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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright 02/22/22 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING 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)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665 (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Palestine
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	I	Toul and the cool

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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito West Holding LLC	2332
D	Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	nmunity" is the same as a "community unit" as defined in FCC rules: "a d communities within unincorporated areas and including single, discret will serve as a form of system identification hereafter known as the "fir:
Area Served	city.	
First	CITY OR TOWN Palestine	STATE TX
Community	Elkhart	TX
	Anderson County	TX
Rows as Necessary	, intersecting	
inclusion increasing		

	LEGAL NAME OF OWNER OF C							FORM SA1	-2E. PAGE
Name	Zito West Holding LLC	SULL OT OT EIVI:						515	2332
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	•		•					
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate of	harged for eac	h categ	ory of service.	Include bo	oth the amount o	f the char		
	unit in which it is generally billed	· · ·	,		ny standa	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondarv transmis	sion servi	ce that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not	e: Where an in	dividual	or organizatio	n is receiv	ing service that	falls under	different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					a in the count un	der Servi		
	Block 2: If your cable system	0			()	service that are	different	rom those	
	printed in block 1 (for example, t					,	,,	, 0	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A t	vo- or thre	e-word descripti	on of the s	service is	
		DCK 1					BLOCK	(2	
		NO. OF SUBSCRIB		RATE	CAT			NO. OF SUBSCRIBERS	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RAIE	CAI	EGORY OF SEF	(VICE	SUBSCRIBERS	RAI
	Service to first set		450	21.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie					•	
_	In General: Space F calls for ra					ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in	combinatio	on with any seco	ondary trar	nsmission	
0	service for a single fee. There and	•			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		actually	billou. If uny re		larged on a van		ogram baolo,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a				-				
	brief (two- or three-word) descrip				SHEU. LISU	these other serv			
								BLOCK 2	
			CK 1						
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
			CATEG	ORY OF SER		RATE	CATEG		RAT
	CATEGORY OF SERVICE		CATEG			RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG Installa • Mot	ation: Non-res		RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE	CATEG Installa • Mot • Cor	ation: Non-res tel, hotel		RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial	idential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel nmercial / cable / cable-add'l ch protection	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel nmercial / cable / cable-add'l ch protection	idential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.95 30.00	CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.95 30.00	CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect connect	idential		CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.95 30.00	CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential annel		CATEG		RAT

Namo	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Zito West Holding LL	.C		23
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t	entify every television station (including tra- m during the accounting period, <i>except</i> (" in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(is explained in the next paragraph. s: With respect to any distant stations car- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried I on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the- a the form. el number the FCC assigned to the televi /RC is channel 4 in Washington, D.C. n case whether the station is a network st tring the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruct	1) stations carried only on a part-tin carriage of certain network program (e)(2) and (4))]; and (2) certain stati- ried by your cable system on a sub- special Statement and Program L both on a substitute basis and also ee page (v) of the general instruction or a substitute basis and also ee page (v) of the general instruction air designation. For example, repor- sion station for broadcasting over t ation, an independent station, or a or network multicast), "I" (for indepen- "E-M" (for noncommercial education tions in the paper SA1-2 form.	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" inal multicast).
		on of each station. For U.S. stations, list the dian stations, if any, give the name of the	community with which the station i	5
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	KDAF	33.1	- -	Dallas TX
	KDFI	27	I	Dallas TX
	KDFW	4	N	Dallas TX
	KERA	13	E	Dallas TX
	KTVT	11	N	Fort Worth TX
	KXAS	5	N	Fort Worth TX
	кхтх	39	I	Dallas TX
	14/- 4 4	8	N1	
	WFAA	v	N	Dallas TX
	WFAA WATM-TTV	23.3	N I	Dallas TX Altoona, PA
d Rows as Necessary			N I	
d Rows as Necessary			I	
d Rows as Necessary			N 	
d Rows as Necessary			I	
d Rows as Necessary			N 	
d Rows as Necessary			N 	
d Rows as Necessary			N 	
d Rows as Necessary			N 	
d Rows as Necessary			N 	
d Rows as Necessary			N 	
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				
d Rows as Necessary				

unting Period:	2021/2			FORM SA1-2E. PAC				
Name	LEGAL NAME OF OWNER OF	⁻ CABLE SYSTEM:		SYSTEM				
	Zito West Holding LL	c		233				
	PRIMARY TRANSMITTERS:	TELEVISION						
~		entify every television station (including t						
G		m during the accounting period, except						
Drimon/		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61						
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain station	is carried on a				
Television	Substitute Basis Stations	: With respect to any distant stations ca	rried by your cable system on a substif	tute program				
	basis under specific FCC ru	les, regulations, or authorizations:						
		e in space G—but do list it in space I (the	e Special Statement and Program Log	ι)—if the				
	station was carried <i>only</i> on		1. 1					
	,	also in space I, if the station was carried on concerning substitute basis stations, s						
		n's call sign. <i>Do not</i> report origination pr						
		d with a station according to its over-the-	o					
	"WETA-2" as the same on the form.							
		el number the FCC assigned to the telev	vision station for broadcasting over the	air in its community				
		RC is channel 4 in Washington, D.C.	· · · · · · · · ·					
		case whether the station is a network s	· · ·					
		ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or						
		rms, see page (iv) of the general instructional		al multicasi).				
		n of each station. For U.S. stations, list		icensed by the				
		dian stations, if any, give the name of th	2	,				
			,					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

LILO VVEST Hr	OWNER OF O							SYSTEM I 233
								23.
ll-band basis w	every radio s hose signals	tation ca were ge	rried on a separate and discre nerally receivable by your cab	le system during	the accounting	g period		н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to rrmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei It the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process < mark in the "S/D" column.	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce je (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions in the. Ind discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito West Holding LLC	,						23328
	SUBSTITUTE CARRIAGE							
∎ Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	tions, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			0		•••	
Special	During the accounting peri				s, any nonnet	work telev	ision progran/	n
Statement and Program Log	broadcast by a distant stat	•	,	,	, ,			XNO
					~~ .			
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist comple	te the program	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meanina is	5
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re			2		•		
	Do not use general categori							1.
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	lcast live, enter	"Yes." Otherwise enter "N	lo."	•	·	
				sting the substitute progra e community to which the		need by th		
	the case of Mexican or Can		· · ·	5		,	IE FCC Or, IN	
				em carried the substitute			, with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	program carrie	ed by a system nom 0.01.	15 p.m. to 0.2	0.50 p.m.		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulat	lions in	
	`					N SUBST		
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCO 6.		7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	
Name	Zito West Holding LLC				2332
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 sy (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)	ystem's sec	ondary transmi	ission service	
	during the accounting period			\$ 14 (Amount of gr	0,583.26
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 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less thar		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 royalty accounting period is \$52.00	fee that you	must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
					0.00
	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 lin	nes 1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	100)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	140,583.26	-	
	3. Subtract line 2 from line 1	\$	123,216.74	-	
	4. Enter the amount of gross receipts from space K	•••••	\$	140,583.26	
	5. Enter the amount from line 3	•••••	\$	123,216.74	
	6. Subtract line 5 from line 4		\$	17,366.52	
	7. Multiply line 6 by .005 (enter figure here)			\$	86.83
	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		\$	86.83
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but l	ess than \$527	,600)	
	Enter the amount of gross receipts from space K			_	
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	c			
		-			
	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	86.83	
Filing Fee and			¢	20.00	
Filing Fee and Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)			20.00	
otal Remittance	2. Filing Fee (See the instructions for more information on filing fee calculations)	•••••	Ψ	20.00	
otal Remittance	 Filing Fee (See the instructions for more information on filing fee calculations) 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 			\$	106.83

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O' Zito West Holdi	WNER OF CABLE SYSTEM:		SYSTEM ID# 23328
M Channels	to its subscribers 1. Enter the total	s, and (2) the cable system's I number of channels on whic	of channels on which the cable system carried television broadcast st total number of activated channels during the accounting period. h the cable	9
	2. Enter the total on which the o	l number of activated channe cable system carried televisio	s	104
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Teri McMullen	Tele	phone 814-260-0434
	Address	PO Box 665 (Number, street, rural route, aparth Coudersport PA 169 (City, town, state, zip)		
	Email	teri.mcmullen@	zitomedia.com Fax (optional	
ο	CERTIFICATION (This statement of account mu	ist be certified and signed in accordance with Copyright Office regula	ions)
Certification			e, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of s	space B: or
	(Agent	of owner other than corpora	tion or partnership) I am the duly authorized agent of the owner of the	
	X (Office		e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified	as owner of the cable system
	• I have examined	the statement of account and I e, and correct to the best of m	nereby declare under penalty of law that all statements of fact contained l / knowledge, information, and belief, and are made in good faith.	ıerein
			X /s/James Rigas 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: James Rigas	
		Title: (Tit	President le of official position held in corporation or partnership)	
		Date:	02/23/2022	

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.

unting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
West Holding LLC	23328
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 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%	Interest Assessment
x 1%	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	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 - x days 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 Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - x	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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.