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				
2/24/21	\$				
_,,	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	ACC	OUNTING 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
		Zito West Holding LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (City, town, state, zjp)
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		IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Zion
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 Walker Township PA			FORM SA1-2E. PAG
Date	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 Walker Township PA Spring Township PA Spring Township PA	Name	Zito West Holding LLC	636
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 Walker Township PA Spring Township PA Spring Township PA			ty" is the same as a "community unit" as defined in FCC rul
Area Served identified city. CITY OR TOWN STATE First Walker Township PA Community Marion Township PA Spring Township PA	D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including singl t will serve as a form of system identification hereafter kno
CITY OR TOWN STATE First Walker Township PA Community Marion Township PA Spring Township PA			ome parks should be reported in parentheses below the
First Walker Township PA Community Marion Township PA Spring Township PA	Scrveu		
Community Marion Township PA Spring Township PA		CITY OR TOWN	STATE
Community Marion Township PA Spring Township PA	First	Walker Township	PA
Spring Township PA	Community		PA
	D		
	Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63694

Zito West Holding 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	310	16.85			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63694

Zito West Holding 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
WATM	23	N	Altoona PA
WHVL	29.1	<u> </u>	State College PA
WJAC	6	N	Johnstown PA
WKBS	47	I	Altoona PA
WPSU	3	E	Clearfield PA
WTAJ	10	N	Altoona PA
WWCP	8	N	Johnstown PA

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63694

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
						[
						ļ	
						[
						 	
						ļ	
						l	
		 					

Accounting Perio	. J. 2020 /2						505	MAGAAGE DAGE E
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#
Name	Zito West Holding LL							63694
1	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the	tify every no	nnetwork telev period, under sp	ision program, broadcast by pecific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, d	or authorization	ons. For a further
Substitute	explanation of the programm				the general ins	structions	in the paper s	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	_					1	
Statement and	During the accounting per	•	ur cable syste	m carry, on a substitute ba	isis, any nonr	network te		
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must com	plete the pro	gram
	log in block 2.	E DDOOD	440					
	2. LOG OF SUBSTITUT In General: List each subs		_	ate line. Use abbreviations	s wherever p	ossible if	their meanir	ng is
	clear. If you need more sp	ace, please	add additiona	I rows to the tables.				
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re			,	•	•	•	
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs		ndcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th			the FCC or	, in
	the case of Mexican or Ca			e community with which the stem carried the substitute			als with the	month
	first. Example: for May 7 g	ive "5/7."					•	
	Column 6: State the tin to the nearest five minutes			ogram was carried by you				
	stated as "6:00–6:30 p.m."	. схаптріе.	a program car	ned by a system from 6.0	1. 13 p.111. to 0	.20.30 μ.	III. SHOUIG DE	,
	Column 7: Enter the let			n was substituted for prog				
	to delete under FCC rules was substituted for progra							rogram
	effect on October 19, 1976	•	your system w	as permitted to delete und	dei i CO iules	s and regu	ilations in	
	1	LIDOTITLIT		4		N SUBS		7 REASON FOR
		1	E PROGRAM	1	CARRI	AGE OC	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	1	3. STATION'S CALL SIGN	1 4. STATION'S LOCATION		AGE OC		
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI. 5. MONTH	AGE OC 6.	CURRED TIMES	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM I				
Name	Zito West Holding LLC		636				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	3,701.24				
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	•				
L 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 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	r 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	\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)					
	1. Base amount under statutory formula	<u>) </u>					
	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 \$52	7,600)					
	1. Enter the amount of gross receipts from space K						
	2. Base amount under statutory formula	<u>) </u>					
	3. Subtract line 2 from line 1	_					
	4. Multiply line 3 by .01						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·					
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and	4 Burghi Far Brushli far Assurative Bris 147 - St. 142 - St. 1	E0 00					
otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
	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 Reg	istor of Convrid	ntel				

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Zito West Holding LLC	CABLE SYSTEM:		SYSTEM ID# 63694
M Channels	 to its subscribers, and (2) th Enter the total number of system carried television b Enter the total number of on which the cable system 	channels on which the proadcast stations activated channels on carried television broadcast.		. 95
N Individual to Be Contacted for Further	we can contact about this st		NFORMATION IS NEEDED (Identify an individual to whom	e 814-260-0434
Information		reet, rural route, apartment,	or suite number)	
	Email	teri.mcmullen@zito	media.com Fax (optional)	
•	CERTIFICATION (This stater	ment of account must b	e certified and signed in accordance with Copyright Office regulations	
O Certification	I, the undersigned, hereby of	certify that (Check one,b	ut only one, of the boxes.)	
	(Owner other tha	n corporation or partn	ership) I am the owner of the cable system as identified in line 1 of space	∍ B; or
		•	or partnership) I am the duly authorized agent of the owner of the cable is not a corporation or partnership; or	system as identified
	(Officer or partner in line 1 of spa		orporation) or a partner (if a partnership) of the legal entity identified as o	wner of the cable system
		ect to the best of my kno	by declare under penalty of law that all statements of fact contained here wledge, information, and belief, and are made in good faith.	in
		Ente	X /s/James Rigas er an electronic signature on the line above to certify this statement.	-
		Typed or printed nar	er signature using an "/s/ signature" (e.g., /s/ John Smith) ne: James Rigas	
		Title: Dr	esident	
			position held in corporation or partnership)	
		Date:	02/26/2021	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
West Holding LLC	63694
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."	P Special Statement Concerning Gross
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.	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address 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 1%	
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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