THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-29-24	\$				
	ALLOCATION NUMBER				

Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:				
Accounting Period	July 1 - December 31, 20	023				
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.					
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM				
	Northland Cable Ventures					
				007573 2023/2		
	101 Stewart St, Suite 700 Seattle, WA 98101					
С	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.					
System	1 IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television	70 0	<u>, , , , , , , , , , , , , , , , , , , </u>	·		
	MAILING ADDRESS OF CABLE SYSTEM: 1500 North Beaton (Number, street, rural route, apartment, or suite nui Corsicana, TX (City, town, state, zip code)	mber)				
D	in FCC rules: "a separate and distinct co areas and including single, discrete unin	ommunity or municipal entitiy (includ corporated areas)." 47 C.F.R. 76.5	n "community" is the same as a "community un ing unincorporated communites within uninco 5(dd). The first community that list will serve a	orporated as a form		
Area Served	1	•	se it as the first community on all future filings. mobile home parks should be reported in para			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First Community	Corsicana Unincorporated Navarro Cty	TX TX				
•	Omnoorporation Navarro 319	1/4				

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 effects 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 fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Ventures SYSTEM:					
Name						
	CITY OR TOWN	STATE	CITY OR TOWN	007573 STATE		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
D						
(continued)						
Area						
Served						

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007573 **Northland Cable Ventures** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 375 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 79 70.70 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 25.50 · Motel, hotel • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 · Burglar protection · Additional set(s) 20.00 Other services: • FM radio (if separate rate) Reconnect 75.00

DisconnectOutlet relocation

Move to new address

45.00 45.00

				FORM SA1-2. PAG					
Name	LEC	SAL NAME OF OWNE	R OF CABLE SYSTE	M: SYSTEM I	D#				
Name	No	rthland Cable V	entures	0075	73				
	PRIMARY TRANSMITTERS: TELEVISION								
G	In General: In space G, identify every televicarried by your cable system during the acc								
	FCC rules and regulations in effect on June	24, 1981, permittin	g the carriage of cer	tain network programs [sections					
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), or		6.61(e)(2) and (4))];	and (2) certain stations carried on a					
Television	substitute program basis, as explained in the next paragraph. 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:								
	Do not list the station here in space G—bi	•	•	G 0,					
	• List the station here, and also in space I, i	tion was carried only f the station was car							
	· · · · · · · · · · · · · · · · · · ·			bstitute basis stations, see page (v) of the general instructions.					
			•	not report origination program services such as HBO, ESPN, etc.					
	This may be different from the channel on v			on which the station's broadcasts are carried in its own communit	ty.				
	associated with a station according to its over			•					
	the same on the form.		•						
				ne station is a network station, an independent station, or a nonco	mme				
	educational station, by entering the letter "N (for independent multicast), "E" (for noncon								
	For the meaning of these terms, see page			<i>,</i>					
				n. For U.S. stations, list the community to which the station is licen	sed				
	FCC. For Mexican or Canadian stations, if	any, give the name o	or the community wit	n which the station is identified.					
			Ι	T					
	1. CALL SIGN	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
		CHANNEL	OF						
	VAZD EE (Creature Nove 4) Lake	NUMBER	STATION	Lake Delles TV					
	KAZD 55 (Spectrum News 1) Lake KAZD 55.2 MeTV Lake Dallas								
	KAZD 55.2 MeTV Lake Dallas HD	55.2	I-M	Lake Dallas TX					
	KAZD-Spectrum News 1	55.1	I-M	Lake Dallas TX	_				
	KDAF-CW	33	I	Dallas TX					
	KDFI-MyNetwork	27	I	Dallas TX					
	KDFW-FOX	4	I	Dallas TX					
	KDFW-FOX HD	4.1	I-M	Dallas TX					
	KDTN-Daystar	2.1	I	Denton TX					
	KDTX-TBN	58	I	Dallas TX					
	KERA-Kids .2	13.2	E-M	Dallas TX					
	KERA-PBS	13	E	Dallas TX					
	KERA-PBS HD	13.1	E-M	Dallas TX					
	KFWD-IND KPXD-ION	52 68	l	Fort Worth TX					
	KTVT - D3 - DABL	11.3	I-M	Arlington TX Fort Worth TX					
	KTVT-CBS	11.3	N	Fort Worth TX					
	KTVT-CBS HD	11.1	N-M	Fort Worth TX					
	KTVT-Start TV .2	11.2	I-M	Fort Worth TX					
	KTXA - D1 - Independent HD		I	Fort Worth TX					
	KTXA DT2 This TV	21 21.2	I-M	Fort Worth TX					
	KTXA DT3 Circle	21.3	I-M	Fort Worth TX					
	KTXA-IND	21.1	I-M	Fort Worth TX					
<u> </u>	NIAA-IIID	£1.1	1-141	OIL WORLD IX	-				
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					\neg				
			i e		-				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007573 **Northland Cable Ventures** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute prog Television basis under specifc FCC rules, regulations, or authorizations: • 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. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme 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 (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL SIGN 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL OF NUMBER STATION KTXD 47 (IND) Dallas 47 **Greenville TX** KXAS - DT3 Local X Dallas (In Ma 5.3 I-M **Fort Worth TX** KXAS-Cozi .2 5.2 I-M **Fort Worth TX KXAS-NBC** 5 Ν Fort Worth TX KXTX - Dallas/Fort Worth (Retrans 5.4 **Dallas TX** I-M **KXTX-Telemundo HD Dallas TX** 39 Т **KXTX-TeleXitos** .2 39.2 I-M **Dallas TX WFAA-ABC Dallas TX** 8 Ν WFAA-ABC HD 8.1 N-M Dallas TX WFAA-DT4 Quest 8.4 I-M **Dallas TX** WFAA-True Crime Network 8.3 8.3 Dallas TX I-M WFAA-Weather .2 8.2 I-M Dallas TX

FORM SA1-2. F									
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					Name				
Northland Cable Ventures 007573									
PRIMARY TRA	NSMITTERS:	RADIO							
	•		rried on a separate and discre						Н
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	bl	le system during	the accounting	ng period	l.	
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under C	Co	pyright Office re	gulations, an I	FM signa	al is generally	Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the						Radio
For detailed info	rmation abou	t the the	Copyright Office regulations of	on	this point, see p	page (v) of the	genera	l instructions.	
		-	each station carried.						
			n is AM or FM.					1.12	
			nal was electronically processomark in the "S/D" column.	ec	by the cable sy	stem as a sep	parate a	nd discrete	
			on (the community to which th	۵.	etation is license	ad by the ECC	`or in th	ne case of	
			the community with which the			-	, OI, III II	ic case of	
oo.	adian otationio	,,, .	community man minor and	•		۵,۰			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		 		ŀ					

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				;	SYSTEM ID#
Name	Northland Cable Ventu	res						007573
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every nor	network televis	ion program broadcast by	a distant station			
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				
Special Statement and	During the accounting peri		r cable system	carry, on a substitute bas	sis, any nonne	etwork televi		
Program Log	broadcast by a distant stat				(O. 4 B			ΧNο
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	2. LOG OF SUBSTITUTE PROGRAMS							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	WHEN SUBSTITUTE					7. REASON		
	SUBSTITUTE PROGRAM CARRIAGE OCCURRED 1 TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES					FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			— то	
							_	
							_	
							_	
					-			
							_	
	!						_	
							_	
							_	
							_	
							_	
							_	

FORM SA1-2.	PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Ventures	SYSTEM ID# 007573	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. SIMPORTANT: You must complete a statement in space P concerning gross receipts.	ervice	K Gross Receipts
COBABIGH	T 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 of the general instructions for more information.		Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-maccounting period is \$52.00	onth	
	Line 1. Royalty fee for accounting period	52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319	.00	
		.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
	EFT Trace # or TRANSACTION ID # Not /	Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	oformation.	
1			

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Northland Cable Ventures	007573
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	- · · · · · · · · · · · · · · · · · · ·	
	1. Enter the total number of channels on which the cable	35
	system carried television broadcast stations	
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	149
	and nonbroadcast services	170
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone	914-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-836	3
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	ations,
0	as explained in the general instructions.)	,
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
		of the calculations
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as over in line 1 of space B.	wher of the cable system
	- Uhave everying the statement of account and harehy declars under nanalty of law that all statements of fact contains	ad barain
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	ed nerein
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ $m{Daniel}\ m{J}$ $m{White}$	
	Typed or printed name: Daniel J White	
	Typed of printed fiame. Damer o Writte	
	Till CVD Financial Blanning	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/24/26	

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 effects 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 fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Ventures 007573	Nama
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. 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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(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@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, 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	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce's public indexes and in search reports prepared for the public. The effects 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 suffciency of the fling, a determination that would be made by a court of law.