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
2/17/2022	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20212 Barcode Data Filing Period (optional - see instructions)
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
		Blue Valley Tele-Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Blue Valley Technologies, Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1559 Pony Express Hwy (Number, street, rural route, apartment, or suite number)
		Home, KS 66438
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Blue Valley Tele-Communications, Inc.	15
_	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community or municipal entity).	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	ve as a form of system identification hereafter known as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the identi-
Area	city.	
Served		
	CITY OR TOWN	STATE
First	Axtell	KS
Community	Linn	KS
	Palmer	KS
Rows as Necessary	Washington	KS
tows as recessary	Hanover	KS
	Oketo	KS
	Summerfield	KS
	Marysville	KS
	Beattie	KS
	Home	KS
	Frankfort	KS
	Vermillion	KS
	Waterville	KS
	Centralia	KS
	Onaga	KS
	Wheaton	KS
	Westmoreland	KS

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1538

Blue Valley Tele-Communications, Inc.

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.

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	2,352	25.00	Additional HD Sets	1,218	7.00
Service to additional set(s)			Addititional HD DVR	1,117	10.00
• FM radio (if separate rate)			DTA	1,599	.99-3.99
Motel, hotel	76	19.05			
Commercial	241	15.74-37.74			
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		НВО	18.95
Pay cable—add'l channel		Commercial		SHOWTIME/TMC	12.95
Fire protection		• Pay cable		CINEMAX	12.95
•Burglar protection		Pay cable-add'l channel		STARZ/ENCORE	12.95
Installation: Residential		Fire protection		ANY 2 MOVIE PLEX	27.95
• First set		Burglar protection		ANY 3 MOVIE PLEX	38.95
Additional set(s)		Other services:		ANY 4 MOVIE PLEX	48.95
• FM radio (if separate rate)		Reconnect		BASIC BVTV	67.00
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Blue Valley Tele-Communications, Inc.

SYSTEM ID# 1538

PRIMARY TRANSMITTERS: TELEVISION

G 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
KSNT	27	N	Topeka, KS
KSNT-DT2	27.2	N-M	Topeka, KS
KTKA	49	N	Topeka, KS
KTKA-DT2	49.2	I-M	Topeka, KS
KOLN	10	N	LINCOLN, NE
KTWU	11	E	Topeka, KS
KTKA-DT3	49.3	I-M	Topeka, KS
KUON	12	E	LINCOLN, NE
KUON-DT2	12.2	E-M	LINCOLN, NE
KUON-DT3	12.3	E-M	LINCOLN, NE
KTWU-DT3	11.3	E-M	Topeka, KS
WIBW	13	N	Topeka, KS
WIBW-DT2	13.2	I-M	Topeka, KS
WIBW-DT5	13.5	I-M	Topeka, KS
KSNT-DT4	27.4	I-M	Topeka, KS

SYSTEM ID#

1538

Blue Valley Tele-Communications, Inc.

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
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	counting Period: 2021/2 FORM SA1-2E. PAGE 5. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Accounting Perio		ADI E QVQT	EM.					FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Blue Valley Tele-Comm								1538
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	3				
I Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former F	CC rul	es, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE					
Special Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute ba	sis, ar	ny nonnet	twork televi	sion prograr	n
Program Log	broadcast by a distant stat	ion?						YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes	s," you mι	ıst complet		
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each substiclear. If you need more space				wher	rever pos	sible, if the	ir meaning is	5
	Column 1: Give the title				prog	ram") tha	it, during th	e accounting	1
	period, was broadcast by a								
	under certain FCC rules, reç Do not use general categori	,		1 0 ()					
	"NBA Basketball: 76ers vs.		vies oi baske	tball. List specific progra	iiii uuc	55, IUI EX	ampie, i Li	ove Lucy of	
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa	•				ion is lico	need by the	ECC or in	
	the case of Mexican or Cana							e FCC or, in	
	Column 5: Give the mon	th and day						with the mo	nth
	first. Example: for May 7 giv		aubatituta nya	arana waa aarriad huwaw	مامامه		liat tha tim		ds c
	Column 6: State the time to the nearest five minutes.		•	, ,		•			ery
	stated as "6:00–6:30 p.m."								
	Column 7: Enter the lette						-		
	to delete under FCC rules a was substituted for program	•		0.					am
	effect on October 19, 1976.	0 ,	,	•			Ü		
					П	\A/I IF	N CLIDOT	ITLITE	
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA				7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	111	MONTH ND DAY	6. FROM	TIMES — TO	DELETION
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Accounting Period:	2021/2			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID:
	Blue Valley Tele-Communications, Inc.				1538
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar 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 explanatio 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.	system's se on of how to	condary transmocompute this a	nission service amount, see	
_	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha		263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	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	his six-month	
	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	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00	<u>.</u>	
	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 l	ess than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	511,191.54		
	Base amount under statutory formula	\$	263,800.00	•	
	3. Subtract line 2 from line 1	\$	247,391.54	•	
	4. Multiply line 3 by .01		\$	2,473.92	
	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 .		\$	3,792.92
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,792.92	
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			\$	3,812.92
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2021/2					FOI	RM SA1-2E. PAGE 7.
Name		ER OF CABLE SYSTEM:					SYSTEM ID# 1538
M Channels	to its subscribers, a Enter the total nu system carried te Enter the total nu	nd (2) the cable system's t	total numl		ecounting period.	15 200+	
	and nonbroadcas	st services				200+	
N Individual to Be Contacted		E CONTACTED IF FURTH ut this statement of account		ORMATION IS NEEDED (Identify an inc	dividual to whom		
for Further Information	Name B	ruce Beard, Cinnam	non Mu	ıeller	Teleph	none 314-462-9000	
	Address (No.	714 Deer Track Trail umber, street, rural route, apartm	I, Suite nent, or suit	• 230 ite number)			
		t. Louis, MO 63131 ty, town, state, zip)					
	Email	bbeard@cinnam	nonmuell	ler.com	Fax (optional		
0	CERTIFICATION (This	s statement of account mu	ıst be cer	rtified and signed in accordance with Co	opyright Office regulation	ons)	
Certification	• I, the undersigned, h	ereby certify that (Check on	ne, <i>but onl</i>	ly one, of the boxes.)			
	(Owner ot	her than corporation or pa	artnershi	ip) I am the owner of the cable system as	s identified in line 1 of spa	ace B; or	
				artnership) I am the duly authorized age s not a corporation or partnership; or	nt of the owner of the ca	able system as identified	
		r partner) I am an officer (if ne 1 of space B.	f a corpora	ration) or a partner (if a partnership) of the	e legal entity identified as	s owner of the cable system	
		and correct to the best of my	-	clare under penalty of law that all statem dge, information, and belief, and are made		erein	
			X	/s/ John P. Smith			
				electronic signature on the line above to contain a signature as in a signature (e.g., /s/ Jo			
		Typed or printed	name:	John P. Smith			
		Title:		Operating Officer Il position held in corporation or partnership)			
		Date:			January 26, 2022		

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: 2021/2		FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:
ue Valley Tele-Communications, Inc.		1538
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast tran scribers and amounts collected from subscribers receiving secondary t For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gr made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	paid to the cable system for the basic ismitters, the system shall not include subtransmissions pursuant to section 119." e (vii) of the general instructions coss receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	iress	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general instru		Q
For an explanation of interest assessment, see page (viii) of the general instru	octions located in the paper SA1-2 form.	Q Interest Assessment
• • • •	octions located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form. x	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instru	ctions located in the paper SA1-2 form. x	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	ctions located in the paper SA1-2 form. x	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	xdays	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	xdays	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	x days	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction of late payment or underpayment Line 1 Enter the amount of late payment or underpayment 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	x days x 0.00274	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment 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.	x days x 0.00274 \$ - (interest charge)	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment 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	x days x 0.00274 \$ (interest charge) est-rate.pdf. For further assistance please	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ (interest charge) est-rate.pdf. For further assistance please gov. t for one day late.	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please gov. t for one day late.	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please gov. t for one day late.	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please gov. t for one day late.	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please gov. t for one day late.	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction. Line 1 Enter the amount of late payment or underpayment	x days x 0.00274 \$ - (interest charge) est-rate.pdf. For further assistance please gov. t for one day late.	Interest Assessment

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