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

		Γ		Return completed workbook
STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
2	ems (Short Form) ctions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook	8/25/2017	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
	2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting	20171	Barcode Data Filing Period (optional ·	- see instructions)	
Perioc.				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	iary of another corporation, give the full corpo	rate title
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a single statement of account and royalty fee	÷	e last day of the accounting period should sub ng period.	
	Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	62458
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	PIONEER LONG DISTANCE, INC			

		PIONEER LONG DISTANCE, INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		PIONEER LONG DISTANCE, INC
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 539 (Number, street, rural route, apartment, or suite number)
		KINGFISHER, OK 73750 (City. town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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:
	Ĩ	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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 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 suffciency of the fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	PIONEER LONG DISTANCE, INC	624
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	I list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Temple	OK
Community	Frederick	OK
	Chattanooga	OK
d Rows as Necessary	Grandfield	ОК
,,	Manitou	OK
	Comanche	ОК
	Davidson	OK
	Hastings	ОК
	Tipton	ОК
	Loco	OK

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								313	6245
	PIONEER LONG DISTAN	NCE, INC							0240
F	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	BERS AND R	ATES				
E	In General: The information in s								
Secondary.	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed								
	category, but do not include disc				,				
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and DIOCK. A ti	vo- or thre	e-word description	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONID	LIKO		0/11		(WIOL	OODOORIDERO	1011
	Service to first set		12	88.85	Comple	ete		707	94.8
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		1	19.95					
	Commercial		16	94.85					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	sidential				
	Pay cable		• Mot	el, hotel					
	Pay cable—add'l channel		• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l cl	nannel				
	Installation: Residential			protection					
	• First set	0-245.00		glar protection	l				
	 Additional set(s) 			ervices:					
	• FM radio (if separate rate)		• Rec	onnect		15.00			
	Converter		- Disc	connect					
	• Converter					85.00			
	• Converter		• Out	connect let relocation ve to new addi	ress	85.00 0-245.00			

nting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 6245
	PIONEER LONG DIST.	*		UZHJ
G Primary nsmitters: elevision	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (in a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION		4. LOCATION OF STATION	
	KFDX	28	N	Wichita Falls, TX
	KFOR	27	N	Oklahoma City, OK
ws as Necessary	KAUZ	22	N	Wichita Falls, TX
	KAUZ-2	6.2	N-M	Wichita Falls, TX
	KETA	13	Е	Oklahoma City, OK
	КОРХ	50	I	Oklahoma City, OK
	KJTL	15	I	Wichita Falls, TX
	KSWO	11	N	Lawton, OK
	KJBO	28.2	I-M	Wichita Falls, TX
	KFDX HD		N-M	Wichita Falls, TX
	KFOR HD		N-M	Oklahoma City, OK
	KAUZ HD		N-M	Wichita Falls, TX
	KETA HD		E-M	Oklahoma City, OK
	KJTL HD		N-M	Wichita Falls, TX
	KSWO HD		N-M	Wichita Falls, TX

EGAL NAME O								SYSTEM II 624
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Give the station	y the sys be recein the Co I sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		ONLE OION		0,0		
		+						

	od: 2017/1								SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF PIONEER LONG DIST								SYSTEM ID: 62458
		-							02400
 	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting pe	nnetwork televis eriod, under spe	s <i>ion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or	authori	zations. I	For a further
Substitute Carriage:	1. SPECIAL STATEMEN						ine pa		2 10111.
Special	During the accounting per				s, any nonnet	work telev	ision p	orogram	
Statement and Program Log	broadcast by a distant sta	tion?						YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu	ist comple	te the	program	-
	log in block 2.			-	-	-			
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every noi distant statii gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	ision program ("substitute) ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period.	d for the prog eral instruction n titles, for exa lo." m. station is lice station is lice station is iden program. Use cable system. 15 p.m. to 6:2 mming that y e enter the lett	ramming of ns for furth ample, "I L nsed by th tified). numerals List the ti 8:30 p.m. our syster er "P" if th	of anotil er info ove Lu ne FCC , with t mes ac should n was a ne listed	her static rmation. Jcy" or C or, in he mont ccurately I be <i>required</i> d program	h ,
				1	WHEN SU	BSTITUT		RRIAGE	7. REASON
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6	TIMES		FOR DELETIO
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	_	то	
			+						
		·							

Accounting Period:	2017/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PIONEER LONG DISTANCE, INC				62458 62458
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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. IMPORTANT: You must complete a statement in space P concerning gross	system's s tion of how	secondary trans to compute this	mission serv s amount, ser \$ 4	ice
L Copyright Royalty Fee	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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less tl	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	1
	Line 1. Royalty fee for accounting period				
	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 li	nes 1 and 2	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but me	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	455,747.54		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	191,947.54		
	4. Multiply line 3 by .01		\$	1,919.48	
	5. Royalty due on the first $263,800$ of gross receipts (under statutory formula) .		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	I, 5, and 6 .		\$	3,238.48
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,238.48	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,258.48
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name		VNER OF CABLE SYSTEM: DISTANCE, INC		SYSTEM ID# 62458
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the c 	a must give (1) the number of channels on whic and (2) the cable system's total number of acti- number of channels on which the cable elevision broadcast stations		ons 15 259
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHER INFORMATION bout this statement of account.) Debbie Parks		one 405-375-0758
Informat 🗌				
	Address	PO Box 539 (Number, street, rural route, apartment, or suite number)		
		Kingfisher, OK 73750 (City, town, state, zip)		
	Email	daparks@ptci.com	Fax (optional)	
O Certification	 I, the undersigned (Owned) (Agentic in and the second of the	, hereby certify that (Check one, <i>but only one</i> , of the other than corporation or partnership) I am the other than corporation or partnership is a corporation of partner) I am an officer (if a corporation) or a the 1 of space B and that the owner is not a corporation or partner) I am an officer (if a corporation) or a the 1 of space B. The statement of account and hereby declare under and correct to the best of my knowledge, information 1001(1986)] $\frac{X / s/Ric}{Enter an electronic}$ Typed or printed name: Richal Title: General Management of the official position held in correct of the official position held in correct of the other and correct of the dest of the correct of the dest of the d	e owner of the cable system as identified in line 1 of space) I am the duly authorized agent of the owner of the cab ation or partnership; or partner (if a partnership) of the legal entity identified as r penalty of law that all statements of fact contained here tion, and belief, and are made in good faith. Chard Ruhl signature on the line above to certify this statement. ng an "/s/ signature" (e.g., /s/ John Smith) Ird Ruhl ager proporation or partnership)	ce B; or le system as identified owner of the cable system
		Date:	08/25/2017	

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

DNEER LONG DISTANCE, INC 62 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Concerning the total number of subscribers and the gross amounts paid to the copyright Act by adding the following sentence: Image: Concerning 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.° Image: Concerning Grost Receipts for secondary transmissions pursuant to section 119.° Special Statemest Concerning Grost Receipts for secondary transmissions 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. Image: Concerning Grost Receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image: Concerning Grost Receipts Exclusion Norme Marme Maling Address Image: Concerning Grost Receipts for secondary transmissions Image: Concerning Grost Receipts Exclusion Narme Maling Address Image: Concerning Grost Receipts Grost Receipts Grost Receipts Exclusion Image: Concerning Grost Receipts Exclusion Image: Concerning Grost Receipts Exclusion Narme Maling Address Marme Maling Address Image: Concerning Grost Receipts Exclusion Image: Concerning Grost Receipts Exclusion Image: Concerning Grost Receipts Exclusion Image: Concerning Grost Rece	ounting Period: 2017/1	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statelite Home Viewer Act of 1988 amended Tile 17, section 111(a)(1)(A), of the Copyright Act by adding the fol- towing sentence: In deter of rowing sector of privaty posterior and the gross amounts goal to the coble system for the basic sorbers and amounts collected from subscribers and the gross amounts goal to the coble system for the basic Concerning for Content in the paper SA1-2 form. During the accounting period. (d) the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. NO YES. Enter the total here and list the satellite carrier(s) below. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate* and enter the sum here Line 2 Multiply line 1 by the interest rate* and enter the sum here X 0.00274 Line 4 Multiply line 2 by the number of days late and enter the sum here NOTE Lines 1 for the late click on www copyright gow/licensing/interest-rate.pd/. For further assistance please context the Licensing Division (1202) 707-1810 or Licensing/Bioc.pov. NO	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Statellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: a service of providing secondary transmissions of primary torouts paid to the cable system for the basic services and amounts collected from subscribers and the gross amounts paid to the cable system for the basic services and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ¹ For more information on when to exclude these amounts, see the note on page (vii) of the general instructions Coated 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 darier(s) below. S INTEREST ASSESSMENT Your subcomplete this worksheet for frose royally 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. Line 1 Enter the amount of late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 2 Multiply line 1 by the interest rate' and enter the sum here . x Line 3 Multiply line 3 by 0.00274 ⁺⁺ and enter the sum here . x Line 4 Multiply line 3 by 0.00274 ⁺⁺ and enter here in space L (page 6) bloot 1, line 2, or bloot 2 line 8, or bloot 3 line 6 . x (Interest charge) * To view the interest rate chart click on www.copyright.gow/locansing/interest-rate/rate/aff. For further assistance please contact the Licensing Division at (202) 707-71510 or licensing@lice.gov. * This is the decimal equivalent of 1365, 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given	NEER LONG DISTANCE, INC	6245
Name Mame Mame Maling Address Q 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 (vili) of the general instructions located in the paper SA1-2 form. Q Interest Assessment. Line 1 Enter the amount of late payment or underpayment	 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? 	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page: Comparison of interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of 1/365, which is the interest assessment for one day late. Image: Comparison of interest interest in the original filling. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one	Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page: Comparison of interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of 1/365, which is the interest assessment for one day late. Image: Comparison of interest interest in the original filling. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one day late. Image: Comparison of interest interest assessment for one		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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** and enter here - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - - - - - x 0.00274 Line 5 by 0.00274** and enter the solution of the		_
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** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	y dave	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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 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.	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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