6005 Fair Lakes Road East Syracuse, NY 13057 P.O. Box 4733, Syracuse, NY 13221 Tel (315) 634-6200



October 27, 2011

Ms. Jaclyn A. Brilling New York State Public Service Commission Three Empire State Plaza Albany, NY 12223

RE: 2011 (Revised), 2012 FCC Form 1240 & 1205

Dear Ms. Brilling:

The Federal Communications Commission's regulations concerning cable rates and our Social Contract permit us to adjust rates annually for inflation and changes in external costs such as programming fees and copyright fees.

Accordingly, please find FCC Forms 1205 and 1240 which we used for calculating our BST rates, equipment and installation charges. We reserve the right to update the enclosed forms should better information become available to us.

The following items are included:

- Revised 2011 FCC Form 1240
- Community Unit ID Numbers included in each filing
- 2011 Rate Card and Channel Line-Up
- 2012 FCC Form 1240
- 2012 Proposed Channel Line-Ups
- FCC Form 1205

Our customer's will receive notification of the rate adjustment in their bill preceding this change in rates.

Please do not hesitate to contact me at (315) 634-6255 if you have any questions.

Sincerely,

Karen Conaty

Director, Budgets & Analysis

Enclosure

FCC FORM 1240 UPDATING MAXIMUM PERMITTED RATES FOR REGULATED CABLE SERVICES

Cable Operator:

Name of Cable Operator				_
Time Warner Cable - Oneida - Town of Sullivan				
Mailing Address of Cable Operator				
P.O. Box 4733				
City	State	ZIP Code		
Syracuse	NY	13221-4733		
		YES	NO	
Does this filing involve a single franchise authority and a single com	munity unit?		X	
If yes, complete the tranchise authority information				
below and enter the associated CUID number here:				
Done this filing involves a single framehing such mits had such		YES	NO	_
Does this filing involve a single franchise authority but multiple con	imunity units?	X		
If yes, enter the associated CUIDs below and complete the franchise	authority information at the bottom	of this page:		
	NY0603			
	.,			
Does this filing involve multiple franchise authorities?				
If yes, attach a separate sheet for each franchise authority and includ	e the following franchise authority in	formation with		
its associated CUID(s):				
ranchise Authority Information:				
Name of Local Franchising Authority				
NYS Public Service Commission				
Mailing Address of Local Franchising Authority				-
Agency Bldg Three, Empire State Plaza				
City	State	ZIP Code		
Albany	NY	12223		
Telephone number	Fax Number			
(518) 474-4992	(518) 486-5727			
For what purpose is this Form 1240 being filed? Please put an "X"	in the appropriate box.			
Original Form 1240 for Basic Tier				
Amended Form 1240 for Basic Tier			X	
Original Form 1240 for CPS Tier				
Amended Form 1240 for CPS Tier				
Amended Form 1240 for CLS Fiel		L	20	
Indicate the one year time period for which you are setting rates (th	a Projected Pariod)	02/11	O 01/12	(mm-1)
and care the one year time period for which you are setting rates (th	e i rojecteu i eriou).		O1/12	(mm/yy)
Indicate the time period for which you are performing a true-up.		T		(/
mulcate the time period for which you are performing a true-up.		01/10	12/10	(mm/yy)

7. Status of Previous Filing of FCC Form 1240 (enter an "x" in the appr	opriate box)		
a In this the first ECC Ferms 1240 filed in any invitation?	Γ	YES	NO NO
a. Is this the first FCC Form 1240 filed in any jurisdiction?			X
b. Has an FCC Form 1240 been filed previously with the FCC?		X	
	If yes, enter the date of the most recent filing:	10/31/10	(mm/dd/yy)
TI FOOD 10401 OLD IN INC. TO ALL A		YES	NO
c. Has an FCC Form 1240 been filed previously with the Franchising Author	·	X	1
	If yes, enter the date of the most recent filing:	10/31/10	(mm/dd/yy)
8. Status of Previous Filing of FCC Form 1210 (enter an "x" in the appr	opriate box)		
V 7007 10101 1 1 7 7 7 7 7 7 7 7 7 7 7 7		YES	NO NO
a. Has an FCC Form 1210 been previously filed with the FCC?	<u></u>	X	<u> </u>
	If yes, enter the date of the most recent filing:	05/31/98	(mm/dd/yy)
	r	YES	NO
b. Has an FCC Form 1210 been previously filed with the Franchising Author	ity?	X	
	If yes, enter the date of the most recent filing:	05/31/98	(mm/dd/yy)
9. Status of FCC Form 1200 Filing (enter an "x" in the appropriate box)			
- Harar ECC Farm 1200 have received that the ECC2		YES	NO
a. Has an FCC Form 1200 been previously filed with the FCC?	<u></u>	X	1
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
		YES	NO NO
b. Has an FCC Form 1200 been previously filed with the Franchising Author	ity?	X	
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
10. Cable Programming Services Complaint Status (enter an "x" in the a	appropriate box)		
a. Is this form being filed in response to an FCC Form 329 complaint?		YES	NO NO
a. Is this form being fried in response to an PCC Porm 329 complaint:			<u> </u>
	If yes, enter the date of the complaint:	7170	_] (mm/dd/yy)
11. Is FCC Form 1205 Being Included With This Filing		YES X	NO NO
12. Selection of "Going Forward" Channel Addition Methodology (ente	r an "v" in the appropriate box)	Α	
	an x in the appropriate box)		
Check here if you are using the original rules [MARKUP METHOD].			
Check here if you are using the new, alternative rules [CAPS METHOI	D].		
If using the CAPS METHOD, have you elected to revise recovery for		YES	NO
channels added during the period May 15, 1994 to Dec. 31, 1994?			T
	<u> </u>		
13. Headend Upgrade Methodology *NOTE: Operators must certify to the Commission their eligibility to use this upgrade	methodology and attach an equipment list and deniociatic	n schedule	
——————————————————————————————————————	: теточолоду чта инаст ин едигртет изг ини иерrectant	т аспочите.	
Check here if you are a qualifying small system using the streamlined h	neadend upgrade methodology.		

Page 2

Part I: Preliminary Information

Module A: Maximum Permitted Rate From Previous Filing

Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
A1 Current Maximum Permitted Rate	\$19.1472	\$0,0000	\$0,0000	The state of the s	
		Module B: Subscriber	ship	an ann an Aireann an Aireann an Airean ann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann a	IN ETHIC NEW HISTORY OF THE
Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
B1 Average Subscribership For True-Up Period 1	3,132	0	0	W (100 m)	M Place about the second recommend of the Management of the second of th
32 Average Subscribership For True-Up Period 2					
33 Estimated Average Subscribership For Projected Period	3,068	0	0		
		Module C: Inflation Infor	mation		
ine Line Description					
Unclaimed Inflation: Operator Switching From 1210 To 1240			N. H. C.		1.0000
Unclaimed Inflation: Unregulated Operator Responding to Rate	Complaint				1.0000
23 Inflation Factor For True-Up Period 1 [Wks 1]					1,0137
24 Inflation Factor For True-Up Period 2 [Wks 1]					
C5 Current FCC Inflation Factor					1.025
CONTROL OF THE CONTRO	Mo	dule D: Calculating the l	Base Rate		
Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
OI Current Headend Upgrade Segment					es lingua processor en compresentante en la 1994 de consentante en Unital de Antonio III de 1996 de 1996 de 19
2 Current External Costs Segment	\$3.4009	\$0.0000	\$0.0000		
3 Current Caps Method Segment					
4 Current Markup Method Segment					
5 Current Channel Movement and Deletion Segment					
6 Current True-Up Segment	\$8,1306	\$0.0000	\$0.0000		
7 Current Inflation Segment	\$0.1427	\$0.0000	\$0.0000		
08 Base Rate [A1-D1-D2-D3-D4-D5-D6-D7]	\$7.4730	\$0.0000	\$0.0000	\$0,0000	\$0.000
		Part II: True-Un P Module E: Timing Infori	eriod		
ine Line Description		Module E: Thining Infort	паноп		
tine Line Description What Type of True-Up Is Being Performed? (Answer "1", "2", or	"3" See Instructions for a descripti	on of these types)			TO THE RESIDENCE AND A CONTRACT OF THE PROPERTY OF THE PROPERT
If "1", go to Module I. If "2", answer E2 and E3. If "3", ans		on or many speed)			
2 Number of Months in the True-Up Period 1					1
Number of Months between the end of True-Up Period 1 and the	end of the most recent Projected Pe	riod			
4 Number of Months in True-Up Period 2 Eligible for Interest					
5 Number of Months True-Up Period 2 Ineligible for Interest	A. A. C.			<u> </u>	

Page 3

Module F: Maximum Permitted Rate For True-Up Period 1

			b	ete i et i i i ue e pi eriou i	- A	0
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
Fl	Caps Method Segment For True-Up Period 1 [Wks 2]					
F2	Markup Method Segment For True-Up Period 1 [Wks 3]					
F3	Chan Mymnt Deletn Segment For True-Up Period 1 [Wks' 4/5]					
F4	True-Up Period 1 Rate Eligible For Inflation [D8+F1+F2+F3]	\$7.4730				
F5	Inflation Segment for True-Up Period 1 [(F4*C3)-F4]	\$0.1026				
F6	Headend Upgrade Segment For True-Up Period 1 [Wks 6]					
F7	External Costs Segment For True-Up Period 1 [Wks 7]	\$3,3066				
F8	True-Up Segment For True-Up Period 1	\$8.1306	\$0.0000	\$0.0000		
F9	Max Perm Rate for True-Up Period 1 [F4+F5+F6+F7+F8]	\$19.0127	\$0,0000	\$0.0000	\$0.0000	\$0,000

Module G: Maximum Permitted Rate For True-Up Period 2

Γ			h		d	Α
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
G1	Caps Method Segment For True-Up Period 2 [Wks 2]					
G2	Markup Method Segment For True-Up Period 2 [Wks 3]					
G3	Chan Mymnt Deletn Segment For True-Up Period 2 [Wks' 4/5]					
G4	TU Period 2 Rate Eligible For Inflation [D8+F5+G1+G2+G3]					
G5	Inflation Segment for True-Up Period 2 [(G4*C4)-G4]					
G6	Headend Upgrade Segment For True-Up Period 2 [Wks 6]					
G7	External Costs Segment For True-Up Period 2 [Wks 7]					
G8	True-Up Segment For True-Up Period 2					
G9	Max Perm Rate for True-Up Period 2 [G4+G5+G6+G7+G8]	\$0.0000	\$0,0000	\$0.0000	\$0.0000	\$0.0000

Page 4

Module H: True-Up Adjustment Calculation

		178	odule II. True-Op Aujus	inche Calculation		
Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
Adju	istment For True-Up Period 1					***************************************
Hl	Revenue From Period 1	\$331,616.1600	\$0,000	\$0.0000	\$0.0000	\$0.0000
H2	Revenue From Max Permitted Rate for Period 1	\$714,574.9439	\$0.0000	\$0.0000	\$0.0000	\$0.0000
НЗ	True-Up Period 1 Adjustment [H2-H1]	\$382,958.7839	\$0.0000	\$0.0000	\$0.0000	\$0,0000
H4	Interest on Period 1 Adjustment	\$21,541.4316	\$0,0000	\$0.0000	\$0.0000	\$0.0000
Adju	astment For True-Up Period 2					
H5	Revenue From Period 2 Eligible for Interest					
Н6	Revenue From Max Perm Rate for Period 2 Eligible For Interest					
Н7	Period 2 Adjustment Eligible For Interest [H6-H5]					
H8	Interest on Period 2 Adjustment (See instructions for formula)					
Н9	Revenue From Period 2 Ineligible for Interest					
H10	Revenue From Max Perm Rate for Period 2 Ineligible for Interest					
H11	Period 2 Adjustment Ineligible For Interest [H10-H9]					
Tota	l True-Up Adjustment					
H12	Previous Remaining True-Up Adjustment					
H13	Total True-Up Adjustment [H3+H4+H7+H8+H11+H12]	\$404,500.2155	\$0.0000	\$0.0000	\$0.0000	\$0.0000
H14	Amount of True-Up Claimed For This Projected Period	\$404,500.2155	\$0.0000	\$0,0000	\$0.0000	\$0.0000
H15	Remaining True-Up Adjustment [H13-H14]	\$0.0000	\$0,0000	\$0.0000	\$0.0000	\$0,0000

Part III: Projected Period Module I: New Maximum Permitted Rate

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
I1	Caps Method Segment For Projected Period [Wks 2]		The state of the s			
I2	Markup Method Segment For Projected Period [Wks 3]					
13	Chan Mvmnt Deletn Segment For Projected Period [Wks 4/5]					
I 4	Proj. Period Rate Eligible For Inflation [D8+F5+G5+I1+I2+I3+W	\$7.5756				
I5	Inflation Segment for Projected Period [(I4*C5)-I4]	\$0.1924				
I6	Headend Upgrade Segment For Projected Period [Wks 6]					
17	External Costs Segment For Projected Period [Wks 7]	\$3.7110				
18	True-Up Segment For Projected Period	\$10.9871				
19	Max Permitted Rate for Projected Period [I4+I5+I6+I7+I8+Wks I	\$22,4661	\$0,0000			
I10	Operator Selected Rate For Projected Period	\$10,0000	\$0.0000			

Certification Statement

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE (U.S., CODE TITLE 18. SECTION 1001). AND/OR FORFEITURE (U.S. CODE. I	TITLE 47. SECTION 503).
I certily that the statements made in this form are true and correct to the best of my Signature	knowledge and belief, and are made in good faith. Date 10/20/11
Name and Title of Person Completing this Form: Karen Conaty Director	
Telephone number	Fax Number
(315) 634-6255	(315) 234-0251

Worksheet 1 - True-Up Period Inflation

For instructions, see Appendix A of Instructions For FCC Form 1240

Line	Period	FCC Inflation Factor
101	Month 1	1.08%
102	Month 2	1.08%
103	Month 3	1.08%
104	Month 4	1.91%
105	Month 5	1.91%
106	Month 6	1.91%
107	Month 7	2.09%
108	Month 8	2.09%
109	Month 9	2.09%
110	Month 10	0.41%
111	Month 11	0.41%
112	Month 12	0.41%
113	Average Inflation Factor for True Up Period 1	1.0137
114	Month 13	
115	Month 14	
116	Month 15	
117	Month 16	
118	Month 17	
119	Month 18	
120	Month 19	
121	Month 20	
122	Month 21	
123	Month 22	
124	Month 23	
125	Month 24	
126	Average Inflation Factor for True Up Period 2	

Worksheet 7 - External Costs True-Up Period

For instructions, see Appendix A of Instructions For FCC Form 1240

	True-Up Period	Projected Period
Question 1. For which time period are you filling out this worksheet? [Put an "X" in the appropriate box.]	X	
Question 2. How long is the first period, in months, for which rates are being set with this worksheet?		12
Question 3. How long is the second period, in months, for which rates are being set with this worksheet?		

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
			Period 1			
Exter	rnal Costs Eligible for Markup					
701	Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period	\$107,347.42	\$0.00	\$0.00		
702	Retransmission Consent Fees For Period					
703	Copyright Fees For Period	\$8,257.20	\$0.00			
704	External Costs Eligible For 7.5% Markup	\$115,604.63				
705	Marked Up External Costs	\$124,274.9725				
Exter	nal Costs Not Eligible for Markup					
706	Cable Specific Taxes For Period					
707	Franchise Related Costs For Period	\$0,00				
708	Commission Regulatory Fees For Period	\$0.00				
708.1	Price Cap Allowance per Section III.F.4.a of Time Warner Social Contract		\$0.00			
709	Total External Costs For Period	\$124,274.9725	\$0.0000	\$0.0000	\$0.0000	\$0.0000
710	Monthly, Per-Subscriber External Costs For Period	\$3.3066				
Research Commonwealth			Period 2			
Exter	nal Costs Eligible for Markup					
711	Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period					
712	Retransmission Consent Fees For Period					
713	Copyright Fees For Period					
714	External Costs Eligible For 7.5% Markup					
715	Marked Up External Costs					
Exter	nal Costs Not Eligible for Markup					
716	Cable Specific Taxes For Period					
717	Franchise Related Costs For Period					
718	Commission Regulatory Fees For Period	-				
718.1	Price Cap Allowance per Section III.F.4.a of Time Warner Social Contract	-				
719	Total External Costs For Period					
720	Monthly, Per-Subscriber External Costs For Period 2					

Worksheet 7 - External Costs Projected Period

For instructions, see Appendix A of Instructions For FCC Form 1240

Question 1. For which time period are you filling out this worksheet? [Put an "X" in the appropriate box.]

Question 2. How long is the first period, in months, for which rates are being set with this worksheet?

Question 3. How long is the second period, in months, for which rates are being set with this worksheet?

True-Up Period	Projected Period
	X
	12

Line	T. D. C.	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
Line	Line Description		Period 1	11013	rier 4	Tier 5
Exter	rnal Costs Eligible for Markup		**************************************	**************************************		William Company of the Company of th
701	Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period	\$117,719.16	\$0,00	\$0.00		
702	Retransmission Consent Fees For Period					
703	Copyright Fees For Period	\$9,373.35	\$0,00			
704	External Costs Eligible For 7.5% Markup	\$127,092.51				
705	Marked Up External Costs	\$136,624.4521				
Exter	rnal Costs Not Eligible for Markup					
706	Cable Specific Taxes For Period					
707	Franchise Related Costs For Period			***************************************		
708	Commission Regulatory Fees For Period	\$0.00				
708.1	Price Cap Allowance per Section III.F.4.a of Time Warner Social Contract	\$0.00	\$0.00			
709	Total External Costs For Period	\$136,624.4521	\$0.0000			
710	Monthly, Per-Subscriber External Costs For Period 1	\$3.7110				

Worksheet 8 - True-Up Rate Charged

For instructions, see Appendix A of Instructions For FCC Form 1240

Question 1. How long is the True-Up Period 1, in months? Question 2. How long is the True-Up Period 2, in months?

12

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
301	Month 1	\$8.0900	\$0.0000	\$0.0000		
302	Month 2	\$8.8900	\$0.0000	\$0.0000		
803	Month 3	\$8.8900	\$0,0000	\$0.0000		
304	Month 4	\$8.8900	\$0,0000	\$0,0000		
805	Month 5	\$8.8900	\$0.0000	\$0,000		
806	Month 6	\$8.8900	\$0,0000	\$0.0000		
07	Month 7	\$8.8900	\$0.0000	\$0.0000		
808	Month 8	\$8,8900	\$0.0000	\$0.0000		
309	Month 9	\$8.8900	\$0.0000	\$0.0000		
10	Month 10	\$8.8900	\$0.0000	\$0,000		
11	Month 11	\$8,8900	\$0.0000	\$0,0000		<u> </u>
12	Month 12	\$8.8900	\$0.0000	\$0,0000		
13	Period 1 Average Rate	\$8.8233				
		Antonia manuscria de la compania de	Territorio anticolorio della come per esta della d	Activities of the contract of	e in distribution of the second secon	AND THE PROPERTY OF THE PARTY O
14	Month 13				and Landar-Egyptomy described and artists of the State of	
15	Month 14					
16	Month 15					
17	Month 16					
18	Month 17					
19	Month 18					
20	Month 19					
21	Month 20					
22	Month 21		and the second s			
23	Month 22					
24	Month 23					
25	Month 24		***************************************			
26	Period 2 Average Rate					

Rome/Oneida/Ilion/Hamilton Rates & Services

Rome/Oneida/Ilion/Hamilton RO 1821

A.	Basic Service.	\$8.89
	Standard Service:	67.75
	(Consists of Basic Service @ \$8.89/mo. Fall Standard channels @ \$58.86/mo.)	
8	Promium Services * HBO. Cinemax, Showtime Unlimited with On Demand Service	
	1 ⁵¹ Premium Service	13.95
	2 nd Premium Service	10.95
	3 rd Premium Service	10.95
	Starz	11.75
	* Lightel equipment required to receive these Premium Services.	
C.	Digital Cable Sandoes†	
	Digital Navigator	1.00
	Explorer Pak	8.95
	Movie Pak	7.25
	High-Definition Package	5.95
	(An Inflittelevision and an Inflitermoal is required.)	
	Sports Plus Package	3.95
	Latino Especial Package	9.95
	Digital Video Recorder (DVR) Service (Per Terminal)	10.95
	Family Choice	12.99
	Basic Cable service and lefase of a digital set-top box requir Standard Cable Service, Premium channels, On Demand ser and some interactive services are not available with Family C Other restrictions apply.)	zices
D.	Equipment	
	Home Terminal/Digital Terminal/HD Terminal	7.00
	Remote/Digital Remote	.34
	Non-Addressable Converter	.22
	CableCARD**†† (for Digital Cable-ready sets)	2.50
E	Installation Charges:**	
	Standard Install/Reconnect (pre-wired home)	42.64
	Standard Installation (unwired home)	61.55
	Additional Outlet(s) at time of mitjal installation	29.39
	Additional Outlet(s) separate trip	43.19
	Equipment Deactivation Fee	5.99
	COD Fee (Fee for payments received at time of install)	5.95
	Payment Processing Fee (by phone: non automated)	5.00
	**Salas (a) cell be abolicó lo installation charges	

[†] Digital Terminal is required in order to receive some channels and/or services. Bates and charges apply to standard residential installations and service. The above rates for cable service packages and equipment do not include franchise less or State and Federal regulatory fees.

1117 Erie Blvd West, Rome • (315) 337-1120 1930 Fairview Ave, Oneida • (315) 363-4832 56 Otsego St, Ilion • (315) 895-7704 www.timewarnercable.com



 $[\]uparrow \uparrow Not all channels available with a CableCARDTM.$

Channel No. Call Sign	Name	Classification
2 WKTV	WKTV	Basic
3 WSTM	WSTM	Basic
4 WCNY	WCNY	Basic
5 WTVH	WTVH	Basic
7 WNYS	My 43 WNYS	Basic
8 WSYT	WSYT	Basic
9 WSYR	WSYR-9 (ABC Syracuse)	Basic
10 YNN	YNN	Basic
11 WUTR	WUTR	Basic
12 WFXV	WFXV	Basic
13 WSTQ	CW6	Basic
14 CKWS	CKWS - TV / CH # 11	Basic
15 TBS	TBS	Basic
16 WGN AMER	WGN America	Basic
17 TWCS	Time Warner Cable Sports	Basic
18 WSPX	WSPX Ion	Basic
19 QVC	QVC: Quality Value Convenience Network	Basic
96 HSN	HSN	Basic
97 TVGN	TV Guide Network	Basic
98 CSPA-1	C-SPAN: Cable Satellite Public Affairs Network	Basic
99 PUBLIC	Public Access	Basic

FCC FORM 1240 UPDATING MAXIMUM PERMITTED RATES FOR REGULATED CABLE SERVICES

Cable Operator:

Name of Cable Operator				
Time Warner Cable - Oneida - Town of Sullivan Mailing Address of Cable Operator				
P.O. Box 4733			•	
City	State	ZIP Code		
Syracuse	NY	13221-4733		
4.5		YES	NO	
1. Does this filing involve a single franchise authority and a s	ingle community unit?		X	
If yes, complete the franchise authority information below				
and enter the associated CUID number here:				
		YES	NO	
2. Does this filing involve a single franchise authority but mu	Itiple community units?	X		
If yes, enter the associated CUIDs below and complete the	franchise authority information at the bottom of	this nage		
if yes, effet the associated COIDs below and complete the	trancinse authority information at the bottom of	uns page.		
	NY0603		8996	
e de la constant de l			999	
3. Does this filing involve multiple franchise authorities?				
5. Does this fining involve multiple tranchise authorities;				
If yes, attach a separate sheet for each franchise authority a	and include the following franchise authority info	rmation with		
its associated CUID(s):	and the total the total and th			
Franchise Authority Information:				
Name of Local Franchising Authority				
NYS Public Service Commission Mailing Address of Local Franchising Authority				
Agency Bldg Three, Empire State Plaza				
City	State	ZIP Code		
Albany	NY	12223		
Telephone number	Fax Number			
(518) 474-4992	(518) 486-5727			
4 7 4 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	. marting a second			
4. For what purpose is this Form 1240 being filed? Please pu a. Original Form 1240 for Basic Tier	it an "A" in the appropriate box.		X	
b. Amended Form 1240 for Basic Tier			^	
c. Or				
d. Amended Form 1240 for CPS Tier				
F. Yu Biroke di	control (dispression del Production		O 1/13	(mm - t-
5. Indicate the one year time period for which you are setting	rates (the Projected Period).	02/12	01/13	(mm/yy
		т	°O	
6. Indicate the time period for which you are performing a tr	ue-up.	01/11	12/11	(mm/yy
	•	<u> </u>		())

7. Status of Previous Filing of FCC Form 1240 (enter an "x" in the appro	opriate box)		
a. Is this the first FCC Form 1240 filed in any jurisdiction?		YES	NO X
b. Has an FCC Form 1240 been filed previously with the FCC?		X	
	If yes, enter the date of the most recent filing:	10/31/10	(mm/dd/yy)
		YES	NO
c. Has an FCC Form 1240 been filed previously with the Franchising Authorit	у?	X	
	If yes, enter the date of the most recent filing:	10/31/10	(mm/dd/yy)
8. Status of Previous Filing of FCC Form 1210 (enter an "x" in the appro	opriate box)		
a. Has an FCC Form 1210 been previously filed with the FCC?		YES X	NO
	If yes, enter the date of the most recent filing:	05/31/98	(mm/dd/yy)
	if yes, enter the date of the most recent fining.	05/31/96	(mm/dd/yy)
b. Has an FCC Form 1210 been previously filed with the Franchising Authorit	v?	YES X	NO
		05/21/00	(
	If yes, enter the date of the most recent filing:	05/31/98	(mm/dd/yy)
9. Status of FCC Form 1200 Filing (enter an "x" in the appropriate box)		YES	NO
a. Has an FCC Form 1200 been previously filed with the FCC?		X	
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
		YES	NO
b. Has an FCC Form 1200 been previously filed with the Franchising Authorit	y?	X	
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
10. Cable Programming Services Complaint Status (enter an "x" in the a	ppropriate box)		
a. Is this form being filed in response to an FCC Form 329 complaint?		YES	NO X
a. is this form being fried in response to an PCC Form 329 complaint?			
	If yes, enter the date of the complaint:		(mm/dd/yy)
11 A ECOE 1905 BY A LA LIWIN THE FILE		YES	NO X
11. Is FCC Form 1205 Being Included With This Filing			Α
12. Selection of "Going Forward" Channel Addition Methodology (enter	an "x" in the appropriate box)		
Check here if you are using the original rules [MARKUP METHOD].			
Check here if you are using the new, alternative rules [CAPS METHOD	J.		
If using the CAPS METHOD, have you elected to revise recovery for channels added during the period May 15, 1994 to Dec. 31, 1994?	J	YES	NO
13. Headend Upgrade Methodology *NOTE: Operators must certify to the Commission their eligibility to use this upgrade	methodology and attach an equipment list and depre	ciation schedule.	
Check here if you are a qualifying small system using the streamlined here	adend upgrade methodology.		

Part I: Preliminary Information

Module A: Maximum Permitted Rate From Previous Filing

9	b	c	d	e
Basic	Tier 2	Tier 3	Tier 4	Tier 5
\$22.4661	\$0,0000	\$0.0000		
	2000000			
	Module B: Subscribershi	p		
a	ь	c	d	e
A STATE OF THE PARTY OF THE PAR			Tier 4	Tier 5
3,068	0	0		
2,922	0	0		
Mo	dule C: Inflation Inform	ation		
1110	duic C. Innation Intolina			
				1.000
te Complaint				1.00
				1.02
				1.025
Modu	ile D: Calculating the Bas	se Rate		
a	b	c	d	e
Basic	Tier 2	Tier 3	Tier 4	Tier 5
\$3.7110				
\$10.9871				
\$0.1924				
	Modu a Basic \$3,7110	A Basic Tier 2 3,068 0 2,922 0 Module C: Inflation Information Module D: Calculating the Basic 5 Basic Tier 2 \$3,7110		Basic Tier 2 Tier 3 Tier 4

Number of Months in the True-Up Period 1

E4 Number of Months in True-Up Period 2 Eligible for Interest
E5 Number of Months True-Up Period 2 Ineligible for Interest

E3 Number of Months between the end of True-Up Period 1 and the end of the most recent Projected Period

Module F: Maximum Permitted Rate For True-Up Period 1

		а	b	c	d	e
Line	E Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
Fl	Caps Method Segment For True-Up Period 1 [Wks 2]					And the second s
F2	Markup Method Segment For True-Up Period 1 [Wks 3]					
F3	Chan Mymnt Deletn Segment For True-Up Period 1 [Wks' 4/5]					
F4	True-Up Period 1 Rate Eligible For Inflation [D8+F1+F2+F3]	\$7.5756				
F5	Inflation Segment for True-Up Period 1 [(F4*C3)-F4]	\$0.1833				
F6	Headend Upgrade Segment For True-Up Period 1 [Wks 6]					
F7	External Costs Segment For True-Up Period 1 [Wks 7]	\$3.7110				
F8	True-Up Segment For True-Up Period 1	\$10.9871				
F9	Max Perm Rate for True-Up Period 1 [F4+F5+F6+F7+F8]	\$22.4570				

Module G: Maximum Permitted Rate For True-Up Period 2

		а	b	c	d	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
G1 Caps Meth	od Segment For True-Up Period 2 [Wks 2]				10	
G2 Markup M	ethod Segment For True-Up Period 2 [Wks 3]					
G3 Chan Mvm	nnt Deletn Segment For True-Up Period 2 [Wks' 4/5]					
G4 TU Period	2 Rate Eligible For Inflation [D8+F5+G1+G2+G3]					
G5 Inflation So	egment for True-Up Period 2 [(G4*C4)-G4]					
G6 Headend U	Jpgrade Segment For True-Up Period 2 [Wks 6]					
G7 External C	osts Segment For True-Up Period 2 [Wks 7]					
G8 True-Up Se	egment For True-Up Period 2					
G9 Max Perm	Rate for True-Up Period 2 [G4+G5+G6+G7+G8]	\$0,0000	\$0,0000	\$0.0000	\$0.0000	\$0.0000

Module H: True-Up Adjustment Calculation

	a	b	c	d	e			
Line Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5			
Adjustment For True-Up Period 1	ljustment For True-Up Period 1							
H1 Revenue From Period 1	\$364,754.52							
H2 Revenue From Max Permitted Rate for Period 1	\$826,776.17							
H3 True-Up Period 1 Adjustment [H2-H1]	\$462,021.65							
H4 Interest on Period 1 Adjustment	\$25,988.72							
Adjustment For True-Up Period 2								
H5 Revenue From Period 2 Eligible for Interest	\$0,00							
H6 Revenue From Max Perm Rate for Period 2 Eligible For Interest	\$0.00							
H7 Period 2 Adjustment Eligible For Interest [H6-H5]	\$0.00							
H8 Interest on Period 2 Adjustment (See instructions for formula)	\$0.00							
H9 Revenue From Period 2 Ineligible for Interest	\$0.00							
H10 Revenue From Max Perm Rate for Period 2 Ineligible for Interest.	\$0.00							
H11 Period 2 Adjustment Ineligible For Interest [H10-H9]	\$0.00							
Total True-Up Adjustment								
H12 Previous Remaining True-Up Adjustment								
H13 Total True-Up Adjustment [H3+H4+H7+H8+H11+H12]	\$488,010.37							
H14 Amount of True-Up Claimed For This Projected Period	\$488,010.37							
H15 Remaining True-Up Adjustment [H13-H14]	\$0.00							

Part III: Projected Period

Module I: New Maximum Permitted Rate

		а	b	c	d	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
I1	Caps Method Segment For Projected Period [Wks 2]					
I2	Markup Method Segment For Projected Period [Wks 3]					
13	Chan Mymnt Deletn Segment For Projected Period [Wks 4/5]					
I4	Proj. Period Rate Eligible For Inflation [D8+F5+G5+I1+I2+I3+W	\$7.7589				
15	Inflation Segment for Projected Period [(I4*C5)-I4]	\$0.1971				
I6	Headend Upgrade Segment For Projected Period [Wks 6]					
17	External Costs Segment For Projected Period [Wks 7]	\$4.0558				
18	True-Up Segment For Projected Period	\$13.9177				
19	Max Permitted Rate for Projected Period [14+15+16+17+18+Wks I	\$25.9294				
110	Operator Selected Rate For Projected Period	\$25.93				

Certification Statement
WILLFUL, FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT
(U.S. GODE TITLE 18, SECTION 1001), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify that the statements made in this form are true and correct to the best of	my knowledge and belief, and are made in good faith.
Signature \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date
The court court and	10/20/2011
Name and Title of Person Completing this Form: Karen Conaty Dire	ector, Budgets & Analysis
Telephone number	Fax Number
(315) 634-6255	(315) 234-0251

Worksheet 1 - True-Up Period Inflation

For instructions, see Appendix A of Instructions For FCC Form 1240

Line	Period	FCC Inflation Factor
101	Month 1	2.06%
102	Month 2	2.06%
103	Month 3	2.06%
104	Month 4	2.54%
105	Month 5	2.54%
106	Month 6	2.54%
107	Month 7	2.54%
108	Month 8	2.54%
109	Month 9	2.54%
110	Month 10	2.54%
111	Month 11	2.54%
112	Month 12	2.54%
113	Average Inflation Factor for True- Up Period 1	1.0242
Borr Commencionismosais		
114	Month 13	
115	Month 14	
116	Month 15	
117	Month 16	
118	Month 17	
119	Month 18	
120	Month 19	
121	Month 20	
122	Month 21	
123	Month 22	
124	Month 23	
125	Month 24	
126	Average Inflation Factor for True- Up Period 2	

1

Worksheet 7 - External Costs True-Up Period

For instructions, see Appendix A of Instructions For FCC Form 1240

						110,00000
Questi	on 1. For which time period are you filling out this work	X	<u> </u>			
	0.77					
-	on 2. How long is the first period, in months, for which					12
Zuesn	on 3. How long is the second period, in months, for whi	on rates are being set wi	in this worksheet?			L
		a	b	c	d	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
		Pe	riod 1		pantanonista irakumani wa 12 Kurangan wa manana wa 18	
Exte	rnal Costs Eligible for Markup					
	Cost of Programming For Channels Added Prior					
701	to 5/15/94 or After 5/15/94 Using Markup	\$117,719.16				
	Method For Period					
702	Retransmission Consent Fees For Period					
703	Copyright Fees For Period	\$9,373.35				
704	External Costs Eligible For 7.5% Markup	\$127,092.51				
705	Marked Up External Costs	\$136,624.4521				
	nal Costs Not Eligible for Markup				····	Y
706	Cable Specific Taxes For Period					
707	Franchise Related Costs For Period	\$0.00				
708	Commission Regulatory Fees For Period	\$0.00				
708.1	Price Cap Allowance per Section III.F.4.a of Time					
	Warner Social Contract					
709	Total External Costs For Period	\$136,624.4521				
710	Monthly, Per-Subscriber External Costs For	\$3,7110				
	Period 1					
		Pe	riod 2			
Exter	nal Costs Eligible for Markup					
	Cost of Programming For Channels Added Prior					
711	to 5/15/94 or After 5/15/94 Using Markup					
	Method For Period					
712	Retransmission Consent Fees For Period					
713	Copyright Fees For Period					
714	External Costs Eligible For 7.5% Markup					
715	Marked Up External Costs					
Exter	nal Costs Not Eligible for Markup					
716	Cable Specific Taxes For Period					
717	Franchise Related Costs For Period					
718	Commission Regulatory Fees For Period					
718.1	Price Cap Allowance per Section III.F.4.a of Time					
	Warner Social Contract					
719	Total External Costs For Period					
720	Monthly, Per-Subscriber External Costs For					
	Danie d 2					

True-Up Period Projected Period

Worksheet 7 - External Costs Projected Period

For instructions, see Appendix A of Instructions For FCC Form 1240

	True-Up Period	Projected Period
Question 1. For which time period are you filling out this worksheet? [Put an "X" in the appropriate box.]		X
Question 2. How long is the first period, in months, for which rates are being set with this worksheet? Question 3. How long is the second period, in months, for which rates are being set with this worksheet?		12

		a	b	c	d	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
]	Period 1			
Exter	rnal Costs Eligible for Markup					
701	Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period	\$123,278.01				
702	Retransmission Consent Fees For Period					
703	Copyright Fees For Period	\$9,011.45				
704	External Costs Eligible For 7.5% Markup	\$132,289,46	<u></u>			
705	Marked Up External Costs	\$142,211.1686				
Exter	nal Costs Not Eligible for Markup					
706	Cable Specific Taxes For Period					
707	Franchise Related Costs For Period					
708	Commission Regulatory Fees For Period	\$0.00				
708.1	Price Cap Allowance per Section III.F.4 a of Time Warner Social Contract	\$0.00				
709	Total External Costs For Period	\$142,211.1686				
710	Monthly, Per-Subscriber External Costs For Period 1	\$4.0558				

Worksheet 8 - True-Up Rate Charged

For instructions, see Appendix A of Instructions For FCC Form 1240

Question 2. How long is the True-Up Period 2, in months?

12	

		a	b	c	d	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
801	Month 1	\$8.8900				
802	Month 2	\$10.0000				
803	Month 3	\$10.0000				
804	Month 4	\$10.0000				
805	Month 5	\$10.0000				
806	Month 6	\$10.0000				
807	Month 7	\$10.0000				
808	Month 8	\$10.0000				
809	Month 9	\$10.0000				
810	Month 10	\$10.0000				
811	Month 11	\$10.0000				
812	Month 12	\$10.0000				
813	Period 1 Average R	\$9.9075				
814	Month 13		un menteral de la constant de la co			
815	Month 14					
816	Month 15					
817	Month 16					
818	Month 17					
819	Month 18					
820	Month 19		<u></u>			
821	Month 20					
322	Month 21					
323	Month 22					
324	Month 23					
825	Month 24					
826	Period 2 Average R					



BASE 1867 CONTROL MONTH BUT	
Basic Service	\$10.00
Standard Service	72.95
(Consists of Basic Service @ \$10.00/mo. + all Standard channels @	\$62.95/mo.)
图 Epail No. 5 (1976年)	
HBO, Cinemax, Showtime Unlimited with On Demand Service	
1st Premium Service	13.95
2nd Premium Service	10.95
3rd Premium Service	10.95
Starz (includes On Demand service)	11.75
${}^\star \text{Digital equipment required to receive these Premium Services}.$	
ONE THE CASE OF THE SECTION OF THE S	
Navigator	1.00
Explorer Pak	8.95
Time Warner Cable Movie Pass	7.25
High-Definition Package	5.95
(An HD television and an HD terminal is required.)	
Time Warner Cable Sports Pass	5.95
Time Warner Cable 3D Pass	10.00
(3D TV and HD terminal is required.)	
Latino Especial Package	9.95
Digital Video Recorder (DVR) Service (first DVR box)	12.95
Additional DVR boxes (per box)	11.95
Family Choice	12.99
(Basic Cable service and lease of a digital set-top box required. Sta Premium channels, On Demand services and some interactive se available with Family Choice. Other restrictions apply.)	
ECHEMENT	
Home Terminal/Digital Terminal/HD Terminal	up to 7.99
Remote/Digital Remote	up to .50
Non-Addressable Converter	
CableCARD™§ (for Digital Cable-ready sets)	2.50
** Digital/HD home terminal and remote prices vary by market.	
INSTALLATION CHARGES	
Standard Install/Reconnect (pre-wired home)	47.91
Standard Installation (unwired home)	75.54
Additional Outlet(s) at time of initial installation	30.97
Additional Outlet(s) at time of initial installation	
• • • • • • • • • • • • • • • • • • • •	44.88



† Digital Terminal is required in order to receive some channels and/or services. Rates and charges apply to standard residential installations and service. The rates shown are for cable service packages and equipment do not include franchise fees or State and Federal regulatory fees. § Certain channels may not be available in all areas. Not all services available to CableCARD™ customers.

All prices subject to applicable tax and fees. All rates subject to change. Effective 2/1/11. All Premium and Pay-Per-View channels require a converter box. Call Time Warner Cable for complete information.

UPDATED OF ANNIEL LINE UPS.

Get the latest lineups online
We continually update our channel line up to provide you with a robust variety of services.
To view the current line up visit our website at:
www.timewarnercable.com/northeast

Marketing Channel Lineup

Ch. No.	Call Sign	Name	Classification
2	WKTV	WKTV	Basic
3	WSTM	WSTM	Basic
4	WCNY	WCNY	Basic
	WTVH	WTVH	Basic
7	WNYS	My 43 WNYS	Basic
8	WSYT	WSYT	Basic
	WSYR	WSYR-9 (ABC Syracuse)	Basic
10	YNN	YNN	Basic
11	WUTR	WUTR (Not avail in Oswego Cty or Town of Vienna)	Basic
	WFXV	WFXV	Basic
	WSTQ	CW6	Basic
	CKWS	CKWS - TV / CH # 11	Basic
15	TBS	TBS	Basic
	WGN AMER	WGN America	Basic
17	TWCS	Time Warner Cable Sports	Basic
	WSPX	WSPX Ion	Basic
	QVC	QVC: Quality Value Convenience Network	Basic
	LEGIS	New York State Legislative Channel	Not Available On CableCARDS; Basic; Free On Demand
96	HSN	HSN	Basic
97	TVGN	TV Guide Network	Basic
98	CSPA-1	C-SPAN: Cable Satellite Public Affairs Network	Basic
99	PUBLIC	Public Access	Basic