	44	E-M	No		Boston
WGBH PBS Kids	2	E-M	No		Boston
GBH World	44	E-M	No		Boston
GBX Create	44	E-M	No		Boston
WNEU Exitos TV	60	I-M	No		Merimack
WUTF LATV	66	I-M	No		Marlborough
WBZ StartTV	30	N-M	No		Boston
WUNI Grit TV	27	I-M	No		Worcester
WUNI getTV	27	I-M	No		Worcester
WFXT Escape	31	I-M	No		Boston

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name
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PRIMARY TRANSMITTERS: TELEVISION

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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G
Primary Transmitters: Television

CHANNEL LINE-UP B

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGBH	2	E	Yes	O	Boston
WLNE	6	N	No		New Bedford
WSBE	36	E	No		Providence
WNAC CW	64	I	No		Providence
WJAR	10	N	No		Providence
WNAC	64	I	No		Providence
WPRI	12	N	No		Providence
WPRI My Network	12	N	No		Providence
WRIW	50	I	No		Providence
WGBX	44	E	Yes	O	Boston
WGBH-simulcast	19	E	Yes	E	Boston
WLNE-simulcast	49	N	No		New Bedford
WSBE-simulcast	21	E	No		Providence
WNAC CW-simulcast	64	I	No		Providence
WJAR-simulcast	51	N	No		Providence
WNAC-simulcast	54	I	No		Providence
WPRI-simulcast	12	N	No		Providence


LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.					SYSTEM ID# 062627	Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
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CHANNEL LINE-UP B						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
My WPRI-simulca	12	I	No		Providence	
WRIW-simulcast	50	I	No		Providence	
WGBX-simulcast	44	E	Yes	E	Boston	
WLNE Court TV	49	N-M	No		New Bedford	
WJAR Me-TV	51	N-M	No		Providence	
WLNE Grit TV	49	N-M	No		New Bedford	
WLNE Escape TV	49	N-M	No		New Bedford	
WJAR CometTV	51	N-M	No		Providence	
WGBX 44	44	E-M	Yes	O	Boston	
WGBH PBS Kids	2	E-M	Yes	O	Boston	
GBH World	44	E-M	Yes	O	Boston	
GBX Create	44	E-M	Yes	O	Boston	
WJAR TBD TV	10	N-M	No		Providence	
WPRI getTV	12	N-M	No		Providence	
WSBE Learn	21	E-M	No		Providence	
WNAC LAFF	54	I-M	No		Providence	
WPRI Bounce TV	12	N-M	No		Providence	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 located in the paper SA3 form. <p>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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.</p> <p>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 (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: 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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> Primary Transmitters: Television		
CHANNEL LINE-UP C					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGBH	2	E	No		Boston
WSBK	38	N	No		Boston
WBZ	4	N	No		Boston
WCVB	5	N	No		Boston
WLNE	6	N	No		New Bedford
WHDH	7	N	No		Boston
WSBE	36	E	No		Providence
WNAC CW	64	I	No		Providence
WJAR	10	N	No		Providence
WNAC	64	I	No		Providence
WPRI	12	N	No		Providence
WPRI My Network	12	N	No		Providence
WRIW	50	I	No		Providence
WFXT	25	I	No		Boston
WLVI	56	I	No		Cambridge
WGBX	44	E	No		Boston
WGBH-simulcast	19	E	No		Boston
WSBK-simulcast	39	N	No		Boston

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.					SYSTEM ID# 062627	Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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 located in the paper SA3 form. <p>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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.</p> <p>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 (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: 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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP C						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBZ-simulcast	30	N	No		Boston	
WCVB-simulcast	20	N	No		Boston	
WLNE-simulcast	49	N	No		New Bedford	
WHDH-simulcast	42	N	No		Boston	
WSBE-simulcast	21	E	No		Providence	
WNAC CW-simulcast	64	I	No		Providence	
WJAR-simulcast	51	N	No		Providence	
WNAC-simulcast	54	I	No		Providence	
WPRI-simulcast	12	N	No		Providence	
My WPRI-simulcast	12	I	No		Providence	
WRIW-simulcast	50	I	No		Providence	
WFXT-simulcast	31	I	No		Boston	
WGBX-simulcast	44	E	No		Boston	
WLVI-simulcast	41	I	No		Cambridge	
WLNE Court TV	49	N-M	No		New Bedford	
WJAR Me-TV	51	N-M	No		Providence	
WFXT LAFF	31	I-M	No		Boston	
WLVI Buzzr	56	I-M	No		Cambridge	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 located in the paper SA3 form. <p>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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.</p> <p>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 (v) of the general instructions located in the paper SA3 form.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 6: 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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> Primary Transmitters: Television		
CHANNEL LINE-UP C					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLNE Grit TV	49	N-M	No		New Bedford
WLNE Escape TV	49	N-M	No		New Bedford
WJAR CometTV	51	N-M	No		Providence
WGBX 44	44	E-M	No		Boston
WGBH PBS Kids	2	E-M	No		Boston
GBH World	44	E-M	No		Boston
GBX Create	44	E-M	No		Boston
WJAR TBD TV	51	N-M	No		Providence
WPRI getTV	12	N-M	No		Providence
WSBE Learn	21	E-M	No		Providence
WNAC LAFF	54	I-M	No		Providence
WPRI Bounce TV	12	N-M	No		Providence

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name					
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. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts					
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 5px;">\$ 184,325,671.77</td> </tr> <tr> <td style="text-align: center; padding: 2px 5px;">(Amount of gross receipts)</td> </tr> </table>	\$ 184,325,671.77	(Amount of gross receipts)			
\$ 184,325,671.77							
(Amount of gross receipts)							
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. <p>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p>		L Copyright Royalty Fee					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 5px;">\$ 184,325,671.77</td> </tr> <tr> <td style="text-align: center; padding: 5px;">\$ 1,961,225.15</td> </tr> </table>	\$ 184,325,671.77	\$ 1,961,225.15			
\$ 184,325,671.77							
\$ 1,961,225.15							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 5px;">\$ 308,046.88</td> </tr> <tr> <td style="text-align: right; padding: 5px;">0.00</td> </tr> <tr> <td style="text-align: center; padding: 5px;">\$ 308,046.88</td> </tr> </table>	\$ 308,046.88	0.00	\$ 308,046.88		
\$ 308,046.88							
0.00							
\$ 308,046.88							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) Line 4. FILING FEE. TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 5px;">\$ 1,961,225.15</td> </tr> <tr> <td style="text-align: right; padding: 5px;">0.00</td> </tr> <tr> <td style="text-align: right; padding: 5px;">0.00</td> </tr> <tr> <td style="text-align: right; padding: 5px;">\$ 725.00</td> </tr> <tr> <td style="text-align: center; padding: 5px;">\$ 1,961,950.15</td> </tr> </table>	\$ 1,961,225.15	0.00	0.00	\$ 725.00	\$ 1,961,950.15
\$ 1,961,225.15							
0.00							
0.00							
\$ 725.00							
\$ 1,961,950.15							
		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627
M Channels	<p>CHANNELS</p> <p>Instructions: 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 80</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 453</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name <u>Patrick Merrick</u> Telephone <u>703-694-5088</u></p> <p>Address <u>22001 Loudoun County Parkway</u> (Number, street, rural route, apartment, or suite number)</p> <p><u>Ashburn, VA 20147</u> (City, town, state, zip)</p> <p>Email <u>patrick.merrick@verizon.com</u> Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) 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 <input checked="" type="checkbox"/> (Officer or partner) 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. <ul style="list-style-type: none"> • 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)] <div style="margin-top: 20px;">  X <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">/s/ Veronica C. Glennon</div> </div> <p style="font-size: 0.8em; margin-top: 10px;">Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Veronica C. Glennon</p> <hr style="border: 0; border-top: 1px dotted black; margin: 10px 0;"/> <p>Title: <u>Assistant Secretary, Verizon New England Inc.</u> (Title of official position held in corporation or partnership)</p> <p>Date: <u>February 28, 2020</u></p>	

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627	Name
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 in the paper SA3 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 ASSESSMENTS 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 in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		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.

INSTRUCTIONS FOR DSE SCHEDULE

WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

- **Independent:** its type-value is 1.00
- **Network:** its type-value is 0.25
- **Noncommercial educational:** its type-value is 0.25

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems filing SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 76.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 1981, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31, 1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station’s local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system’s permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

First DSE	1.064% of gross receipts
Each of the second, third, and fourth DSEs	0.701% of gross receipts
The fifth and each additional DSE	0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 2. Identify the communities/areas represented by each subscriber group.
 3. For each subscriber group, calculate the total number of DSEs of that group’s complement of stations.
 - If your system is located wholly outside all major and smaller television markets, give each station’s DSEs as you gave them in parts 2, 3, and 4 of the schedule; or
 - If any portion of your system is located in a major or smaller television market, give each station’s DSE as you gave it in block B, part 6 of this schedule.
 4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group’s complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system’s total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

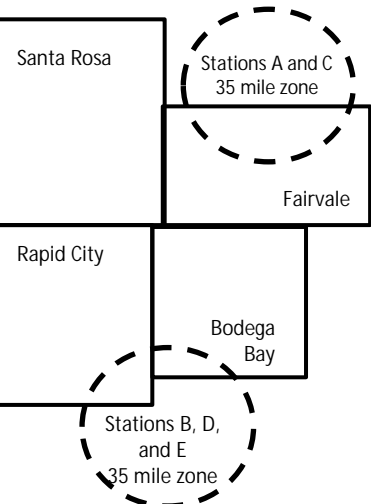
Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

<p>In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.</p> 	<p>Distant Stations Carried</p> <table border="1"> <thead> <tr> <th>STATION</th> <th>DSE</th> </tr> </thead> <tbody> <tr> <td>A (independent)</td> <td>1.0</td> </tr> <tr> <td>B (independent)</td> <td>1.0</td> </tr> <tr> <td>C (part-time)</td> <td>0.083</td> </tr> <tr> <td>D (part-time)</td> <td>0.139</td> </tr> <tr> <td>E (network)</td> <td>0.25</td> </tr> <tr> <td>TOTAL DSEs</td> <td>2.472</td> </tr> </tbody> </table>		STATION	DSE	A (independent)	1.0	B (independent)	1.0	C (part-time)	0.083	D (part-time)	0.139	E (network)	0.25	TOTAL DSEs	2.472	<p>Identification of Subscriber Groups</p> <table border="1"> <thead> <tr> <th>CITY</th> <th>OUTSIDE LOCAL SERVICE AREA OF</th> <th>GROSS RECEIPTS FROM SUBSCRIBERS</th> </tr> </thead> <tbody> <tr> <td>Santa Rosa</td> <td>Stations A, B, C, D, E</td> <td>\$310,000.00</td> </tr> <tr> <td>Rapid City</td> <td>Stations A and C</td> <td>100,000.00</td> </tr> <tr> <td>Bodega Bay</td> <td>Stations A and C</td> <td>70,000.00</td> </tr> <tr> <td>Fairvale</td> <td>Stations B, D, and E</td> <td>120,000.00</td> </tr> <tr> <td>TOTAL DSEs</td> <td>2.472</td> <td>\$600,000.00</td> </tr> </tbody> </table>		CITY	OUTSIDE LOCAL SERVICE AREA OF	GROSS RECEIPTS FROM SUBSCRIBERS	Santa Rosa	Stations A, B, C, D, E	\$310,000.00	Rapid City	Stations A and C	100,000.00	Bodega Bay	Stations A and C	70,000.00	Fairvale	Stations B, D, and E	120,000.00	TOTAL DSEs	2.472	\$600,000.00												
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<p>Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94</p> <p>In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)</p>																																																

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.					SYSTEM ID# 062627		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,					0.00			
4 Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: <ul style="list-style-type: none"> • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,						0.00		
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2=						2.25	
2. Number of DSEs from part 3=						0.00		
3. Number of DSEs from part 4=						0.00		
TOTAL NUMBER OF DSEs						2.25		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.						SYSTEM ID# 062627		Name
<p>Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.</p>								6
BLOCK A: TELEVISION MARKETS								
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? <input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.								
BLOCK B: CARRIAGE OF PERMITTED DSEs								
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream. Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)								
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WENH	C	0.25	WGBX	C	0.25			
WSBE	C	0.25	WGBX 44	M	0.25			
WYDN	C	0.25	GBX Creat	M	0.25			
WGBH	C	0.25						
WGBH PBS	M	0.25						
GBH World	M	0.25						
							2.25	
BLOCK C: COMPUTATION OF 3.75 FEE								
Line 1: Enter the total number of DSEs from part 5 of this schedule _____								
Line 2: Enter the sum of permitted DSEs from block B above _____								
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) _____								
Line 4: Enter gross receipts from space K (page 7) _____								
							x 0.0375	
Line 5: Multiply line 4 by 0.0375 and enter sum here _____								
							x	
Line 6: Enter total number of DSEs from line 3 _____								
							0.00	
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) _____								

Computation of 3.75 Fee

6

2.25

BLOCK C: COMPUTATION OF 3.75 FEE

0.00

Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.	SYSTEM ID# 062627
7 Computation of the Syndicated Exclusivity Surcharge	<p>Section 4b If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). u \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). u \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. u \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). u \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. u _____</p> <p>F. Multiply line D by line E and enter here u \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p>Syndicated Exclusivity Surcharge. u \$ _____</p>	
8 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>	
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p>	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1	Enter the amount of gross receipts from space K (page 7). u \$ _____	
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) u _____	
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). u \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). u _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. u _____ -</p> <p>D. Multiply line B by line C and enter here. u \$ _____</p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee. u \$ 0.00</p>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.		SYSTEM ID# 062627	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank. A. Enter 0.01064 of gross receipts (the amount in section 1) _____ u \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) _____ u \$ _____ C. Multiply line B by 3.000 and enter here _____ u \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) _____ u \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here _____ u _____ F. Multiply line D by line E and enter here _____ u \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee _____ u \$ 0.00		8 Computation of Base Rate Fee

<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. If: <ol style="list-style-type: none"> your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 		9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations
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<p>Name</p>	<p>LEGAL NAME OF OWNER OF CABLE SYSTEM:</p> <p>Verizon New England Inc.</p> <p style="text-align: right;">SYSTEM ID# 062627</p>
	<p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</p> <p>Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p>Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p>Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</p> <p>Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New England Inc.						SYSTEM ID# 062627		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WENH	0.25			WENH	0.25				
WYDN	0.25								
Total DSEs 0.50				Total DSEs 0.25					
Gross Receipts First Group \$ 2,475,407.58				Gross Receipts Second Group \$ 47,542,219.47					
Base Rate Fee First Group \$ 13,169.17				Base Rate Fee Second Group \$ 126,462.30					
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WSBE	0.25								
Total DSEs 0.25				Total DSEs 0.00					
Gross Receipts Third Group \$ 51,716,100.25				Gross Receipts Fourth Group \$ 80,410,920.79					
Base Rate Fee Third Group \$ 137,564.83				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 308,046.88			

9
Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations

CONTROL #:

REMITTANCE #: 120023



Cable Worksheet

\$1,961,950.15	1	
Total amount of remittance	Number of SAs rec'd	Initials
02/27/20		
Date of remittance	<input type="checkbox"/> Check	<input checked="" type="checkbox"/> EFT
		<input checked="" type="checkbox"/> FILING FEES

Cable ID #	62627	Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number
DL		06/17/20	1023080
		\$1,961,950.15	HR

Space A Accounting Period

2019/2 (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
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space J 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	
		Space K Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact	
		Space L 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"/> Phone call/Date/Contact	
		Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space O Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space P 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	
		Space Q 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	