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.

STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

		Return completed workbook
FOR COPYRIGHT	OFFICE USE ONLY	by email to:
DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
08/02/2010	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
08/22/2019	ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCO	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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 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	
		Blue Ridge Cable Technologies Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Blue Ridge Communications MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 215	
		(Number, street, rural route, apartment, or suite number) Palmerton, Pa 18071 (City, town, state, zip)	
	INSTR	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	s these
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Blue Ridge Cable Technologies Inc	60787
D	Instructions: List each separate community served by the cable system. " "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules: prporated communities within unincorporated areas and including single, ry that you list will serve as a form of system identification hereafter known re filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	S Creek Township	PA
Community	Ashland	NY
	Chemung Township	NY
Add Rows as Necessary	Ridgebury Township	PA
	การการการที่สามารถการการการการการการการการการการการการการก	
l		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	Blue Ridge Cable Techn	ologies Inc							6078
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCR	BERS AND R	ATES				
E	In General: The information in s	•		0					
Cocondom.	system, that is, the retransmission								
Secondary Fransmission	about other services (including p last day of the accounting period						iose existi	ing on the	
Service: Sub-	Number of Subscribers: Both	h blocks in space	e E ca	II for the numbe	er of subsc	ribers to the cab			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serve							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.	. (Example: "\$20)/mth"). Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count une	der "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1		<u> </u>	<u> </u>	
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		142	\$16.86/Mth					
	 Service to additional set(s) 		117	\$0.50/Mth					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		4	\$16.86/Mth					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				6				
-	In General: Space F calls for rat					l your cable syst	em's servi	ices that were	
F	not covered in space E, that is, th	hose services th	nat are	not offered in	combinatio	n with any seco	ndary tran	smission	
Services	service for a single fee. There ar								
Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		ogram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s	, ,			0	01			
	brief (two- or three-word) descrip								
		BLOC	'K 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	\$9.19/Mth	• Mo	tel, hotel					
	 Pay cable—add'l channel 	\$6.43/Mth	• Co	mmercial					
	Fire protection		• Pa	y cable					
	 Burglar protection 		• Pa	y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	First set	\$49.95		rglar protection	l				
	 Additional set(s) 			services:					
	 FM radio (if separate rate) 			connect		\$49.50			
	Converter			sconnect					
	1		• Ου	tlet relocation					
			Ou						

	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEN
ame	Blue Ridge Cable Te	chnologies Inc		60
	PRIMARY TRANSMITTERS	0		
G imary imitters: evision	In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, N Column 3: Indicate in eac educational station, by en (for independent multicast For the meaning of these Column 4: Give the locati	dentify every television station (including em during the accounting period except is in effect on June 24, 1981, permitting t (e)(2) and (4), or 76.63 (referring to 76.63 as explained in the next paragraph s: With respect to any distant stations of rules, regulations, or authorizations: re in space G—but do list it in space I (fi n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations on's call sign. <i>Do not</i> report origination p ed with a station according to its over-th the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), terms, see page (iv) of the general instr on of each station. For U.S. stations, lis	(1) stations carried only on a part- he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain s arried by your cable system on a s he Special Statement and Program d both on a substitute basis and a , see page (v) of the general instru orogram services such as HBO, ES e-air designation. For example, re evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form t the community to which the static	-time basis under grams [sections tations carried on a substitute program n Log)—if the lso on some othe ctions SPN, etc. Identify each port multistream er the air in its community r a noncommercia appendent), "I-M ational multicast) on is licensed by the
	FCC. For Mexican or Can	adian stations, if any, give the name of the stations of the state of	the community with which the station	4. LOCATION OF STATION
	WENY	36	N	ELMIRA, NY
	WENY	<u>36</u> 18	<u>N</u>	ELMIRA, NY
as Necessary	WETM	36 18 40	N N I	ELMIRA, NY
as Necessary		18	N	ELMIRA, NY BINGHAMTON, NY
is Necessary	WETM WICZ WNEP	18 40 16	N I N	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA
5 Necessary	WETM WICZ WNEP WSKG	18 40 16 46	N	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY
s Necessary	WETM WICZ WNEP WSKG WSWB	18 40 16	N I N E I	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA
Necessary	WETM WICZ WNEP WSKG WSWB WVIA	18 40 16 46 38 44	N I N E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA
is Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA	18 40 16 46 38 44	N I N E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY
as Necessary	WETM WICZ WNEP WSKG WSWB WVIA WYDC	18 40 16 46 38 44 48.2	N I N E I E I E	ELMIRA, NY BINGHAMTON, NY SCRANTON, PA BINGHAMTON, NY SCRANTON, PA WILKES-BARRE, PA CORNING, NY

LEGAL NAME OF							1	SYSTEM I 607
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing tive the station	y the sys be recein t the Co sign of the sign of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem 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 < 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	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can pertain si peneral i eparate	be expected, tated 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						FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
INAILIE	Blue Ridge Cable Tech	nologies	Inc				60787
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G		
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat CC rules, regul	ations, or authorizations	s. For a further
Carriage:	1. SPECIAL STATEMEN				0	• •	
Special	 During the accounting per 				is, any nonne	twork television progra	m
Statement and Program Log	broadcast by a distant sta	tion?				YES	× NO
Frogram Log	Note: If your answer is "No	' leave the	rest of this nac	e blank. If your answer is	"Ves " vou mi	-	
	-	, leave life	rest of this pay	e bialik. Il your aliswel is	res, you mu	ist complete the progra	111
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subsidiated space of the state of t	itute progra ce, please a of every no distant stat gulations, o les like "mo Bulls." n was broad sign of the s dicast static adian static th and day re "5/7."	m on a separa add additional i nnetwork telev ion and that yo r authorization: vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen- tball." List specific program r "Yes." Otherwise enter "h isting the substitute progra is community to which the community with which the tem carried the substitute gram was carried by your	program") that d for the prog eral instruction n titles, for exa No." station is lice station is lider program. Use cable system.	t, during the accountin ramming of another stans for further informatio ample, "I Love Lucy" of nsed by the FCC or, in titified). numerals, with the mod List the times accurat	g ation on. -
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	amming that v	our system was <i>requir</i>	ed
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
	s		E PROGRAM	1	CARR	N SUBSTITUTE	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. TIMES FROM — TO	DELETION
						_	
					-		
					-	<u>—_</u>	
					-		
						_	
						_	
							""
					-		
					-		
					-		
						_	
						_	
					-		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Ridge Cable Technologies Inc	S	*STEM ID# 60787
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 transs (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 5,145.12
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 \$ 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 Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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:	2019/1							FORM SA1-2E. PAGE
Name		OWNER OF CABLE SYSTEM: able Technologies Inc						SYSTEM ID 6078
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television dcast services	total numbe ch the cable s els n broadcast s	er of activated chann	nels during the a	Iccounting pe	riod.	9 46
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		MATION IS NEEDE	ED (Identify an ii	ndividual to w	/hom	
for Further Information	Name	Carl Litwin					Telephone	610-826-9109
	Address	PO Box 215 (Number, street, rural route, apart	rtment, or suite	number)				
		Palmerton, Pa 18071 (City, town, state, zip)	1					
	Email					Fax (option	onal)	
0	CERTIFICATION	I (This statement of account m	nust be certif	fied and signed in a	ccordance with	Copyright Of	fice regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check o	one, <i>but only</i>	one, of the boxes.)				
	(Owr	ner other than corporation or p	partnership)	I am the owner of th	e cable system a	as identified in	l line 1 of space B;	or
		nt of owner other than corpora n line 1 of space B and that the c				ent of the ow	ner of the cable sy	stem as identified
		icer or partner) I am an officer (n line 1 of space B.	(if a corporati	ion) or a partner (if a	partnership) of t	he legal entity	identified as owne	er of the cable system
	are true, comple	ed the statement of account and tee, and correct to the best of my tion 1001(1986)]						
				/S/ David L. Ma lectronic signature on ature using an "/s/ sig	the line above to		tatement.	
		Typed or printed		David L. Mase				
		Title: (Title of (Preside official position	ent n held in corporation or p	partnership)			
		Date:				8/12	2/19	

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

unting Period: 2019/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
e Ridge Cable Technologies Inc		607
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the caservice of providing secondary transmissions of primary broadcast transmitters, the secribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of the glocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts formade by satellite carriers to satellite dish owners? NO 	right Act by adding the fol- able system for the basic system shall not include sub- pursuant to section 119." general instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late	e payment or underpayment.	•
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
		Q Interest Assessme
	d in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x	Q
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	d in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q
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	d in the paper SA1-2 form. x - x - x - x - x - x - x - x - x - x - x - x 0.00274	Q
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	d in the paper SA1-2 form. x - x - x - x - x 0.00274 \$ - (interest charge)	Q Interest Assessm
 Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) - For further assistance please - late. - the Copyright Office, please -	Q Interest Assessm
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