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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
General instru	ems (Short Form) uctions are located of this workbook	2/25/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31	
Accounting Period				
B Owner	of the subsidiary, not that of the parent of List any other name or names under whi If there were different owners during the single statement of account and royalty f	corporation. ch the owner conducts the business of t e accounting period, only the owner on fee payment covering the entire accoun	the last day of the accounting period should s ting period.	
	Check here if this is the system's first filir	ig. If not, enter the system's iD number	assigned by the licensing Division.	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Zito NCTNWVPAOH LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	
	Zito Media			
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	PO Box 665 (Number, street, rural route, apartment, or suite	number)		
	Coudersport, PA 16915			
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any busi	noos or trado nomes used to ide	ntify the hypinese and exerction of the	a vistom unloss these
С	names already appear in space B. In line			2
System	IDENTIFICATION OF CABLE SYSTEM:			
	Zito Media - Rock Creek	M4.		
	MAILING ADDRESS OF CABLE STSTE	w		
	2 (Number, street, rural route, apartment, or suite	number)		

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito NCTNWVPAOH LLC	40788
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	hist will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	e nome parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
First	Rock Creek Village	OH
Community	Rome Township	OH
	Austinburg Township	OH
d Rows as Necessary	Roaming Shores Village	OH
Nows as Necessary	Morgan Township	OH

	LEGAL NAME OF OWNER OF C	ARI E SVSTEMA							A1-2E. PAG
Name	Zito NCTNWVPAOH LLO							51	407
		•							
Е	SECONDARY TRANSMISSION							5.0 L L	
_	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecember 3	1, as the case	may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rates	separately for the particular serv		,	0 , (0	ns charged	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed	• •	,		standa	rd rate variatior	ns within	a particular rate	
	category, but do not include disc Block 1: In the left-hand block				of sec	ondary transmi	ssion ser	vice that cable	
	systems most commonly provide	•		Ũ					
	that applies to your system. Not	e: Where an in	dividual or	organization is	receiv	ing service that	falls und	der different	
	categories, that person or entity					• •	•		
	subscriber who pays extra for ca first set" and would be counted of					I in the count u	nder "Se	rvice to the	
	Block 2: If your cable system					service that are	e differer	t from those	
	printed in block 1 (for example, t	iers of services	s that inclue	te one or more	secon	dary transmissi	ons), list	them, together	
	with the number of subscribers a	and rates, in the	e right-han	d block. A two-	or thre	e-word descrip	tion of th	e service is	
	sufficient. BLC	DCK 1					BLO	CK 2	
		NO. OF		DATE	CATE			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		128	21.71					
	Service to additional set(s)		120	2					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC					ll veux eeble ev	ata mi'a a	an daaa that waxa	
F	In General: Space F calls for rain not covered in space E, that is, t	•	,			• •			
	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually bil	ed. If any rates	are ch	larged on a var	iable per	-program basis,	
ransmissions:	Block 1: Give the standard rat		he cable s	/stem for each	of the a	applicable serv	ices liste	d.	
Rates	Block 2: List any services that				-	-			
	listed in block 1 and for which a				ed. List	these other se	vices in	the form of a	
	brief (two- or three-word) descrip	otion and includ	the rate	for each.					
		BLOO			_			BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			RY OF SERVIC		RATE	CATE	GORY OF SERVIC	E RAT
	Pay cable	17.95	• Motel,		nuai				
	Pay cable—add'l channel	17.55	• Comm						
	• Fire protection		• Pay ca						
	•			ble-add'l chanr	nel				
	 Burgiar protection 								
	•Burglar protection Installation: Residential		 Fire pr 	otection					
	•	30.00	•	otection r protection					
	Installation: Residential		•	r protection					
	Installation: Residential • First set		• Burgla	r protection vices:		30.00			
	Installation: Residential • First set • Additional set(s)		• Burgla Other ser	r protection vices: nect		30.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burgla Other ser • Recon • Discor	r protection vices: nect		30.00			

				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito NCTNWVPAOH L	LC		40788
G rimary ismitters: levision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations, s's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBNX	55.1	E	Akron OH
	WEWS	5.1	Ν	Cleveland OH
vs as Necessary	WJW	8.1	Ν	Cleveland OH
s as necessary	WKYC	3.1	N	Cleveland OH
,	WKYC WOIO	3.1 19	N	117 <u></u>
, , , , , , , , , , , , , , , , , , , ,				Cleveland OH
,	WOIO WUAB	19 43.1	N I	Cleveland OH Shaker Heights OH
	WOIO WUAB WVIZ	19 43.1 25.1	N	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WOIO WUAB	19 43.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH
, , , , , , , , , , , , , , , , , , , ,	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
	WOIO WUAB WVIZ WVPX	19 43.1 25.1 23.1	N I	Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH

EGAL NAME OF								SYSTEM 40
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which th the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		C. LE CION		5,6		

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						40788
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			isis anv noni	network telev	ision nroa	ram
Statement and		-	ui cabie syster	fically, on a substitute be	1313, any nom			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must complet	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	ir meaning	gis
	clear. If you need more spa			vision program ("substitute	e program") t	hat during th		ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		depart live ant	or "Voo" Othorwigo optor	"No."			
				er "Yes." Otherwise enter " casting the substitute prog				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi		4:4 4					- 4 - I
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program can		1. 10 p.m. to t			
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your system	n was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulati	ons in	
	effect on October 19, 1976							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
					·			
						_		
						_		
						_		
						_		
						_		
						_		
1		1	1			1		1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Zito NCTNWVPAOH LLC		40788
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	ission service amount, see	5,811.98 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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.	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-mon	
		•	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 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	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito NCTNWVF	DWNER OF CABLE SYSTEM: PAOH LLC	SYSTEM ID# 40788
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations I number of activated channels able system carried television broadcast stations cast services .	9 66
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814	-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or ther or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] $\underbrace{X /s/James Rigas}_{Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position heid in corporation or partnership)$	m as identified
		Date: 02/26/2020	

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Dunting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NCTNWVPAOH LLC	4078
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Mailing Address Mailing Address	
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 A. Enterthe an event of the assume the constant	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x 1%	_ Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	_ Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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