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					
DATE RECEIVED	AMOUNT				
2/25/2020	\$ ALLOCATION NUMBER				

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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting	Barcode Data Filing Period (optional - see instructions)								
Period									
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner	List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Midcontinent Communications								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	PO Box 5040								
	(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040								
	(City, town, state, zip)								
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:								
	Alma, WI								
	MAILING ADDRESS OF CABLE SYSTEM:								
	PO Box 5040 (Number, street, rural route, apartment, or suite number)								
	Sioux Falls, SD 57117-5040 (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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Midcontinent Communications	25469
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorpo	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Alma	WI
Community	Nelson	WI
•	Pepin	WI
Add Rows as Necessary	ТОРП	
Add Nows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 25469

Midcontinent Communications

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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	92	22.95	Business Accounts	9	22.95		
Service to additional set(s)			High Def Converter	15	16.00		
• FM radio (if separate rate)							
Motel, hotel							
Commercial	18	72.95					
Converter	106	3.00					
Residential							
Non-residential							

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.00	 Motel, hotel 	50.00	Digital 1	10.00
 Pay cable—add'l channel 		Commercial	50.00	Cinemax	16.00
Fire protection		• Pay cable		Showtime	16.00
•Burglar protection		 Pay cable-add'l channel 		Starz!&Encore	16.00
Installation: Residential		 Fire protection 		Dig Sports & Variety	9.00
• First set	50.00	 Burglar protection 			
 Additional set(s) 	25.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	75.00		
Converter		Disconnect	-		
		 Outlet relocation 	25.00		
		 Move to new address 	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25469

G

Primary Transmitters: Television

Midcontinent Communications
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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARE-DT	11	N	MINNEAPOLIS, MN (NBC)
KSTC-DT	45	<u> </u>	MINNEAPOLIS, MN (IND-45)
KSTC-DT3	45.3	I-M	MINNEAPOLIS, MN (ME TV)
KSTP-DT	35	N	ST PAUL, MN (ABC)
KTCA-DT4	34.4	E-M	ST PAUL , MN (PBS TPT NOW HD)
KTTC-DT	10	N	ROCHESTER, MN (NBC)
WCCO-DT	32	N	MINNEAPOLIS, MN (CBS)
WFTC-DT	29	<u> </u>	MINNEAPOLIS, MN (MNT)
WHLA-DT	15	E	LA CROSSE, WI (PBS)
WHLA-DT2	15.2	E-M	LA CROSSE, WI (PBS-WPT)
WKBT-DT	8	N	LA CROSSE, WI (CBS)
WLAX-HD	25.1	N	LA CROSSE, WI (FOX)
WLAX-DT2	25.2	I-M	LA CROSSE, WI (MeTV)
WLAX-DT3	25.3	I-M	LA CROSSE, WI (LAFF)
WLAX-DT4	25.4	I-M	LA CROSSE, WI (GRIT)
WXOW-DT	19.1	N	LA CROSSE, WI (ABC)
WXOW-DT2	19.2	I-M	LA CROSSE, WI (CW)
WXOW-DT3	19.3	I-M	LA CROSSE, WI (DECADES)
WXOW-DT4	19.4	I-M	LA CROSSE, WI (Court TV)
WXOW-DT5	19.5	I-M	LA CROSSE, WI (Justice)
WKBT-DT2	8.2	I-M	LA CROSSE, WI (My Network)

ccounting Period	: 2019/2			FORM SA1-2E. PAGE 3						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Midcontinent Commu	nications		25469						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	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									
Primary	· ·			-						
Transmitters:		.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 bestitute program basis, as explained in the next paragraph.								
Television			arried by your cable system on a subs	stitute program						
	basis under specific FCC ru	lles, 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 <i>only</i> 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. <i>Do not</i> 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 Cana	dian stations, if any, give the name of	the community with which the station is	s identified.						
	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#

Midcontinent Communications

25469

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).

0411 010::	l	0/0		T 0411 01011	l	0.10	L 004TION 05 0T: T: 0:
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 				 	
		 					
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Associating Dovin	.d. 2010/2						FORM CA4 OF DACE F
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORM SA1-2E. PAGE 5 SYSTEM ID#
Name	Midcontinent Commu						25469
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta Note: If your answer is "Note"	ify every no. ccounting phing that mu T CONCEFTION, did you tion?	nnetwork televi eriod, under s st be included RNING SUBS ur cable system	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE m carry, on a substitute ba	or a distant sta CC rules, reg he general ins sis, any nonr	ulations, or autistructions in the	horizations. For a further paper SA1-2 form.
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broothe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant star egulations, or ies like "mo Bulls." m was broa sign of the adcast stati addin stati onth and day ve "5/7." es when the Example: a er "R" if the	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask dcast live, ent- station broadd on's location (ons, if any, the when your sy- e substitute pro a program car	I rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general and the community of the substitute programs." Otherwise enter a casting the substitute programs are community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 m was substituted for program.	e program") the for the program instruct am titles, for earn. e station is lide program. Use table system in the cable system in the cable system in the form in the cable program. The cable system in the form	hat, during the ogramming of a ions for further example, "I Low censed by the entified). se numerals, when the control is the time is 28:30 p.m. shows your system were a system when the control is the time is the time is a control in the control in the control is the control in the control is the control in the control	accounting another station r information. ve Lucy" or FCC or, in with the month es accurately hould be was required
	was substituted for prograr effect on October 19, 1976		your system w	· 	WHE	and regulation N SUBSTITU AGE OCCUR	TE
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME	DELETION

Accounting Period:	2019/2		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	S\	25469
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 transm (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 amount, see	1,154.82 ss receipts)
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 \$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.	963,800	
	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	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		
	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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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		
		_	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due		_	
	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		nts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 25469
M Channels	to its subscribers 1. Enter the total	, and (2) the cable system's t number of channels on which	total numbe	on which the cable system carried teler of activated channels during the acc	counting period.	21
	on which the ca	number of activated channels ble system carried television ast services	broadcast	stations		334
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		RMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name Address	Wynne Haakenstad 3600 Minnesota Driv	re, STE 7	700	Telephone	952-844-2622
		(Number, street, rural route, aparti Edina, MN 55435 (City, town, state, zip)	ment, or suite	number)		
	Email	wynne.haakens	stad@mid	co.com	Fax (optional)	
0	CERTIFICATION	This statement of account m	ust be certi	ified and signed in accordance with Co	opyright Office regulations)	
Certification	I, the undersigne	ed, hereby certify that (Check o	one, <i>but onl</i> y	y one, of the boxes.)		
	(Owne	r other than corporation or p	oartnership	o) I am the owner of the cable system a	s identified in line 1 of space	B; or
				rtnership) I am the duly authorized ago t a corporation or partnership; or	ent of the owner of the cable	system as identified
		er or partner) I am an officer (ine 1 of space B.	(if a corpora	ation) or a partner (if a partnership) of th	ne legal entity identified as ow	vner of the cable system
		e, and correct to the best of my		clare under penalty of law that all stater e, information, and belief, and are made		n
			X	/s/ Wynne Haakenstad		
				lectronic signature on the line above to c ature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	d name:	Wynne Haakenstad		
		Title: (Title of o		or of Programming held in corporation or partnership)		
		Date:			2/13/20	

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

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communications	25469
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below\$	
Name Mailing Address Name 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 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	_
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.	
Owner	
Address	
ID number First community served Accounting period	

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