This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
3/1/2021	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING REPLOY COVERED BY THE CTATEMENT. (VVVVV//Parkarity						
	COUNTING PERIOD COVERED BY THIS STATEMENT: (TTTT/(Period))					
	2020/2 Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	2020/2						
	Barcode Data Filing Period (optional	al - see instructions)					
Accounting							
Accounting Period							
	Instructions: Give the full legal name of the owner of the cable system. If the owner is a sul	osidiary of another corporation, give the full corporate					
В	title of the subsidiary, not that of the parent corporation.	,					
Owner	List any other name or names under which the owner conducts the business o	f the cable system					
Owner	List any other frame of frames under which the owner conducts the business of	The cable system.					
	If there were different owners during the accounting period, only the owner o						
	single statement of account and royalty fee payment covering the entire account	10 period. 24289					
	Check here if this is the system's first filing. If not, enter the system's ID number	er assigned by the Licensing Division.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTE	И					
	MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFEREN	IT)					
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	ONE MEDIACOM WAY						
	(Number, street, rural route, apartment, or suite number)						
	MEDIACOM PARK, NY 10918						
	(City, town, state, zip)						
С	STRUCTIONS: In line 1, give any business or trade names used to id mes already appear in space B. In line 2, give the mailing address of						
System	IDENTIFICATION OF CABLE SYSTEM:						
	MEDIACOM SOUTHEAST LLC						
	MAILING ADDRESS OF CABLE SYSTEM:						
	90 NORTH MAIN						
	(Number, street, rural route, apartment, or suite number)						
	BENTON, KY 42025						
	(City, town, state, zip code)						

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

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)	24289						
	Instructions: List each separate community served by the cable system. A							
D	"a separate and distinct community or municipal entity (including unincorporated 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 hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First Community	ZEIGLER	L						
Community	BUSH	L						
	CAMBRIA	L						
Add Rows as Necessary	DOWELL	L						
	ELKVILLE	<u>L</u>						
	FRANKLIN CO.	<u>L</u>						
	HURST	<u>L</u>						
	JACKSON CO.	L.						
	PERRY CO.	IL.						
	ROYALTON	IL						
	WILLIAMSON CO.	IL .						
	MOUNDS	IL.						
	MOUND CITY	IL IL						
	ALTO PASS	IL .						
	COBDEN	IL .						
	Union County	IL IL						

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24289

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	BLOCK 1			BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	922	29.95-61.54				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	1	29.95-61.54				
Converter						
Residential						
Non-residential						
		†		•	[

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	85.99
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
 Additional set(s) 	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
• Mov		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24289

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

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, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI/KBSI(HD) FOX	22	I	CAPE GIRARDEAU, MO
KBSI-DT3 Comet	22.3	I-M	CAPE GIRARDEAU, MO
KETC PBS	39	E	ST LOUIS, MO
KFVS/KFVS(HD) CBS	12	N	CAPE GIRARDEAU, MO
KFVS-DT2/KFVS-DT2 (HD) CV	12.2	I-M	CAPE GIRARDEAU, MO
KFVS-DT3 Circle	12.3	I-M	CAPE GIRARDEAU, MO
KFVS-DT4 MeTV	12.4	I-M	CAPE GIRARDEAU, MO
KFVS-DT5 Grit	12.5	I-M	CAPE GIRARDEAU, MO
WDKA/WDKA (HD) MyNET	49	I	PADUCAH, KY
WDKA-DT2 Charge	49.2	I-M	PADUCAH, KY
WDKA-DT3 TBD	49.3	I-M	PADUCAH, KY
WDKA-DT4 Stadium HD	49.4	I-M	PADUCAH, KY
WPSD/WPSD(HD) NBC	32	N	PADUCAH, KY
WPSD-DT2 This TV	32.2	I-M	PADUCAH, KY
WPSD-DT3 Antenna TV	32.3	I-M	PADUCAH, KY
WSIL/WSIL (HD) ABC	34	N	HARRISBURG, IL
WSIL-DT2 H&I HD	34.2	I-M	HARRISBURG, IL
WSIL-DT3 Justice Network	34.3	I-M	HARRISBURG, IL
WSIL-DT4 Court TV HD	34.4	I-M	HARRISBURG, IL
WSIU/WSIU (HD) PBS	8	E	CARBONDALE, IL
WSIU-DT2 PBS WORLD	8.2	E-M	CARBONDALE, IL
WSIU-DT3 PBS CREATE	8.3	E-M	CARBONDALE, IL
WSIU-DT4 PBS KIDS	8.4	E-M	CARBONDALE, IL
W ТСТ ТСТ	17	I	CARBONDALE, IL

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 24289 MEDIACOM SOUTHEAST LLC (ZEIGLER, IL) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24289

MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

				•			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		I					

A	J. 2020/2					=	M 044 0E 540E -	
Accounting Perio	LEGAL NAME OF OWNER OF			L)		FOR	M SA1-2E. PAGE 5. SYSTEM ID# 24289	
 Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programr	tify every no	onnetwork televi period, under sp	ision program, broadcast b becific present and former F	y a <i>distant</i> sta FCC rules, reg	julations, or authorization	ons. For a further	
Carriage: Special Statement and Program Log	1. SPECIAL STATEMEN During the accounting per broadcast by a distant state of the	riod, did yoution? "", leave the EPROGR. "titute prograce, please of every not distant state gulations, ries like "m Bulls." "" was broad sign of the addast state and and and the and the swhen the Example: "" ter "R" if the and regulation?	is "Yes," you is wherever pee program") to teed for the preparal instruction am titles, for a "No." gram. The station is like estation is identified by the program. Unit cable systems of the program in the gramming that od; enter the	yes must complete the pro ossible, if their meanir hat, during the accoun ogramming of another tions for further informatexample, "I Love Lucy" censed by the FCC or lentified). se numerals, with the m. List the times accur 5:28:30 p.m. should be t your system was requiletter "P" if the listed pi	gram g is ting station ation. or in month trately			
	effect on October 19, 1976				WHEN SUBSTITUTE			
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCURRED 6. TIMES FROM — TO	7. REASON FOR DELETION	

Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (ZEIGLER, IL)			S	YSTEM ID# 24289		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ystem's se n of how to	condary transm compute this a	ission service amount, see	3,095.88 pss receipts)		
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 \$263,800 • 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 SAI-2 form for more information.						
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that y	ou must pay for	this six-mon			
	Line 1. Royalty fee for accounting period						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line	es 1 and 2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	00)	·		
	Base amount under statutory formula	\$	263,800.00				
	2. Enter amount of gross receipts from space K	\$	213,095.88				
	3. Subtract line 2 from line 1	\$	50,704.12	•			
	4. Enter the amount of gross receipts from space K		. \$ 2	213,095.88			
	5. Enter the amount from line 3		. \$	50,704.12			
	6. Subtract line 5 from line 4		\$ 1	162,391.76			
	7. Multiply line 6 by .005 (enter figure here)				811.96		
	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		\$	811.96		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but I	ess than \$527	,600)			
	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,						
	FILING FEE AND TOTAL REMITTANCE DUE	E					
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	811.96			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	831.96		
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		hts!		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7	
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (ZEIGLER	R, IL)			SYSTEM ID# 24289	
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.						
		I number of channels on which television broadcast stations .		31			
	on which the ca	I number of activated channels able system carried television cast services	broadcas	stations		73	
N Individual to		BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify an individu	ual to whom		
for Further Information	Name	Kenneth J. Kohrs			Telephone 84	15-443-2762	
	Address	One Mediacom Way (Number, street, rural route, apartn	ment, or sui	e number)			
		Mediacom Park, NY (City, town, state, zip)					
	Email	Copyrights@me	ediacom	cc.com Fa:	ıx (optional)		
O Certification	• I, the undersign	ed, hereby certify that (Check o	one, <i>but or</i>	tified and signed in accordance with Copyri y one, of the boxes.) p) I am the owner of the cable system as ide		or	
	in (Office	line 1 of space B and that the o	owner is n	artnership) I am the duly authorized agent of that a corporation or partnership; or ation) or a partner (if a partnership) of the leg	•		
	I have examined	d the statement of account and te, and correct to the best of my		clare under penalty of law that all statements le, information, and belief, and are made in g			
			X	/s/ Kenneth J. Kohrs			
		- •		electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John S			
		Typed or printed	d name:	Kenneth J. Kohrs			
		Title: (Title of of		President, Financial Reporting in held in corporation or partnership)			
		Date:			2/15/2021		

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.

counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM SOUTHEAST LLC (ZEIGLER, IL)	24289
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	100n 100n 100n
INTEREST ASSESSMENT	
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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	
Accounting period	

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