

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

Submitting the form

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

General Instructions

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

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

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

Page 1 – Spaces A-C

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

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

Page 2 – Space D

- Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

- Information can be manually entered into the highlighted areas.

Page 3 – Space G

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

Page 4 – Space H

- Information can be manually entered into the highlighted areas.

Page 5 – Space I

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

Page 6 – Spaces K-L

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

Page 7 – Spaces M-O

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

Page 8 – Spaces P-Q

- Manually enter information into highlighted spaces as applicable.

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2E
 Short Form**

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

General instructions are located
 in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/25/2020	67.77 DL
	ALLOCATION NUMBER
	1022578

Return completed workbook
 by email to:

coplicsoa@copyright.gov

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))																				
Accounting Period	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">2018/2</td> <td style="padding: 5px;">Period 1 = January 1 - June 30</td> <td style="padding: 5px;">Period 2 = July 1 - December 31</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px; text-align: center;">20182</td> <td colspan="2" style="padding: 5px;">Barcode Data Filing Period (optional - see instructions)</td> </tr> </table>	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	20182	Barcode Data Filing Period (optional - see instructions)															
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20182	Barcode Data Filing Period (optional - see instructions)																				
B	<p>Owner</p> <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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p>																				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <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. </td> <td style="width: 20%; border: 1px solid black; text-align: center; padding: 5px;">63787</td> </tr> <tr> <td colspan="2" style="padding: 5px;">LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Family View Cablevision</td> </tr> <tr> <td colspan="2" style="padding: 5px;">BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">MAILING ADDRESS OF OWNER OF CABLE SYSTEM</td> </tr> <tr> <td colspan="2" style="padding: 5px;">217 Seagull Lane</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Anderson SC 29625</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><small>(City, town, state, zip)</small></td> </tr> </table>	<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.	63787	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		Family View Cablevision		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				MAILING ADDRESS OF OWNER OF CABLE SYSTEM		217 Seagull Lane		<small>(Number, street, rural route, apartment, or suite number)</small>		Anderson SC 29625		<small>(City, town, state, zip)</small>	
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Anderson SC 29625																					
<small>(City, town, state, zip)</small>																					
C	<p>System</p> <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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; vertical-align: top;">1</td> <td style="padding: 5px;">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="width: 5%; text-align: center; vertical-align: top;">2</td> <td style="padding: 5px;">MAILING ADDRESS OF CABLE SYSTEM:</td> </tr> <tr> <td></td> <td style="padding: 5px;"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td style="padding: 5px;"><small>(City, town, state, zip code)</small></td> </tr> </table>	1	IDENTIFICATION OF CABLE SYSTEM:	2	MAILING ADDRESS OF CABLE SYSTEM:		<small>(Number, street, rural route, apartment, or suite number)</small>		<small>(City, town, state, zip code)</small>												
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Family View Cablevision	SYSTEM ID# 63787
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K Gross Receipts	<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.</p> <div style="float: right; border: 1px solid black; padding: 5px;"> <p>\$ 110,544.00</p> <p><small>(Amount of gross receipts)</small></p> </div> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>
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L Copyright Royalty Fee	<p>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</p>
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
<p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00</p>	
<p>Line 1. Royalty fee for accounting period \$ 52.00</p>	
<p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 0.77</p>	
<p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.77</p>	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
<p>1. Base amount under statutory formula \$ 263,800.00</p>	
<p>2. Enter amount of gross receipts from space K _____</p>	
<p>3. Subtract line 2 from line 1 _____</p>	
<p>4. Enter the amount of gross receipts from space K _____</p>	
<p>5. Enter the amount from line 3 _____</p>	
<p>6. Subtract line 5 from line 4 _____</p>	
<p>7. Multiply line 6 by .005 (enter figure here) _____</p>	
<p>8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p>	
<p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 _____</p>	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
<p>1. Enter the amount of gross receipts from space K _____</p>	
<p>2. Base amount under statutory formula \$ 263,800.00</p>	
<p>3. Subtract line 2 from line 1 _____</p>	
<p>4. Multiply line 3 by .01 _____</p>	
<p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00</p>	
<p>6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p>	
<p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 _____</p>	


FILING FEE AND TOTAL REMITTANCE DUE

Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.77</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.77</p>
<p>EFT Trace # or TRANSACTION ID # 26NPQVJD</p>	
<p>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page 1 of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</p>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Family View Cablevision	SYSTEM ID# 63787
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M Channels	<p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 8</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 69</p>
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N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)</p> <p>Name Larry Waterman Telephone 864-885-9115</p> <p>Address 217 Seagull Lane <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Anderson SC 29625 <small>(City, town, state, zip)</small></p> <p>Email larryw4881@aol.com Fax (optional) </p>
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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.) <p><input checked="" 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</p> <p><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</p> <p><input 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.</p> <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)] <p style="text-align: center;"> X /s/ Larry Waterman</p> <p style="text-align: center;">Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: Larry Waterman</p> <p>Title: Owner <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: 02/25/2020</p>
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Family View Cablevision

63787

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.

During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

[X] NO

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

P

Special Statement Concerning Gross Receipts Exclusion

Name
Mailing Address

Name
Mailing Address

INTEREST ASSESSMENT

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.

Q

Interest Assessment

Line 1 Enter the amount of late payment or underpayment \$ 67.00
x 1%

Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.67
x 421 days

Line 3 Multiply line 2 by the number of days late and enter the sum here 282.07
x 0.00274

Line 4 Multiply line 3 by 0.00274** and enter here 0.77
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge)

* 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@copyright.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner
Address
ID number
First community served
Accounting period

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CONTROL #:

REMITTANCE #: 119934



Cable Worksheet

\$67.77	1	Initials
Total amount of remittance	Number of SAs rec'd	

02/26/20

Date of remittance Check EFT FILING FEES

Cable ID #	63787		Amount
Examined by	Reviewed by	Date examination completed	Allocation number
DL		05/06/20	1022578
			\$67.77

Space A Accounting Period			
	<input type="checkbox"/> January 1 - June 30, 20__	<input checked="" type="checkbox"/> July 1 - December 31, 2018	
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space B Owner			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space D Area Served			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space E Secondary Transmission Service Subscribers: and Rates			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space G Primary Transmitters: Television			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space H Primary Transmitters: Radio			
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

**Space I
Substitute**

Carriage

Letter sent Information received

Accepted Phone call/Date/Contact

**Space J
Part-time
Carriage Lo
(SA3 only)**

Letter sent Information received

Accepted Phone call/Date/Contact

**Space K
Gross Recei**

Letter sent Information received

Accepted Phone call/Date/Contact

**Space L
Copyright F
Royalty Fee**

Royalty Fee should be Refund request to fiscal

Letter sent Information received

Accepted Phoe call/Date/Contact

**Space M
Channels**

Letter sent Information received

Accepted Phone call/Date/Contact

**Space O
Certificatio**

Letter sent Information received

Accepted Phone call/Date/Contact

**Space P
Statement o
Gross Recei**

Letter sent Information received

Accepted Phone call/Date/Contact

**Space Q
Interest
Assessment**

Letter sent Info/add'l fee received

Accepted Phone call/Date/Contact

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Initials

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