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

STATEMENT OF ACCOUNT			FOR COPYRIG	by email to:				
		ansmissions by	DATE RECEIVED	AMOUNT				
Cable Syste		,	08/28/2020	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:			
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150			
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		20201	Barcode Data Filing Period (optiona	II - see instructions)				
Accounting Period								
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent of		idiary of another corporation, give the full co	rporate title			
Owner		List any other name or names under whic	r names under which the owner conducts the business of the cable system.					
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	submit a			
		Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	62936			
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM					
		CCI Systems, Inc. (FKA Cable Cons	tructors Inc)					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)				
		Packerland Broadband						
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
		P.O. BOX 190 (Number, street, rural route, apartment, or suite r	umber)					
		(City, town, state, zip)						
С				ntify the business and operation of the ne system, if different from the address	5			
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM	1:					
	2	(Number, street, rural route, apartment, or suite r	number)					
		(City, town, state, zip code)						
L								

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	62930						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC r "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sir discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter l 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 parentheses below the							
Area Served	identified city.							
	CITY OR TOWN STATE							
First	Wabeno	WI						
Community								
d Rows as Necessary								

								FORM SA1-	TEM IC	
Name										
	CCI Systems, Inc. (FKA	Cable Con	structo	rs inc)					6293	
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIE	BERS AND R	ATES					
E	In General: The information in s	-		-		•				
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	last day of the accounting period							ing on the		
Service: Sub-	Number of Subscribers: Both	•				,	ble system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	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 of							te 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			-		•				
	systems most commonly provide							0,		
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca					0,	•			
	first set" and would be counted of	once again und	er "Servi	ce to addition	al 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, t with the number of subscribers a					•	,.			
	sufficient.	and rates, in th	e ngm-na		vo- or thre	e-word descript		Service is		
		OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		84	38.95	Preferr	ed Choice		64	67.0	
	 Service to additional set(s) 				Premie	r Plus		12	87.0	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMISS		<u>د</u>					
-						Ill your cable sys	stem's serv	rices that were		
F	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									
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usually	Jilleu. II ally i		larged on a van	able pei-pi	ografii basis,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Hatoo	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
Ratoo	brief (true on three suand) decening	brief (two- or three-word) description and include the rate for each.								
nutoo	brief (two- or three-word) descri		BLOCK 1							
hatoo	brief (two- or three-word) descrip		-					BLOCK 2		
	CATEGORY OF SERVICE		CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT	
	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CATEG	DRY OF SER		RATE		DRY OF SERVICE		
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO RATE 18.95	CATEG Installat	DRY OF SER i ion: Non-res el, hotel		RATE	Showti	DRY OF SERVICE	14.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CATEG Installat • Mote • Corr	DRY OF SER i ion: Non-res el, hotel mercial		RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE 18.95	CATEG Installat • Mote • Com • Pay	DRY OF SER ion: Non-res il, hotel mercial cable	idential	RATE	Showtin Stars &	DRY OF SERVICE	14.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO RATE 18.95	CATEG Installat • Mote • Corr • Pay • Pay	DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l cł	idential	RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLO RATE 18.95	CATEG Installat • Mote • Com • Pay • Pay • Fire	DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l cl protection	idential	RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE 18.95	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg	DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	idential	RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE 18.95	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices:	idential	RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE 18.95	CATEGO Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so • Reco	DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential	RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE 18.95	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect onnect	idential	RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE 18.95	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc • Outh	DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential Iannel	RATE	Showtin Stars &	DRY OF SERVICE me & TMC Encore Tier	14.9 12.9	

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
		(A Cable Constructors Inc)		62936					
G Primary Transmitters: Television	 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, <i>except</i> (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 <i>not</i> 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 Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WAOW	9	N	Wausau, WI					
	WAOW HD	642	N	Wausau, WI					
ws as Necessary	WSAW	8	Ν	Wausau, WI					
	WSAW HD	641	N	Wausau, WI					
	WEAU	12	N	Eau Claire, WI					
	WEAU HD	645	N	Eau Claire, WI					
	WFXS	11	Е	Wausau, WI					
	WHRM	20	I	Wausau, WI					

EGAL NAME OF			e Constructors Inc)					SYSTEM I 629
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a 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 to the radio stat this by placing vive the station	y the sys be recein at the Co l sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 co 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	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
						·		

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	CCI Systems, Inc. (FK	A Cable C	Constructor	s Inc)				62936	
I	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								
I	In General: In space I, ident substitute basis during the a								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN				<u></u>				
Special	During the accounting per	-			isis anv noni	network tele	vision proa	ram	
Statement and	broadcast by a distant sta			n cany, on a capolitato pe	lolo, arry riorn				
Program Log	2						YES	NO	
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	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.							g is	
				vision program ("substitute	e program") t	hat during t	he account	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.		dcast live ent	er "Yes." Otherwise enter	"No "				
				asting the substitute prog					
	Column 4: Give the broa	adcast stati	on's location (†	the community to which th	e station is li		ne FCC or,	in	
	the case of Mexican or Car								
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals	, with the n	nonth	
			e substitute pr	ogram was carried by you	r cable svste	m. List the ti	mes accura	atelv	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."								
				n was substituted for prog					
	to delete under FCC rules a was substituted for program							ogram	
	effect on October 19, 1976		your oyotonn n			o ana rogala			
						N SUBSTIT		7. REASON FOR	
			E PROGRAM		5. MONTH	AGE OCCL 6. TI		DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -			
							-		
							_		
						_	_		
					·				
							-		
							_	,	
						_	_		
							-		
							_		
						-	-		
							_		
					·				
							-		
							_		
							-		
							-		
						_	_		
							-		
1				1					

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	YSTEM ID# 62936
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	5,280.82 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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
			0.00
	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	<u> </u>	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	SYSTEM ID# 62936
M Channels	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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	4
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Christopher Flanick Telephone	906-771-2208
Information	Address 105 Kent St. (Number, street, rural route, apartment, or suite number) Iron Mountain, MI 49801 (City, town, state, zip) Email christopher.flanick@astreaconnect.com Fax (optional) 906-828-328	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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)] 	system as identified vner of the cable system
	X /s/ Jacob Mulaikal 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: Jacob Mulaikal Title: CFO (Title of official position held in corporation or partnership) Date: 08/13/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
I Systems, Inc. (FKA Cable Constructors Inc)	6293
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? NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name 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 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	
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.	
This is the decimal equivalent of 1/303, 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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.