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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:			
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>		
General instru	oms (Short Form) ctions are located of this workbook	02/19/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))			
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		Barcode Data Filing Period (optional	- see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		liary of another corporation, give the full co	rporate title		
Owner	List any other name or names under whic	h the owner conducts the business of th	e cable system.			
	If there were different owners during the single statement of account and royalty f		ne last day of the accounting period should s ing period.			
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	31224		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	Zito Midwest LLC					
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)				
	Zito Media					
	MAILING ADDRESS OF OWNER OF PO Box 665	CABLE SYSTEM				
	(Number, street, rural route, apartment, or suite	number)				
	Coudersport, PA 16915 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	IDENTIFICATION OF CABLE SYSTEM:					
	¹ Zito Media - Utica					
	MAILING ADDRESS OF CABLE SYSTEM	A:				
	2 (Number, street, rural route, apartment, or suite	number)				

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

(City, town, state, zip code)

lame	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	31224
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	ted communities within unincorporated areas and including single, tyou list will serve as a form of system identification hereafter known
_	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area erved	identified city.	
	CITY OR TOWN	STATE
First	Utica	NE
unity	Waco	NE
is Necessary		

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 312		
									• • •		
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES						
E	In General: The information in s										
0	system, that is, the retransmission										
Secondary Transmission	about other services (including particular about other services (inc						those exis	ung on the			
Service: Sub-	Number of Subscribers: Both						ble system	n, broken			
scribers and	down by categories of secondar					•					
Rates	each category by counting the n			U I I I		•		s charged			
	separately for the particular server Rate: Give the standard rate of							ne 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. Not										
	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, t with the number of subscribers a										
	sufficient.		ongin								
	BL	OCK 1					BLOCK		1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		16	17.31							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				9						
-	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were			
F	not covered in space E, that is, t	those services	that are	not offered in	combinatio	on with any sec	ondary trar	nsmission			
0	service for a single fee. There and	•			0		0.	,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		acadiy	Shiou: If any h				rogram baolo,			
ransmissions:	Block 1: Give the standard rate										
	Block 2: List any services that	• •			-	-	-				
Rates	listed in block 1 and for which a	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.									
Rates											
Rates		ption and inclue	de the ra								
Rates	brief (two- or three-word) descrip	ption and inclue BLO	de the ra	ate for each.			CATEG	BLOCK 2	RAT		
Rates		ption and includ BLO RATE	de the ra CK 1 CATEG		VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and includ BLO RATE	de the ra CK 1 CATEC Installa	ate for each. GORY OF SER	VICE		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ BLO RATE	de the ra CK 1 CATEG Installa • Mot	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and includ BLO RATE	de the ra CK 1 CATEG Installa • Mot • Cor	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and includ BLO RATE	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel nmercial	VICE		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and includ BLO RATE	CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel nmercial / cable	VICE		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	ption and includ BLO RATE	CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire	ate for each. GORY OF SER ation: Non-res tel, hotel nmercial r cable r cable-add'l ch	VICE idential		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclus BLOO RATE 17.50	CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection	VICE idential		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	ption and inclus BLOO RATE 17.50	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch e protection glar protection	VICE idential		CATEGO		RAT		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclus BLOO RATE 17.50	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Fire • Bur • Bur • Rec	GORY OF SER attion: Non-res tel, hotel mmercial cable cable-add'l ch protection glar protection services:	VICE idential	RATE	CATEGO		RAI		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclus BLOO RATE 17.50	de the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	CORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch protection glar protection services: connect	VICE idential	RATE	CATEGO		RAI		

Accounting Period:	2018/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Zito Midwest LLC			31224					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary	carried by your cable system FCC rules and regulations in	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections					
Transmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations:	carried by your cable system on a subs	titute program					
	• Do not list the station here station was carried only on	in space G—but do list it in space I (a substitute basis.	the Special Statement and Program Lo						
	 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream 								
	"WETA-2" as the same on the	ne form.	e-air designation. For example, report						
	Column 3: Indicate in each		s station, an independent station, or a r (for network multicast), "I" (for indeper						
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education	· ·					
	Column 4: Give the location		uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KFXL	51.1	N	Lincoln NE					
	KSNB	4.1	N	Lincoln NE					
dd Rows as Necessary	KSNB	4.2	I						
Rows as Necessary	KLKN	8.1	N	Lincoln NE					
	KOLN	10.1	N	Lincoln NE					
	KUON	12.1	E	Lincoln NE					
	кхvо	15.1	I	Omaha NE					
	WATM	23.3	I	Altoona PA					

Zito Midwes	F OWNER OF (I U I LIVI.					SYSTEM I 312
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable 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 prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei at the Co l sign of o the static ion's sign g a checl n's locati	I-Band FM Carriage: Under C item whenever it is received a ved 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 this point, see par ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	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	

Accounting Perio	od: 2018/2						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							31224
	SUBSTITUTE CARRIAG				00			
	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram zog	-				- "/"		_	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer l	s "Yes," you i	must comple	te the prog	Iram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if the	eir meaning	nis
	clear. If you need more spa				o wherever p		a meaning	J 10
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			eter opeenie progr		skampio, i E	ere Lucy	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	neu by a system nom 0.0	1. 15 p.m. to c	.20.30 p.m. :		
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regulat	ions in	
		•						
						N SUBSTIT		
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION
		100 01 110			7415 5711		10	
							-	
							-	
						_		
							-	
							-	
							-	
						_		
							-	
						_		
						_		
						_		
1								

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 31224
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	7,809.25 Iss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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 \$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 Foo and			
Filing Fee and Total Remittance Due	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:	2018/2								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM:							SYSTEM ID# 31224
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	ou must give (1) the number of s, and (2) the cable system's I number of channels on which television broadcast stations I number of activated channe able system carried television cast services	total numi	mber of a able 	ns	g the ac	counting period.	stations	8
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		ORMAT	ON IS NEEDED (Identif	fy an ind	dividual to whom		
for Further Information	Name	Teri McMullen					Τε	elephone 8	314-260-0434
	Address 	PO Box 665 (Number, street, rural route, apar Coudersport PA 169 (City, town, state, zip) teri.mcmullen@	915				Fax (optional)		
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	-	one, <i>but of</i> partnersh ration or p owner is n (if a corpo d hereby d y knowled	only one, ship) I am r partners not a cor poration) o declare u edge, info	of the boxes.) the owner of the cable s •hip) I am the duly author poration or partnership; c or a partner (if a partnersh nder penalty of law that a	system a rized ag or hip) of t all state are mad	as identified in line 1 gent of the owner of t the legal entity identi ements of fact contain de in good faith.	of space E the cable sy fied as owr ned herein	ystem as identified
		Typed or printe Title: (Title of o Date:	Presi	sident	nes Rigas		02/26/2019		

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ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	3122
 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 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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 (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x davs	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late 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 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 - 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 \$ * 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 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 - 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 \$. (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 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. Owner	
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 \$. (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 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. Owner	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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