TELEVISION MUSIC LICENSE COMMITTEE, LLC

SESAC Refund (Difference from interim license and final license) – Group Form

This form is for groups that own two or more stations and would like their refunds issued as a group. The Tax ID # is required only if you are not a "C" Corporation.

Submit Completed Form to tee@tvmlc.com

Date: _____

Station Information:

Contact Person: _____

Phone Number: _____ **Email:** _____

Federal Tax ID # (The Tax ID # is required only if your station or group owner is not a "C" Corporation):

_____

Group/Station Owner: _____

**If you are a group and would like a group payment please verify your full powered TV stations by using the attached form (page 2).*

Payment Information for Refund

Contact Person: _____ **Business Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

For ACH Payment:

Business Name (if different than above): _____

Bank Account Number: _____ **Routing Number:** _____

TELEVISION MUSIC LICENSE COMMITTEE, LLC

2016 Station List Form for Group Payments

Please include only full powered stations owned by your group in 2016.

Call Letters	DMA/Market

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