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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Form) ctions 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
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2019/2	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should suing period.	ıbmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	63741
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Zito West Holding LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	Zito Media			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 665 (Number, street, rural route, apartment, or suite n	umber)		
	Coudersport, PA 16915	,		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	Zito Media - Canton TX			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		

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.

(City, town, state, zip code)

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Zito West Holding LLC	63741
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future to	community" is the same as a "community unit" as defined in FCC rules: prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter knowr filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Canton Borough	TX
Community	Canton Rural	TX
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 6374
	Zito West Holding LLC								037-
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	-		-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						linose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv		0	•••		•		s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.							()	
	DLU	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		500	17 10					
	Service to first set		563	17.48					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES	6				
F	In General: Space F calls for ra	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar					,			
Services	furnished at cost or (2) services	•			•		0.	,	
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are cł	narged on a vari	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		the eable	a system for as	ch of tho	applicable convi	oog ligtod		
ransmissions: Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a	separate charg	ge was r	nade or establis	shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	SORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi	dential				
	• Pay cable	17.95		tel, hotel					
	Pay cable—add'l channel		_	nmercial					
	Fire protection			/ cable					
	•Burglar protection		· ·	/ cable-add'l ch	annel				
	Installation: Residential	20.00		e protection					
	First set Additional set(s)	30.00		glar protection					
	Additional set(s) EM radio (if separate rate)			connect		20.00			
	 FM radio (if separate rate) Converter 			connect connect		30.00			
	Conventer	L	- 015	CONTICOL					
			• • • • •	lat relocation		30.00			I
				let relocation	200	30.00 30.00			

	2019/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM I
	Zito West Holding LL			637
•	PRIMARY TRANSMITTERS: In General: In space G, ide	TELEVISION entify every television station (including	translator stations and low power te	elevision stations)
G		m during the accounting period, except		
Primary		in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6		
Fransmitters:		is explained in the next paragraph.	vried by your eable system on a su	hatituta program
Television	basis under specific FCC ru	: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th		
	station was carried only on	a substitute basis.		
		also in space I, if the station was carried on concerning substitute basis stations,		
	Column 1: List each statio	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ESI	PN, etc. Identify each
	multicast stream associated "WETA-2" as the same on	d with a station according to its over-the the form.	e-air designation. For example, repo	ort multistream
	Column 2: Give the chann	el number the FCC assigned to the tele	vision station for broadcasting over	the air in its community
	•	/RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or a	a noncommercial
	educational station, by enter	ering the letter "N" (for network), "N-M" (for network multicast), "I" (for indep	endent), "I-M"
	,	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		onal multicast).
	Column 4: Give the location	on of each station. For U.S. stations, list	the community to which the station	-
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	he community with which the station	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDFI	27	I	Dallas TX
	KDFW	4	N	Dallas TX
	KERA	13	Е	Dallas TX
			—	
	ктут	11	N	Fort Worth TX
	KTVT	11	N	Fort Worth TX
	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
	KTVT KTXA	11 21.2	N I	Fort Worth TX Fort Worth TX
	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
ld Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX
d Rows as Necessary	KTVT KTXA KXAS	11 21.2 5	N I N	Fort Worth TX Fort Worth TX Fort Worth TX

ounting Period:	2019/2			FORM SA1-2E. PAG
Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Zito West Holding LL	c		637
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station	ons carried on a
Television	basis under specific FCC ru	lles, regulations, or authorizations: e in space G—but do list it in space I (carried by your cable system on a subs	
	List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast),	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M"	ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN ne-air designation. For example, repor evision station for broadcasting over th s station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education ructions in the paper SA1-2 form.	ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M"
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, lis dian stations, if any, give the name of	st the community to which the station is the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF			ISTEM:					SYSTEM I 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried b monitoring, to prmation about m. lentify the call tate whether the radio stat the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem 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. 22 01011		5,5		C. LE CION	01 1 101	5,0		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						63741
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident	ifv everv no	nnetwork televi	<i>ision program.</i> broadcast b	v a <i>distant</i> sta	tion. that vo	ur cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	ao blank. If your answori	с "Voc " уоц и		-	
	-	, leave life	rest of this pa	ge blank. If your answer	is res, your	nusi comp	ete tile proj	yrann
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if tl	neir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.				,,	, -	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by	ho ECC or	in
	the case of Mexican or Car							
				stem carried the substitut			s, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	Example.	a program can	ned by a system norm 0.0	1. 15 p.m. to t	.20.30 p.m	. Should be	
		er "R" if the	listed program	n was substituted for prog	gramming that	t your syste	m was <i>requ</i>	iired
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976	•	your system w	as permitted to delete un	der FCC rules	s and regula	ations in	
		•						1
					WHE	N SUBSTI	TUTE	
	S		E PROGRAM	1		AGE OCC		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		IMES — TO	DELETION
		100 01 110	0,122 01011					
							_	
					1			
					1			
								"
							_	
							_	
								"
					-			
							_	
								"
							_	
					1			
					-			+
							_	
					1			+
1								

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63741
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 transmit (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	2,765.47 ss receipts)
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 \$2 Use block 3 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 t	this six-mon	
	accounting period is \$52.00 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	. ·	
	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)		<u> </u>
	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	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		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito West Hold	WNER OF CABLE SYSTEM: Ing LLC	SYSTEM ID# 63741
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou 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. number of channels on which the cable television broadcast stations	7 144
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	4-260-0434
	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 (Agenting (Agenting (Afficial (Affician (Affician (Affician (Aff	(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.) ar 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 syste line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. If 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)]	em as identified
		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: James Rigas Title: President (Title of official position held in corporation or partnership) Date: 02/26/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
West Holding LLC	6374
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 Mailing Address	ин ин ин
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 Assessmer
x 1%	Interest Assessmer
× 1%	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	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
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	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	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	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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