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 PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	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.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	MEDIACOM ILLINOIS 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)	
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E	е
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MEDIACOM ILLINOIS LLC	
	MAILING ADDRESS OF CABLE SYSTEM:	
	P. O. Box 334, 1102 N. Fourth Street	
	(Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523	
	(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.

Name MEDIACOM ILLINOS ILC		LECAL NAME OF OWNER OF CARLE SYSTEM	FORM SA1-2E. PAGI SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 kn 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 identified city. Community CITY OR TOWN STATE Gilberts IL KIRKLAND IL HAMPSHIRE IL DEKALB CTY IL MONROE CENTER IL CORTLAND IL MAPLE PARK IL DAVIS JUNCTION IL	Name		
"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 kn 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 identified city. CITY OR TOWN STATE Gilberts LL KIRKLAND IL HAMPSHIRE IL DEKALB CTY IL MONROE CENTER IL CORTLAND IL MAPLE PARK IL DAVIS JUNCTION IL			
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 Gilberts IL Community KIRKLAND IL HAMPSHIRE IL DEKALB CTY IL MONROE CENTER IL CORTLAND IL MAPLE PARK IL DAVIS JUNCTION IL	D	"a separate and distinct community or municipal entity (including unincorporated communit discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	ies within unincorporated areas and including single
First Gilberts IL Community KIRKLAND IL Rows as Necessary MALTA IL DEKALB CTY IL MONROE CENTER IL CORTLAND IL MAPLE PARK IL DAVIS JUNCTION IL		Note: Entities and properties such as hotels, apartments, condominiums, or mobile home pa	rks should be reported in parentheses below the
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Community KIRKLAND IL	Eirot		
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DAVIS JUNCTION IL			
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Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60829

MEDIACOM ILLINOIS LLC

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	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,128	29.99-61.54				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	2	29.99-61.54				
Converter						
Residential						
Non-residential						
		†		1	[····	

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 1						
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE						
Continuing Services:		Installation: Non-residential					
Pay cable	PP	Motel, hotel		Family Cable	86.99		
 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				
		Move to new address					

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60829

MEDIACOM ILLINOIS LLC

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
WBBM/WBBM(HD) CBS	12	N	Chicago, IL
WCIU IND	27	<u>l</u>	Chicago, IL
WCPX ION	48	<u>l</u>	Chicago, IL
WFLD/WFLD(HD) FOX	31	<u>l</u>	Joliet, IL
WGBO UNIVISION	38	<u>l</u>	Joliet, IL
WGN/WGN(HD) IND	19	<u>l</u>	Chicago, IL
WGN-DT2 ANTENNATV	19.2	I-M	Chicago, IL
WGN-DT3 Court TV	19.3	I-M	Chicago, IL
WIFR CBS	41	N	FREEPORT, IL
WLS/WLS(HD) ABC	7	N	Chicago, IL
WMAQ/WMAQ(HD) NBC	29	N	Chicago, IL
WPWR MYNET	51	<u> </u>	Chicago, IL-Gary, IN
WQRF FOX	42	<u>l</u>	Rockford, IL
WREX NBC	13	N	Rockford, IL
WREX-DT2 (CW)	13.2	I-M	Rockford, IL
WSNS/WSNS (HD)Telemu	45	<u> </u>	Chicago, IL
WSNS-DT2 Exitos TV	45.2	I-M	Chicago, IL
WTTW/WTTW(HD) PBS	47	E	Chicago, IL
WTTW-DT2 Prime	47.2	E-M	Chicago, IL
WTTW-DT3 PBS Create	47.3	E-M	Chicago, IL
WTTW-DT4 V-ME	47.4	E-M	Chicago, IL
WTVO ABC	16	N	ROCKFORD, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60829

MEDIACOM ILLINOIS LLC

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).

0411 0101:	A 14	0.5	LOCATION OF STATION		L ANA	0/5	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
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Accounting Borio	nd. 2020/2						FOR	A SA1 2E DACE E				
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#				
Name	MEDIACOM ILLINOIS							60829				
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	OG .							
I	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program,</i> broadcast b	y a <i>distant</i> sta							
Substitute Carriage:	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.											
Special	-	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?											
Program Log	Note: If your answer is "No		rost of this pa	ago blank If your answer	is "Vos " vou i	must comr	YES	X NO				
	_	, leave life	rescortins po	age blatik. II your allswell	is res, your	nust comp	nete the brot	gram				
	log in block 2. 2. LOG OF SUBSTITUTI	E PROGRA	AMS									
	In General: List each subs	titute progr	am on a separ		s wherever p	ossible, if t	their meanin	g is				
	clear. If you need more spa			l rows to the tables. vision program ("substitut		hat during	the economi	in a				
	period, was broadcast by a under certain FCC rules, re	distant sta	tion and that y	our cable system substitu	ited for the pro	ogrammin	g of another	station				
	Do not use general categorial with the control of t	ries like "mo										
	Column 2: If the program	n was broa		er "Yes." Otherwise enter								
				casting the substitute prog the community to which the		censed by	the ECC or	in				
	the case of Mexican or Car		,			•	the rocor,	""				
			when your sy	stem carried the substitut	e program. U	se numera	als, with the r	nonth				
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	ır cable svste	m. List the	times accur	atelv				
	to the nearest five minutes				•			,				
	stated as "6:00–6:30 p.m."	er "D" if the	lieted program	m was substituted for proເ	ramming that	t vour evet	em was rea	uired				
	to delete under FCC rules											
	was substituted for program	•	your system w	as permitted to delete un	der FCC rules	and regu	lations in					
	effect on October 19, 1976	•										
		UDOTITUT	T DD00D44			N SUBST		7 DEACON FOR				
		ı	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC	TIMES	7. REASON FOR DELETION				
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то					
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Accounting Period:	2020/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			(60829
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (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 re	ystem's sec	condary transmi compute this a	ission service amount, see	57,384.83
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 the second of gross receipts in space K is more than \$263,800 the space (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha nformation.	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for t	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)	
	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	3,800 (but le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	267,384.83		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		3,584.83		
	4. Multiply line 3 by .01			35.85	
	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	•			1,354.85
	7. TOTAL ROTALITTEL PATABLE FOR ACCOUNTING PLRIOD. Add lines 4	, J, and U		Ψ	1,334.03
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,354.85	
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			\$	1,374.85
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				ghts!

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7
Name	MEDIACOM IL	DWNER OF CABLE SYSTEM: LINOIS LLC					SYSTEM ID# 60829
M		= ' '			n which the cable system carried televis		
		I number of channels on which television broadcast stations .					29
	on which the ca	I number of activated channels able system carried television cast services	broadcas		ations		68
N Individual to		BE CONTACTED IF FURTH about this statement of accoun		FORM	ATION IS NEEDED (Identify an individ	lual to whom	
for Further Information	Name	Kenneth J. Kohrs				Telephone {	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr	ment, or su		umber)		
		Mediacom Park, NY (City, town, state, zip)	10918	8			
	Email	Copyrights@me	ediacom	mcc.	COMF	ax (optional)	
O Certification	• I, the undersign	ed, hereby certify that (Check o	one, <i>but or</i>	only o	ed and signed in accordance with Copy one, of the boxes.) am the owner of the cable system as id-		3; or
	in (Office	line 1 of space B and that the o	owner is n	s not a	nership) I am the duly authorized agent corporation or partnership; or on) or a partner (if a partnership) of the le		
	I have examined	d the statement of account and te, and correct to the best of my			re under penalty of law that all statemen information, and belief, and are made in		
			X	()	s/ Kenneth J. Kohrs		
		- 0			ctronic signature on the line above to certi ure using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	d name:	e: I	Kenneth J. Kohrs		
		Title: (Title of of			esident, Financial Reporting eld 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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM ILLINOIS LLC	60829
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	
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 (interest charge)	
* 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	

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.