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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY									
FOR COPYRIGHT OFFICE USE ONLY									
DATE RECEIVED AMOUNT									
\$ ALLOCATION NUM	1BER								

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20191  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							
		TDS Broadband Service LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		Baja Broadband							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)							
		Madison, WI 53717-2152 (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 is 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:							
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM:							
		INIAILING ADDRESS OF CABLE STSTEM:							
	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 sufficiency of the fling, a determination that would be made by a court of law.

		OVOTELL
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	TDS Broadband Service LLC	100
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated communicated entity) discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was 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 hon	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TRUTH OR CONSEQUENCES	NM
Community	SIERRA	NM
	WILLAMSBURG	NM
Rows as Necessary		

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**TDS Broadband Service LLC** 

31EM ID# 10034

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	405	\$39.70/Mo.						
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	66	8.51-\$12.00						
Commercial								
Converter								
Residential	168	\$5.95/Mo.						
Non-residential								
		T						

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	7.40-19.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$99.95		
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	0-49.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect	0-25		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			
					)

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10034

4 LOCATION OF STATION

## **TDS Broadband Service LLC**

1 CALL SIGN

G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. 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 form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOAT	7.1	N	Albuquerque, NM
KOAT-DT2	7.2	N-M	Albuquerque, NM
KOAT-DT3	7.3	N-M	Albuquerque, NM
KRQE	13.1	N	Albuquerque, NM
KBIM-DT2	10.2	N-M	Roswell, NM
KOBR	8.1	N	Roswell, NM
KOBR-DT2	8.2	N-M	Roswell, NM
KLUZ	14.1	<u> </u>	Albuquerque, NM
KUPT	29.1	<u> </u>	Hobbs, NM
KUPT-DT2	29.2	I-M	Hobbs, NM
KTEL	15.1	<u> </u>	Hobbs, NM
KRTN	29.3	<u> </u>	Hobbs, NM
KASA	2.1	l	Santa Fe, NM
K42EY-D	42.1	E	Las Cruces, NM
KRPV-DT	27.1	<u> </u>	Roswell, NM
K45IL-D	45.1	<u> </u>	Hobbs, NM

3 TYPE OF STATION

Add Rows as Necessary

	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID#
Name	TDS Broadband Ser	vice LLC		10034
	PRIMARY TRANSMITTERS	: TELEVISION		
Primary Transmitters: Television	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis,	dentify every television station (including to the during the accounting period, except is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. is: With respect to any distant stations car	(1) stations carried only on a part-time e carriage of certain network programs (e)(2) and (4))]; and (2) certain station	basis under [sections s carried on a
relevision	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (the		. •
	basis. For further informal Column 1: List each stati multicast stream associat "WETA-2" as the same or Column 2: Give the chan of license. For example, 'Column 3: Indicate in each educational station, by en (for independent multicas For the meaning of these Column 4: Give the locat	d also in space I, if the station was carried tion concerning substitute basis stations, son's call sign. Do not report origination pred with a station according to its over-then the form.  In the f	see page (v) of the general instructions ogram services such as HBO, ESPN, air designation. For example, report n ision station for broadcasting over the tation, an independent station, or a not or network multicast), "I" (for independent "E-M" (for noncommercial educationations in the paper SA1-2 form.	etc. Identify each nultistream air in its community ncommercial ent), "I-M" I multicast). censed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **TDS Broadband Service LLC**

10034

## PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
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Accounting Period: 2019/1 FORM SA1-2E. PAGE 5												
Name	LEGAL NAME OF OWNER OF OTTOS Broadband Service		ГЕМ:					SYSTEM ID# 10034				
	103 Broauband Servic	e LLC						10034				
	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	y every nor counting pengether that must be the transfer of th	nnetwork televis eriod, under spe et be included in	sion program, broadcast be ecific present and former F this log, see page (v) of the	y a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further				
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	broadcast by a distant station?											
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect duri											
	,				П мн	EN SUBST	ITLITE					
	SI	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION				
		100 0. 110	07.122.01011		7.11.2 27.11							
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	2019/1						A1-2E. PAGE
Name	TDS Broadband Service LLC	:				S	YSTEM ID 1003
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in all amounts (gross receipts) paid to y (as identified in space E) during the apage (vii) of the general instructions Gross receipts from subscribers during the accounting period IMPORTANT: You must complete a	our cable system by subscr accounting period. For a furl ocated in the paper SA1-2 for secondary transmission	ribers for the s ther explanation form. service(s)	system's son of how	secondary tran to compute th	smission servicis amount, see	2,475.02
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fe  Complete block 1, block 2, or block 9  Use block 1 if the amount of gross re  Use block 2 if the amount of gross re  Use block 3 if the amount of gross re  See page (vi) of the general instructions	3.  ceipts in space K is \$137,10 ceipts in space K is more the ceipts in space K is more the	nan \$137,100   nan \$263,800	but less t	han \$527,600	\$263,800	
	В	OCK 1: GROSS RECEIP	PTS OF \$137,	100 OR	LESS		
	Instructions: As a cable system with graccounting period is \$52.00  Line 1. Royalty fee for accounting period	•		,	, ,		
	Line 2. Interest charge. Enter the amo	unt from line 4, space Q, pag	je 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYA	BLE FOR ACCOUNTING PE	ERIOD Add line	es 1 and 2	2	·	
	BLOCK 2: GRO	OSS RECEIPTS OF \$263,	,800 OR LES	S (but m	ore than \$137	,100)	
	1. Base amount under statutory formula	a	<u>.</u>	\$	263,800.00	_	
	2. Enter amount of gross receipts from	space K	<u>.</u>	\$	162,475.02	_	
	3. Subtract line 2 from line 1		<u>.</u>	\$	101,324.98	=	
	4. Enter the amount of gross receipts fr	om space K			. \$	162,475.02	
	5. Enter the amount from line 3				\$	101,324.98	
	6. Subtract line 5 from line 4				\$	61,150.04	
	7. Multiply line 6 by .005 (enter figure h	ere)				\$	305.75
	8. Interest charge. Enter the amount fr	om line 4, space Q, page 8.					0.00
	9. TOTAL ROYALTY FEE PAYABLE	FOR ACCOUNTING PERIOR	<b>D.</b> Add lines 7 a	and 8		\$	305.75
	BLOCK 3: GRO	SS RECEIPTS OF MORE	THAN \$263,	800 (but	less than \$52	7,600)	
	Enter the amount of gross receipts from the content of gross receipts from the co	om space K					
	Base amount under statutory formula		_		263,800.00	_	
	Subtract line 2 from line 1		_			_	
	4. Multiply line 3 by .01		' <u></u>			_	
	5. Royalty due on the first \$263,800 of					1,319 00	
	6. Interest charge. Enter the amount fr						
	7. TOTAL ROYALTY FEE PAYABLE						
	FILING	FEE AND TOTAL REMIT	TANCE DUE	-			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting	Period (from Block 1, 2, or 3,	, above)		\$	305.75	
Due	2. Filing Fee (See the instructions for m	nore information on filing fee	calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCO	UNTING PERIOD. Add line	s 2 and 3			\$	325.75
	Important: Your remittance m	ust be in the form of an ele			_		ghts!

Accounting Period:	2019/1																						FC	RM SA	1-2E.	PAC	3E 7
Name	LEGAL NAME OF OWNER TDS Broadband Serv																								SYST		ID# 034
M Channels	Enter the total number system carried televis     Enter the total number on which the cable sy	(2) the cable system's to er of channels on which ion broadcast stations.	otal numb  the cable  s broadcas	nber ble 	e	of ac	tivate	ed ch	nanne	els du	ring t	he ac		ıntin	g pe	riod.		tions					16				]
N Individual to Be Contacted		ONTACTED IF FURTHI		ORN	RMA	MATIC	ON IS	S NE	EDE	<b>D</b> (Ide	entify	an in	divid	dual	to w	hom											
for Further Information	Name Step	phanie Weber															Telep	ohone	(60	08) (	664-	472	1				
	(Numb	Junction Rd  Der, street, rural route, apartn	ment, or sui	suite r	ite nu	numbei	r)																				
		dison, WI 53717 town, state, zip)																									
	Email	finance@tdstele	ecom.cor	om	m								"F	ax (	optic	onal)											
O Certification	CERTIFICATION (This s									corda	ince v	with C	Сору	righ	nt Off	fice r	egula	tions)									
	(Owner other	r than corporation or pa	artnership	nip) l	<b>p)</b> I a	am th	ne ov	vner	of the	cable	e syst	em as	s ide	entifie	ed in	line	1 of sp	oace E	3; or								
	in line 1 o	ner other than corporat of space B and that the over artner) I am an officer (if	wner is no	not a	ot a c	corpo	oratio	on or	partn	ership	; or												em				
	I have examined the sta	of space B.  atement of account and hocorrect to the best of my H															ined h	erein									
			Enter an Enter sign	n ele	elect		ic sig	natur	e on	the lin	ie abo					atem	ent.		-								
		Typed or printed	I name:	<u>, , , , , , , , , , , , , , , , , , , </u>	Α	Ama	nda	a K.	Мо	ore																	
		Title: (Title of of	Assist							artners	hip)																
		Date:												08	8/21/	/2019	9										

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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	10034
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	<u>"</u>
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274  Line 4 Multiply line 3 by 0.00274** 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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Address	
ID number First community served Accounting period	

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