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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/01/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		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 ADDRESS OF CABLE SYSTEM
		Western Montana CommunityTel Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		312 Main St SW (Number, street, rural route, apartment, or suite number)
		Ronan, MT 59864
		(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 s 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: Superior
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
I		

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Western Montana CommunityTel Inc.	27651
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Superior	MT
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM II
Name	Western Montana Comm	nunityTel In	c.						276
	SECONDARY TRANSMISSION	SERVICE: SI	IBSCR	IBERS AND RA	ATES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p		-				nose existi	ng on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la svetam	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmiss	sion servic	e that cable	
	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 o					I in the count und	der "Servic	ce to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.				1				
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		64	56.75					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		2	490.44					
	Commercial		1	343.91					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			otel, hotel					
	Pay cable—add'l channel Fire protection			mmercial					.
	 Fire protection 			y cable					
	•		•Pa	y cable-add'l ch	iannel				
	•Burglar protection								
	•Burglar protection Installation: Residential			e protection					
	•Burglar protection Installation: Residential • First set	50.00	• Bu	rglar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)	50.00 24.95	• Bu Other	rglar protection services:					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re	rglar protection services: connect		31.95			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bu Other • Re • Dis	rglar protection services: connect sconnect					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re • Dis • Ou	rglar protection services: connect		31.95 35.95 50.00			

g Period:				
ne	LEGAL NAME OF OWNER OF			SYSTEM 270
	Western Montana Co			210
ry tters: ion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associatee "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta urried by your cable system on a su e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
			·	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 8.1	3. TYPE OF STATION	4. LOCATION OF STATION Missoula, MT
sary	КРАХ	8.1	N	Missoula, MT
Vecessary	KPAX KTMF	8.1 3	N	Missoula, MT Missoula, MT
Necessary	KPAX KTMF	8.1 3	N	Missoula, MT Missoula, MT
lecessary	KPAX KTMF	8.1 3	N	Missoula, MT Missoula, MT

Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Western Mo	ntana Com	munity	lei inc.					27651
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Give the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a wed at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	Ι						I	

	d: 2017/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Western Montana Con	nmunityTe	el Inc.					27651
	SUBSTITUTE CARRIAG	E: SPECIA			3			
I I	In General: In space I, ident					on that your c	able syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the p	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisio	on program	1 <u> </u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	NO
r rogram Log	Note: If your answer is "No	" loovo tho	rost of this pac	io blank. If your answor is "		et complete ti		
	-	, leave the	rest of this pag	je Dialik. Il your aliswer is	res, you mu	ist complete ti	ne prograf	
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible. if their n	neaning is	
	clear. If you need more spa							
				ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.						,	
				r "Yes." Otherwise enter "N				
				sting the substitute programe community to which the		nead by the F	CC or in	
	the case of Mexican or Can						00 01, 11	
				tem carried the substitute p			th the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	a program cam	ed by a system norm 0.01.1	5 p.m. to 0.2	5.50 p.m. sno	ulu be	
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations	sin	
	eneci on October 19, 1970.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S					1
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	IES TO	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No	CALL SIGN	4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1
		Yes or No		4. STATION'S LOCATION				1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Western Montana CommunityTel Inc.		27651
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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 receipts.	mission service s amount, see	e 9,079.99
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 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	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)	
	1. 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 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, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	FILING FEE AND TOTAL REWITTANCE 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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: htana CommunityTel Inc.				SYSTEM ID# 27651
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's t tal number of channels on which	total number ch the cable s els n broadcast s		accounting period.	6 40
N Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of accourt		MATION IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	Michelle Marengo			Telephone	(406) 676-9218
	Address	312 Main St SW (Number, street, rural route, apart Ronan, MT (City, town, state, zip)	rtment, or suite i	number)		
	Email	michellem@ror	nan.net		Fax (optional) (406) 676-88	89
O Certification	I, the undersig (Ow (Age (off (off (off (off (off (off) (off) (are true, complete	ned, hereby certify that (Check or ner other than corporation or p ent of owner other than corpora in line 1 of space B and that the o ficer or partner) I am an officer (i in line 1 of space B. ed the statement of account and I	one, but only of partnership) ation or partin owner is not a (if a corporatio hereby decla y knowledge, i 	I am the owner of the cable system	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ments of fact contained herein le in good faith.	rstem as identified
		Typed or printed Title: (Title of d	Accoun	Michelle Marengo ting Manager held in corporation or partnership)		
		Date:			02/28/18	

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Inting Period: 2017/2				FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:				SYSTEM
tern Montana CommunityTel Inc.				270
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 1 lowing sentence: "In determining the total number of subscribers and the gros service of providing secondary transmissions of primary broa scribers and amounts collected from subscribers receiving s For more information on when to exclude these amounts, see the n located in the paper SA1-2 form.	11(d)(1)(A), of the output of	Copyright Act by add he cable system for the system shall no sions pursuant to sec	the basic t include sub- tion 119."	P Special Stateme Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any am made by satellite carriers to satellite dish owners?	ounts of gross rece	ipts for secondary tra	ansmissions	
YES. Enter the total here and list the satellite carrier(s) below.		\$		
NameMailing Address	Name Mailing Address			
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments subm	nitted as a result of	a late navment or un	dernavment	
For an explanation of interest assessment, see page (viii) of the ger		a late payment of un		0
· · · · · · · · · · · · · · · · · · ·	neral instructions lo	cated in the paper SA	A1-2 form.	~
Line 1 Enter the amount of late payment or underpayment			A1-2 form.	Interest Assessm
Line 1 Enter the amount of late payment or underpayment		x	41-2 form.	Interest Assessm
		x		Interest Assessm
Line 1 Enter the amount of late payment or underpayment		x x	- -	Interest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here .		x x	- -	Interest Assessm
Line 1 Enter the amount of late payment or underpayment 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 Line 4 Multiply line 3 by 0.00274** and enter here	n here	x x	- days -	Interest Assessm
Line 1 Enter the amount of late payment or underpayment 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	n here	x	days .00274	Interest Assessm
 Line 1 Enter the amount of late payment or underpayment 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 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 * To view the interest rate chart click on <i>www.copyright.gov/liced</i> 	n here	xx x x 0 \$(intere		Interest Assessm
 Line 1 Enter the amount of late payment or underpayment 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licen</i> contact the Licensing Division at (202) 707-8150 or licensing@ 	n here	x		Interest Assessm
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Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	n here	x	days .00274 st charge) tance please	Interest Assessm
Line 1 Enter the amount of late payment or underpayment 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 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 * To view the interest rate chart click on <i>www.copyright.gov/licee</i> contact the Licensing Division at (202) 707-8150 or licensing@ ** This is the decimal equivalent of 1/365, which is the interest a NOTE: If you are filing this worksheet covering a statement of accound list below the owner, address, first community served, ID number, a Address	n here	x	days .00274 st charge) tance please	Interest Assessm

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