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 COPYRIGH	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
General instructions are located in the first tab of this workbook	08/31/2020	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20201 Barcode Data Filing Period (optional - see instructions)	
Fellou			
В		<b>Instructions:</b> 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	
		EAGLE VALLEY TELEPHONE COMPANY	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		150 2ND ST SW (Number, street, rural route, apartment, or suite number)	
		PERHAM, MN 56573-1461 (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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	_		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
<u>I</u>			

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	EAGLE VALLEY TELEPHONE COMPANY	6316 <sup>,</sup>								
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single,								
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafte 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.	oblie nome parks should be reported in parentheses below the								
	CITY OR TOWN STATE									
First	CLARISSA	STATE MN								
Community	EAGLE VALLEY TWP	MN								
-	IONA TWP	MN								
Add Rows as Necessary										
indu nons as necessary										

									TEM ID	
Name								513	6316	
	EAGLE VALLEY TELEP									
Е	SECONDARY TRANSMISSION									
E	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									
Secondary		bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission		st day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-		<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken lown by categories of secondary transmission service. In general, you can compute the number of subscribers in								
scribers and	down by categories of secondar each category by counting the n									
Rates	separately for the particular serv			0 ) (			<i>,</i>	scharged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	• •	,		/ standa	rd rate variatior	is within a	particular rate		
	category, but do not include disc				a of ooo	ondon (tronomi		as that askla		
	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 u	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different t	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-har	nd block. A two-	- or thre	e-word descript	tion of the	service is		
	sufficient.	DCK 1		<u> </u>			BLOC	()		
		NO. OF					DLOOF	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI	
	Residential:			10.05						
	Service to first set		14	48.95						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES						
-	In General: Space F calls for ra				ect to a	Il your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•		•			0 (	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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.									
		BLO								
	CATEGORY OF SERVICE	RATE		RY OF SERVIO	CF	RATE	BLOCK 2 CATEGORY OF SERVICE		RATE	
	Continuing Services:			on: Non-reside						
	• Pay cable	19.95	Motel	, hotel			PAY C	ABLE	13.9	
	• Pay cable—add'l channel		• Comr	nercial			PAY C	ABLE	14.9	
	Fire protection		• Pay c	able			PAY C	ABLE	7.9	
	•Burglar protection		• Pay c	able-add'l chan	nnel		PAY C	ABLE	28.9	
	Installation: Residential		• Fire p	rotection						
	• First set	55.00	• Burgla	ar protection						
			Other se	rvices:					1	
	<ul> <li>Additional set(s)</li> </ul>									
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Reco	nnect		55.00				
			• Recor • Disco			55.00				
	• FM radio (if separate rate)		• Disco			55.00 40.00				
	• FM radio (if separate rate)		• Disco • Outle	nnect	s					

EAGLE VALLEY TEL								
	CPHONE COMPANY							
PRIMARY TRANSMITTERS: TELEVISION								
carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b>	in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta	-time basis under rams [sections ations carried on a					
• Do <i>not</i> list the station her station was carried <i>only</i> on	re in space G—but do list it in space I (th n a substitute basis.		0,					
basis. For further information <b>Column 1:</b> List each station multicast stream associated	ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	see page (v) of the general instruc program services such as HBO, ES	ctions. SPN, etc. Identify each					
<b>Column 2:</b> Give the channel of license. For example, W	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	C C						
(for independent multicast) For the meaning of these te <b>Column 4:</b> Give the location	), "E" (for noncommercial educational), o terms, see page (iv) of the general instruc on of each station. For U.S. stations, list	or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	tional multicast). n is licensed by the					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
WCCO	4	Ν	MINNEAPOLIS, MN					
KSTP	5	Ν	MINNEAPOLIS, MN					
KMSP	9	N	MINNEAPOLIS, MN					
KARE	11	Ν	MINNEAPOLIS, MN					
КТСА	2	E	ST. PAUL, MN					
KSTC	45		MINNEAPOLIS, MN					
КРХМ	41	<u>l</u>	MINNEAPOLIS, MN					
WFTC	9	I	MINNEAPOLIS, MN					
WCCO-2	4.2	I-M	MINNEAPOLIS, MN					
KARE-2	11.2	I-M	MINNEAPOLIS, MN					
KSTC-3	5.3	I-M	MINNEAPOLIS, MN					
KSTC-4	5.4	I-M	MINNEAPOLIS, MN					
KSTC-6	5.6	I-M	MINNEAPOLIS, MN					
KSTP-7	5.7	I-M	MINNEAPOLIS, MN					
WUCW-4		I-M	MINNEAPOLIS, MN					
		I	MINNEAPOLIS, MN					
KARE-4	11.4	I-M	MINNEAPOLIS, MN					
	FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> 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 informatic <b>Column 1</b> : List each station multicast stream associated "WETA-2" as the same on f <b>Column 2</b> : Give the channe of license. For example, W <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the locatio FCC. For Mexican or Cana <b>1. CALL SIGN</b> <b>WCCO</b> <b>KSTP</b> <b>KMSP</b> <b>KARE</b> <b>KTCA</b> <b>KSTC</b> <b>KPXM</b> <b>WFTC</b> <b>WCCO-2</b> <b>KARE-2</b> <b>KSTC-3</b> <b>KSTC-4</b> <b>KSTC-6</b> <b>KSTP-7</b> <b>WUCW-4</b> <b>WUCW</b>	FCC rules and regulations in effect on June 24, 1981, permitting th76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6substitute program basis, as explained in the next paragraph.Substitute Basis Stations: With respect to any distant stations cerbasis under specific FCC rules, regulations, or authorizations:• Do not list the station here in space G—but do list it in space I (thstation was carried only on a substitute basis.• List the station here, and also in space I, if the station was carriedbasis. For further information concerning substitute basis stations,Column 1: List each station's call sign. Do not report origination pmulticast stream associated with a station according to its over-the"WETA-2" as the same on the form.Column 2: Give the channel number the FCC assigned to the teleof license. For example, WRC is channel 4 in Washington, D.C.Column 3: Indicate in each case whether the station is a network iseducational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), oFor the meaning of these terms, see page (iv) of the general instruColumn 4: Give the location of each station. For U.S. stations, listFCC. For Mexican or Canadian stations, if any, give the name of thettrcd4KSTP5KMSP9KARE11KTCA2KSTC45KPXM41WFTC9WCCO-24.2KARE-2<	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a stabasis under specific FCC rules, regulations, or authorizations:         > Do rot list the station here in space G—but do list ti in space I (the Special Statement and Program 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 as for further information concerning substitute basis stations, see page (v) of the general instruc Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HDC, ES multicast there and sociated with a station according to its over-the-air designation. For example, reprWETA-2" as the same on the form.         Column 2: Give the channel number the FCC assigned to the television station for broadcasting ove 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 educational station, by entering the letter 'N' (for network), "N-M" (for network multicast), "I' (for indep (for indep endent multicast)," E' (for noncommercial educational), or "E-M" (for noncommercial education FC C. For Mexican or Canadian stations, if any, give the name of the community with which the station FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station for the station for the set for the period					

	OWNER OF C		COMPANY					SYSTEM   631
	every radio s	station 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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i 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	
OALL OIGH	AIMOLTIN	0,0		UALL OIGH	AWOTIW	0/0		
							••••••••••••••••••••••••••••••••••••••	
						·		
				 		·		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 5.								
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	EAGLE VALLEY TELE	PHONE C	OMPANY					63161
	SUBSTITUTE CARRIAG							
1					-			
	In General: In space I, ident							
Substitute	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.							
Carriage:					and general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log								NO
								gram
	log in block 2.							-
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							-
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			ciball. List specific progra		champic, Ti		01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			ne FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		e program. O		, with the f	nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the t	imes accura	ately
	to the nearest five minutes.							5
	stated as "6:00-6:30 p.m."	"D" : ( 1)						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regula		
					1 1			1
					WHE			
	S		E PROGRAM		CARRI	AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH AND DAY	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM -	– то	
						-	-	
						-	_	
						-	_	
						_	_	
						-	_	
							_	
						-	_	
							_	
						-	_	
1						-	-	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: EAGLE VALLEY TELEPHONE COMPANY	S	YSTEM ID# 63161
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	3,746.35 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
	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	<b>\$</b>	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		
	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		
Filian Factor (			
Filing Fee and Total Remittance Due	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:	2020/1					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: EY TELEPHONE COMPAN	Y			SYSTEM ID# 63161
<b>M</b> Channels	to its subscribers 1. Enter the total system carried	s, and (2) the cable system's t I number of channels on which		nels during the ac	counting period.	17
	on which the ca	able system carried television				268
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accourt	ER INFORMATION IS NEED	ED (Identify an inc	lividual to whom	
for Further Information	Name	JOEL SMITH			Telephone	218.346.8270
	Address	150 2ND ST SW (Number, street, rural route, apart PERHAM, MN 56573 (City, town, state, zip) joel.smith@arv			Fax (optional)	
		Joei sintri daiv	9.com			
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpor line 1 of space B and that the of cer or partner) I am an officer ( line 1 of space B. d the statement of account and ce, and correct to the best of m	ust be certified and signed in a one, <i>but only one</i> , of the boxes.) <b>partnership)</b> I am the owner of the <b>ation or partnership)</b> I am the owner is not a corporation or part if a corporation) or a partner (if hereby declare under penalty of knowledge, information, and b knowledge, information, and b	) duly authorized ag rtnership; or a partnership) of th of law that all state belief, and are mad	is identified in line 1 of space ent of the owner of the cable he legal entity identified as ov ments of fact contained herei	system as identified wner of the cable system
		Typed or printed Title: (Title of o	Enter an electronic signature or Enter signature using an "/s/ signature or name: DAVID R. ARV VICE PRESIDENT/CO	gnature" (e.g., /s/ J /IG 00	•	
		Date:			August 31, 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.

AL NAME OF OWNER OF CABLE SYSTEM: GLE VALLEY TELEPHONE COMPANY 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 fol- lowing 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 sub-	SYSTEM II 6316
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 fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	6316
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	
scribers 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     Name       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 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	

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