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	HT OFFICE USE ONLY	Return completed workbook 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	2/28/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 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 asingle 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.	2177
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918	
		(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 of a salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	5973 HWY. 90 W.	
	2	(Number, street, rural route, apartment, or suite number)	
		THEODORE, AL 36582 (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 sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	2177
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor 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	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
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
First	CITY OR TOWN LIVINGSTON	AL
Community	YORK	AL
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name			<u>א וו/ער</u>					010	217
	MEDIACOM SOUTHEAS			/INGSTON, /	4L)				
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a p	articular rate	
	category, but do not include disc				ion of oon	ondon <i>i</i> tronomia	aion oon <i>i</i> io	that apple	
	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					d in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.				T			0	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		804	40.49-59.10					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel			10 10 50 10					
	Commercial		1	40.49-59.10					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat					ll your cable sys	tem's servie	ces that were	
F	not covered in space E, that is, t								
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.	-	-		-			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							voro pot	
Nales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	PP	• Mc	otel, hotel			Family	Cable	76.4
	<ul> <li>Pay cable—add'l channel</li> </ul>	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	<ul> <li>First set</li> </ul>	99.99		rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00		services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect		29.00			
	Converter	10.50	I • Dis	aannaat					
	Converter	10.50		sconnect					
	Conventer	10.50	• Ou	itlet relocation		15.00-29.00			

	2018/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID:
		AST LLC (YORK/LIVINGSTON,	, AL)	2177
<b>G</b> Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe	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 c es, regulations, or authorizations: in space G—but do list it in space I (t 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-the form. I number the FCC assigned to the tele	of (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 L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru- of each station. For U.S. stations, lis ian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	ndent), "I-M" nal multicast). s licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABM-DT2 ABC	36.2	N	Birmingham, AL
	WBIH IND	29	I	SELMA, AL
Rows as Necessary	WGBC-DT/WGBC-DT (HD) FOX	31.2	I	CHICAGO, IL
	WGBC/WGBC NBC (HD)	31	Ν	MERIDIAN, MS
	WIIQ/WIIQ(HD) PBS	19	E	DEMOPOLIS, AL
	WIIQ-DT2 PBS Kids	19.2	E	DEMOPOLIS, AL
	WIIQ-DT3 PBS Create	19.3	E	DEMOPOLIS, AL
	WIIQ-DT4 PBS World	19.4	E	DEMOPOLIS, AL
	WMDN/WMDN(HD) CBS	24		
		24	N	MERIDIAN, MS
	WMDN-DT2 Bounce	24	N N	MERIDIAN, MS
		24.2	N	MERIDIAN, MS
	WMDN-DT3 Cozi TV	24.2 24.3	N N	MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC	24.2 24.3 11	N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC	24.2 24.3 11	N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
	WMDN-DT3 Cozi TV WTOK/WTOK(HD) ABC WTOK-DT2 MyNet	24.2 24.3 11 11.2	N N N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS

Accounting F	Period: 2018	/2						FORM	M SA1-2E. PAGE 4.
LEGAL NAME OF	F OWNER OF O	CABLE S	/STEM:						SYSTEM ID#
MEDIACOM	SOUTHEA	ST LLC	C (YORK/LIVINGSTON,	A	L)				2177
PRIMARY TRA		-							
			arried on a separate and disc						н
all-band basis v	vnose signais	were ge	nerally receivable by your ca	DI	e system during	the accountin	ig period	1.	
			I-Band FM Carriage: Under						Primary
			stem whenever it is received a ived at the headend, with the						Transmitters: Radio
			opyright Office regulations on						Ruulo
paper SA1-2 for			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0-()			
			each station carried.						
			on is AM or FM. nal was electronically proces	24	ad by the cable of	evetem as a s	anarata	and discrete	
		-	k mark in the "S/D" column.	30		5y3tem a3 a 3	sparate		
			on (the community to which t	the	e station is licen	sed by the FC	C or, in	the case of	
Mexican or Can	adian stations	s, if any,	the community with which the	е	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							-		
				-					
	[			1					
				1					
				1					
				1					
				1					
1	1	1	1	1	1	1	1		

Accounting Perio	od: 2018/2					FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (	YORK/LIVIN	GSTON, AL)			2177
	SUBSTITUTE CARRIAGE	E: SPECIA			 G		
I I	In General: In space I, identi					ion that your cable syste	em carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television prograr	
Program Log	broadcast by a distant stat	tion?				YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete the progra	m
	log in block 2.			2			
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning is	3
	clear. If you need more spa			ows to the tables. sion program ("substitute p	orogram") tha	t during the accounting	,
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
			dcast live, ente	" "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
	Column 4: Give the broa the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv	ve "5/7."		·	-		
				gram was carried by your o			ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. snould be	
	Column 7: Enter the lette			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 undel	r FCC rules a	nd regulations in	
							1
	s	UBSTITUT	E PROGRAM	l		IN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
							"
							"
						_	
							"
						_	
							"
						_	

Accounting Period:	2018/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)			S	YSTEM ID# 2177
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and fall amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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	stem's so of how	econdary trans to compute thi	smission servio s amount, see	3,226.88
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00 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 lines	1 and 2		· · <u> </u>	<u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (		pre than \$137,	100)	
	1. Base amount under statutory formula		263,800.00	-	
	2. Enter amount of gross receipts from space K		193,226.88	-	
	3. Subtract line 2 from line 1		70,573.12	_	
	4. Enter the amount of gross receipts from space K	<u>.</u>	\$ î	93,226.88	
	5. Enter the amount from line 3	<u>.</u>	\$	70,573.12	
	6. Subtract line 5 from line 4	_	\$	22,653.76	
	7. Multiply line 6 by .005 (enter figure here)			\$	613.27
	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	d 8		\$	613.27
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	less than \$52	7,600)	
	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)	-	-	· · ·	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	-			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	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)		\$	613.27	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>.</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	633.27
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo		-		ghts!

Accounting Period:	: 2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	SYSTEM ID# 2177
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	19 70
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 84	45-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email     Copyrights@mediacomcc.com     Fax (optional)	
Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)          • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0         • 0         • 0         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0         • 1         • 0         • 1 <t< th=""><th>em as identified</th></t<>	em as identified
	Date: 2/21/2019	

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

nting Period: 2018/2		FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
IACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)		21
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIF</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111</li> <li>lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving sec</li> </ul> </li> <li>For more information on when to exclude these amounts, see the not located in the paper SA1-2 form.         <ul> <li>During the accounting period, did the cable system exclude any amound by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul> </li> </ul>	1(d)(1)(A), of the Copyright Act by adding the fol- amounts paid to the cable system for the basic loast transmitters, the system shall not include sub- condary transmissions pursuant to section 119." are on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
	lame Aailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submit For an explanation of interest assessment, see page (viii) of the gene		Q
	eral instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene	eral instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene 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 h	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene 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 days here	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene 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 h Line 4 Multiply line 3 by 0.00274** and enter here	x days here	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the gene 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 h Line 4 Multiply line 3 by 0.00274** and enter here	x	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment</li></ul>	x	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the generic 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 here 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/licens</i> contact the Licensing Division at (202) 707-8150 or licensing@line.</li> </ul>	x	Q Interest Assessm
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