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					
2/28/2020	\$					
	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

_	1							
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		December Data Filling December (continued and forest tree)						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		Instructions:						
В		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							
		MCC Iowa, LLC (Denison, IA)						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)						
		MEDIACOM PARK, NY 10918						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:						
	Į.							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	P.O. Box 1177 (Number, street, rural route, apartment, or suite number)						
		Fort Dodge, IA 50501-1177 (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.

LEGAL NAME OF CONNER OF CABLE SYSTEM:  WCC lowa, LLC (Denison, IA)  Possible of the cable system. A "community" is the same as a "community unit" as defined a discrete unincorporated areas, "a "A C.F.R. 7.6.5(dd). The first community multips within unincorporated areas and identified city.  Print Community  First Denison  City OR TOWN  STATE  Community  Crayford County  HARLAN  AVOCA  AVOCA  IA  AVOCA  IA  IA  IA  IA  IA  IA  IA  IA  IA	ORM SA1-2E. PAGE
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defi "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and idiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese identified city.  CITY OR TOWN STATE  Denison IA  Crawford County IA  HARLAN IA	SYSTEM II
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defi "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and i discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese identified city.  CITY OR TOWN STATE  Denison IA  Crawford County HARLAN IA	334
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese identified city.  CITY OR TOWN STATE  Denison IA  Crawford County HARLAN IA	fined in FCC rules
Area Served identified city.  CITY OR TOWN STATE  First Denison IA  Crawford County IA  HARLAN IA	on hereafter kno
First Denison IA Crawford County IA HARLAN IA	ses below the
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Note 28 Necessary  Research to the content of the c	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3342

MCC Iowa, LLC (Denison, IA)

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	863	29.95-51.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	1	29.95-51.54					
Converter							
Residential							
Non-residential							
					1		

# 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	PP	Motel, hotel		Family Cable	80.49
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
<ul><li>Additional set(s)</li></ul>	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		<ul> <li>Move to new address</li> </ul>			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

Ames. IA

3342

MCC Iowa, LLC (Denison, IA)

1. CALL SIGN

KCCI(CBS)

PRIMARY TRANSMITTERS: TELEVISION

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 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

8

N KETV/KETV(HD) ABC 20 Omaha, NE KETV-DT2 Me TV Omaha, NE Е KHIN/KHIN(HD) PBS 35 Red Oak, IA KHIN-DT2 IPTV KIDS (HD) 35.2 E-M Red Oak, IA KHIN-DT3 PBS World 35.3 E-M Red Oak, IA KHIN-DT4 PBS Create 35.4 E-M Red Oak, IA KMTV/KMTV(HD) CBS 45 N Omaha, NE I-M KMTV-DT2 Laff 45.2 Omaha, NE 45.3 I-M KMTV-DT3 Escape Omaha, NE KPTM/KPTM(HD) FOX 43 Omaha, NE KPTM-DT2 My Net 43.2 I-M Omaha, NE KPTM-DT3 Estella TV 43.3 I-M Omaha, NE KXVO/KXVO-DT (HD) CW 38 Omaha, NE KXVO-DT2 TBD 38.2 I-M Omaha, NE 38.3 I-M KXVO-DT3 Charge! Omaha, NE WOI ABC Ames, IA WOWT/WOWT(HD) NBC Omaha, NE WOWT-DT2 Cozi TV I-M Omaha, NE 6.2 WOWT-DT3 H&I 6.3 I-M Omaha, NE WOWT-DT5 Start TV I-M Omaha, NE 6.5

3. TYPE OF STATION

N

Add Rows as Necessary

Accounting Period: 2019/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Denison, IA)

3342

#### 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
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Accounting Perio	nd. 2010/2						FORM	M SA1-2E. PAGE 5.	
accounting Penc		CABLE SYS	STEM:				FURI		
Name	MCC Iowa, LLC (Denis	on, IA)						3342	
Substitute Carriage: Special Statement and Program Log	SYSTEM ID# MCC lowa, LLC (Denison, IA)  3342  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loentified).  Column 6: State the times when the substi								
	stated as "6:00-6:30 p.m."	er "R" if the and regulat nming that	e listed prograr	n was substituted for prog luring the accounting perio	ramming that od; enter the l	t your syst letter "P" i	tem was <i>requ</i> f the listed pro		
					WHEN SUBSTITUTE				
	S		E PROGRAM		CARRIAGE OCCURRED			7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO		
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ccounting Period:	2019/2			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Iowa, LLC (Denison, IA)				SYSTEM II 334
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the se (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's secon of how t	econdary transi to compute this	mission services amount, see	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less that	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay fo	r this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add in	nes 1 and 2	2	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137	,100)	
	Base amount under statutory formula	\$	263,800.00	<u>)                                    </u>	
	2. Enter amount of gross receipts from space K	\$	263,544.13	<u>3</u>	
	3. Subtract line 2 from line 1	\$	255.87	<del>,</del> _	
	4. Enter the amount of gross receipts from space K		. \$	263,544.13	_
	5. Enter the amount from line 3		. \$	255.87	_
	6. Subtract line 5 from line 4		\$	263,288.26	_
	7. Multiply line 6 by .005 (enter figure here)			\$	1,316.44
	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				1,316.44
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but	less than \$52	7,600)	
	Enter the amount of gross receipts from space K				
	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				-
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Foo and					
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,316.44	_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	=
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,336.44
					ghts!

Accounting Period:	: 2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC Iowa, LLC (Denison, IA)	SYSTEM ID# 3342
M	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
Onamers	Enter the total number of channels on which the cable     system carried television broadcast stations	27
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	40
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-443-	2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918	
	(City, town, state, zip)  Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ide in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cain line 1 of space B.	able system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	X /s/ Kenneth J. Kohrs	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting  (Title of official position held in corporation or partnership)	
	Date: 2/18/2020	

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counting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Iowa, LLC (Denison, IA)	3342
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11  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 transmis made by satellite carriers to satellite dish owners?	sic le sub- 9."  Special Statement Concerning Gross Receipts Exclusion
X NO  YES. Enter the total here and list the satellite carrier(s) below	
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 underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
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	<del>-</del> ge)
* 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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please
** 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, plist below the owner, address, first community served, ID number, and accounting period as given in the original file.	
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.