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						
02/09/22	\$ 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	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						
	Oak Run Associates, LTD.						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	(dba) DECCA Digital Solutions						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	8825 SW 110th St (Number, street, rural route, apartment, or suite number)						
	Ocala, FI 34481 (City, town, state, zip)						
	(City, town, state, 2lp)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:						
	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.

Accounting Period:	2021/2								
	L SOULVILLE OF OUNER OF OUNER OF OUNER	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Oak Run Associates, LTD.	37714							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 known as the "first community." Please use it as the first community on all future fillings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identity.								
Served									
	CITY OR TOWN	STATE							
First	Oak Run Country Club, Ocala	FL							
Community	Pine Run Country Club, Ocala	FL							
	Kingsland Country Estates, Ocala	FL							
Add Rows as Necessary									

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37714

Oak Run Associates, LTD.

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	9	14.99	Bulk Basic	3,381	13.32		
Service to additional set(s)			Bulk Basic	839	34.00		
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	78.50	Motel, hotel		НВО	25.00
Pay cable—add'l channel	25.95	Commercial		Cinmax	15.50
Fire protection		• Pay cable		Starz!	17.00
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	85.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter	13.90	Disconnect			
		Outlet relocation	85.00		
		Move to new address	85.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 37714

Oak Run Associates, LTD.

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
WESH	11	N	Bithlo, FI
WESH-2	11.2	N-M	Bithlo, Fl
WUFT	36	E	Gainesville, FI
WKMG	26	N	Bithlo, Fl
WKMG-2	26.2	N-M	Bithlo, Fl
WKCF	23	N	Bithlo, Fl
WKCF-2	23.2	N-M	Bithlo, Fl
WKCF-3	23.2	N-M	Bithlo, Fl
WCJB	20	N	Micanopy, FI
WUCF	34	E	Bithlo, Fl
WUCF-2	34.5	E-M	Bithlo, Fl
WUCF-3	34.6	E-M	Bithlo, Fl
WUCF-4	34.7	E-M	Bithlo, Fl
WOFL	33	N	Bithlo, Fl
WTGL	34	l	Bithlo, Fl
WACX	7	N	Bithlo, Fl
WACX-2	7.8	N	Bithlo, Fl
WRBW	28	N	Bithlo, Fl
WRBW-2	28.2	N-M	Bithlo, Fl
WRBW-3	28.3	N-M	Bithlo, Fl

Accounting Period:	2021/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Oak Run Associates,	LTD.		37714						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable syster	General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under								
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	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 ru	les, regulations, or authorizations: e in space G—but do list it in space I (th		. •						
	List the station here, and a basis. For further information	ulso in space I, if the station was carried in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction	S.						
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the	-air designation. For example, report	multistream						
	of license. For example, W	RC is channel 4 in Washington, D.C. case whether the station is a network	· ·	•						
	(for independent multicast),	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c	or "E-M" (for noncommercial education							
	Column 4: Give the locatio	rms, see page (iv) of the general instrunt of each station. For U.S. stations, list	the community to which the station is	•						
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION									

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Oak Run Associates, LTD.

37714

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
27.122.01014	7 31 1 101			57.22 57514	7 31 1 141	5,0	
		İ				l	
		 				 -	
						 	
						ļ	
						l	
		 				 	
		 				 -	
		ļ				 -	
		ļ				ļ	
						İ	
						 	
						ļ	
		1				l	
		 				 -	
		 				 	
		ļ				ļ	
						[
		 				 	
		 				 -	
		ļ				ļ	
		ļ				<u> </u>	
		İ					
		 				 	
						 	
						ļ	
						l	
		İ					
		 				 	
		ļ				ļ	
						ļ	
						 	
		ļ				ļ	
						ļ	
	[T				T	

	1 2224 6									
Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF (ADIE OVOT	EM.						FOR	M SA1-2E. PAGE 5.
Name	Oak Run Associates, L		EIVI:							37714
	SUBSTITUTE CARRIAGE	· SPECIA	STATEMEN	T AND PROGRAM I C	ng.					
 Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast be	oy a FCC	rules, regula	ations, or a	uthoriza	ations. F	For a further
Carriage:										
Special					asis	any nonne	twork telev	ision n	rogram	,
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	·	oroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.	, leave trie	rest or triis pag	je blatik. II your ariswer	15 1	es, you mi	ist comple	te the p	program	II
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.				Т	WHE	EN SUBST	ITUTE	<u> </u>	
	S	JBSTITUT	E PROGRAM	<u> </u>		11			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES —	то	DELETION
								_		
								_		
								_		
								_		
							ļ			
								_		
								_		
								_		
								_		
								_		

Accounting Period:	2021/2		FORM:	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Oak Run Associates, LTD.		;	SYSTEM ID# 37714				
	Oak Rull Associates, LTD.			3//14				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of hapage (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	s secondary transnow to compute this	nission servic amount, see	е				
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 \$263,800 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.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you 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 lines 1 a	nd 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more 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 \$263,800 (I	out less than \$527,	600)					
	Enter the amount of gross receipts from space K	442,183.32						
	2. Base amount under statutory formula	263,800.00	_					
	3. Subtract line 2 from line 1	178,383.32	•					
	4. Multiply line 3 by .01	\$	1,783.83					
	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	16	\$	3,102.83				
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	3,102.83					
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		\$	3,122.83				
	EFT Trace # or TRANSACTION ID #	76200198595						
	Important: Your remittance must be in the form of an electronic payment pa See page I of the general instructions in the paper SA1-2 form and the Excel in							

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Oak Run Assoc	VNER OF CABLE SYSTEM: iates, LTD.				SYSTEM ID# 37714
M Channels	to its subscribers 1. Enter the total system carried	u must give (1) the number of, and (2) the cable system's to number of channels on which television broadcast stations	15			
	on which the c	number of activated channel able system carried television cast services	200			
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accoun		RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name	Robert King			Telephone	352-854-3223 ext 202
		8825 SW 110th St (Number, street, rural route, apartn Ocala, FI 34481 (City, town, state, zip)	ment, or suite	e number)		
	Email	deccacabletech	64@decca	acable.com	Fax (optional	
•	CERTIFICATION (7	This statement of account mu	ust be certif	fied and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersigned	I, hereby certify that (Check on	ne, <i>but only</i>	one, of the boxes.)		
	(Owner	other than corporation or pa	artnership)) I am the owner of the cable system as i	dentified in line 1 of space	B; or
	i	n line 1 of space B and that the	e owner is r	rtnership) I am the duly authorized agen not a corporation or partnership; or		
	i	n line 1 of space B.		tion) or a partner (if a partnership) of the		ner of the cable system
		e, and correct to the best of my		lare under penalty of law that all statemer e, information, and belief, and are made		
			X	/s/Art Wile		-
				lectronic signature on the line above to cer ature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	name:	Art Wile		
		Title:		venue Operations position held in corporation or partnership)		
		Date:			02/09/2022	

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
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
k Run Associates, LTD.		37714
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the graservice of providing secondary transmissions of primary by scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." note on page (vii) of the general instructions amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name	Name	
Mailing Address	Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments sub- For an explanation of interest assessment, see page (viii) of the g	· ·	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	·	
Line 2 Multiply line 1 by the line lest rate and enter the sum here		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the su	x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	A 0.00214	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 1	ock 3 line 6 \$	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/lic contact the Licensing Division at (202) 707-8150 or licensing		
** This is the decimal equivalent of 1/365, which is the interest	t assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of acclist below the owner, address, first community served, ID number,		
Oumor		
Owner Address		
ID number		
First community served		
Accounting period		Ī

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.