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 by email to:

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

coplicsoa@loc.gov

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))	
		2020/2 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 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.	3185
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		MEDIACOM SOUTHEAST LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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)	
		City, town, state, 2(p)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system of s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	I	MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 580	
	<u> </u>	(Number, street, rural route, apartment, or suite number)	
		PLYMOUTH, NC 27962	
		(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 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#
	MEDIACOM SOUTHEAST LLC	3185
_	Instructions: List each separate community served by the cable system. A "community" is "a separate and distinct community or municipal entity (including unincorporated commu	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi	
	as the "first community." Please use it as the first community on all future filings.	,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community		NC
Community	ARROWHEAD/CHOWAN BEACH CHOWAN COUNTY	NC NC
	HERTFORD COUNTY	NC
d Rows as Necessary	PERQUIMANS COUNTY	NC
	WINFALL	NC
	WINFALL	NC

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name								515	318
	MEDIACOM SOUTHEAS								••••
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	ERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot	n blocks in spa	ce E call	for the numbe	er of subse	cribers to the ca			
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular service							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 u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that ar	difforant f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-						
	BLO	DCK 1 NO. OF	-				BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,992 4	0.49-74.49					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		0 4	0.49-74.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				9				
_	In General: Space F calls for ra					III your cable sy	stem's serv	rices that were	
F	not covered in space E, that is, t								
	service for a single fee. There an				0		0.0		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		abdully i	mea. In arry re				ogram basis,	
ransmissions:	Block 1: Give the standard rate			•					
Rates	Block 2: List any services that				-	-	-		
	listed in block 1 and for which a brief (two- or three-word) descript	•	-		sneu. List	these other ser		e ionn or a	
							1		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:	NATE		ion: Non-res		NATE	CATEGO	DRT OF SERVICE	TVA I
	• Pay cable	PP		I, hotel	aonna		Family	Cable	83.9
	• Pay cable—add'l channel	PP		mercial					
	• Fire protection		• Pay						
	•Burglar protection		· ·	cable-add'l ch	annel				
	Installation: Residential		· ·	protection					
	First set	99.99		lar protection					
	Additional set(s)	15.00-49.00	Other se	-					
						40.00			
	• FM radio (if separate rate)		 Reco 	onnect		49.00			
		10.50		onnect onnect		49.00			
	• FM radio (if separate rate)	10.50	• Disc			49.00 15.00-49.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM 3						
Name	MEDIACOM SOUTHEAST LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station's multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enterri (for independent multicast), " For the meaning of these tern Column 4: Give the location	so in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- icitions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er a noncommercial pendent), "I-M" tional multicast). n is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WAVY/WAVY(HD)NBC	31	N	VIRGINIA BEACH, VA						
	WAVY/WAVY(HD)NBC WAVY-DT2 Bounce TV	31 31.2	N 1-M	VIRGINIA BEACH, VA VIRGINIA BEACH, VA						
Rows as Necessary										
Rows as Necessary	WAVY-DT2 Bounce TV	31.2	I-M	VIRGINIA BEACH, VA						
Rows as Necessary	WAVY-DT2 Bounce TV WAVY-DT3 Get TV	31.2 31.3	I-M I-M	VIRGINIA BEACH, VA VIRGINIA BEACH, VA						
Rows as Necessary	WAVY-DT2 Bounce TV WAVY-DT3 Get TV WAVY-DT4 CBN	31.2 31.3 31.4	I-M I-M	VIRGINIA BEACH, VA VIRGINIA BEACH, VA VIRGINIA BEACH, VA						
Rows as Necessary	WAVY-DT2 Bounce TV WAVY-DT3 Get TV WAVY-DT4 CBN WGNT CW	31.2 31.3 31.4 50	I-M I-M I-M	VIRGINIA BEACH, VA VIRGINIA BEACH, VA VIRGINIA BEACH, VA PORTSMOUTH, VA						
Rows as Necessary	WAVY-DT2 Bounce TV WAVY-DT3 Get TV WAVY-DT4 CBN WGNT CW WHRO PBS	31.2 31.3 31.4 50 16	-M -M -M 1 E	VIRGINIA BEACH, VA VIRGINIA BEACH, VA VIRGINIA BEACH, VA PORTSMOUTH, VA HAMPTON, VA						
Rows as Necessary	WAVY-DT2 Bounce TV WAVY-DT3 Get TV WAVY-DT4 CBN WGNT CW WHRO PBS WITN NBC	31.2 31.3 31.4 50 16 32	I-M I-M I I E N	VIRGINIA BEACH, VA VIRGINIA BEACH, VA VIRGINIA BEACH, VA PORTSMOUTH, VA HAMPTON, VA WASHINGTON, DC						
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Rows as Necessary	WAVY-DT2 Bounce TV WAVY-DT3 Get TV WAVY-DT4 CBN WGNT CW WHRO PBS WITN NBC WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND	31.2 31.3 31.4 50 16 32 46 9	I-M I-M I-M I I I I I I I	VIRGINIA BEACH, VA VIRGINIA BEACH, VA VIRGINIA BEACH, VA PORTSMOUTH, VA HAMPTON, VA WASHINGTON, DC NORFOLK, VA MANETO, VA						
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Accounting Period:	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC		3185
	PRIMARY TRANSMITTERS:	FELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	during the accounting period, except effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (for a substitute basis. so in space I, if the station was carried concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-th e form. number the FCC assigned to the tele C is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" E" (for noncommercial educational), ms, see page (iv) of the general instri of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Loc ed both on a substitute basis and also of , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

MEDIACOM	OWNER OF C							SYSTEM I 31
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei t the Co sign of e	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried.	the system's he system's FM ante	adend, and (2 enna, during c) it can l ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If signal, indicate t Column 4: G	the radio stati this by placing ive the statior	ion's sigr g a checł n's locatio	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHE	AST LLC						3185
	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							
	substitute basis during the a	•••		•				
Substitute	explanation of the programn	-			he general ins	structions in	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting pe 		ur cable syste	m carry, on a substitute ba	isis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?				ļ	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car						,	
			y when your sy	stem carried the substitute	e program. U	se numera	ls, with the n	nonth
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable svste	m. List the	times accura	atelv
	to the nearest five minutes							5
	stated as "6:00–6:30 p.m."	er "D" if the	- listed program	n waa aubatitutad far nrag	remained the of	h vour over		ire d
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program							- 9
	effect on October 19, 1976							
	S		E PROGRAM	1		N SUBST AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
					1		_	

Accounting Period:	2020/2			FORMS	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC			:	SYSTEM ID# 3185
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 syst (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 receipting the second service of the statement in space P concerning gross receipting the second service of the statement in space P concerning gross receipting the second service of the statement in space P concerning gross receipting the second service of the statement in space P concerning gross receipting the second service of the second second second service of the second second service of the second second second second service of the second seco	stem's see	condary transm compute this a	ission service amount, see \$ 48	
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 b Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more inf BLOCK 1: GROSS RECEIPTS OF \$137,	ut less tha formation	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	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 LESS	S (but mo	re 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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	489,378.48		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	225,578.48		
	4. Multiply line 3 by .01	· · · · · · · · · ·	\$	2,255.78	
	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 .		\$	3,574.78
	FILING FEE AND TOTAL REMITTANCE DUE				
Ellin - Factor d					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	••••••	\$	3,574.78	
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			\$	3,594.78
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				ghts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	SYSTEM ID# 3185
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	29 64
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 Kenneth J. Kohrs	845-443-2762
Information	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)	
	(Kumber, street, futal folde, apariment, of sale number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
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 or 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 here 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)] 	e B; or e system as identified wner of the cable system
	X /s/ Kenneth J. Kohrs 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: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position 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 fing, a determination that would be made by a court of law.

unting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC	318
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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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.	
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	

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