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							
2/18/2022	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)								
renou										
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.	9							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Home Waldron Telephone								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		525 Junction Road								
		(Number, street, rural route, apartment, or suite number)								
		Madison, WI 53717 (City, town, state, zip)								
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless to	these							
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		TDS Telecom, Inc.								
		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:	2021/02								
	T	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Home Waldron Telephone Instructions: List each separate community served by the cable system. A "com	63879							
D	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 filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Area	city.	blie nome parks should be reported in parentneses below the identified							
Served	CITY OR TOWN STATE								
First	Waldron	IN							
Community	Waldion								
Add Rows as Necessary									

Accounting Period: 2021/02

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Home Waldron Telephone

SYSTEM ID# 63879

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	38	\$25/mo					
Service to additional set(s)							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential	38	\$6/Mo.					
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 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE				
Continuing Services:		Installation: Non-residential					
Pay cable	\$8.00-\$15.00	Motel, hotel					
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00				
Fire protection		• Pay cable					
•Burglar protection		 Pay cable-add'l channel 					
Installation: Residential		Fire protection					
• First set	\$0-\$50.00	Burglar protection					
 Additional set(s) 	\$0-\$50.00	Other services:					
• FM radio (if separate rate)		Reconnect	\$0-\$25.00				
• Converter		Disconnect					
		Outlet relocation	19.98-39.96				
		 Move to new address 					

Accounting Period: 2021/02 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Home Waldron Telephone

SYSTEM ID# 63879

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
WRTV	6.1	N	Indianapolis, IN
WRTV-DT2	6.2	N-M	Indianapolis, IN
WRTV-DT3	6.3	N-M	Indianapolis, IN
WTTK	29.1	N	Kokomo, IN
WTTK-DT2	29.2	N-M	Kokomo, IN
WTTK-DT3	29.3	N-M	Kokomo, IN
WXIN	59.1	N	Indianapolis, IN
WXIN-DT2	59.2	N-M	Indianapolis, IN
WXIN-DT3	59.3	N-M	Indianapolis, IN
WTHR	13.1	N	Indianapolis, IN
WTHR-DT2	13.2	N-M	Indianapolis, IN
WTHR-DT3	13.3	N-M	Indianapolis, IN
WTHR-DT5	13.5	N-M	Indianapolis, IN
WTHR-DT6	13.6	N-M	Indianapolis, IN
WISH	8.1	l	Indianapolis, IN
WISH-DT2	8.2	I-M	Indianapolis, IN
WISH-DT3	8.3	I-M	Indianapolis, IN
WNDY	23.1	I	Marion, IN
WNDY-DT2	23.2	I-M	Marion, IN
WFYI	20.1	E	Indianapolis, IN
WFYI-DT2	20.2	E-M	Indianapolis, IN
WDTI	69.1	I	Indianapolis, IN
WHMB	40.1	I	Indianapolis, IN

Accounting Period:	2021/02			FORM SA1-2E. PAGE 3.							
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	Home Waldron Telepi	hone		63879							
	PRIMARY TRANSMITTERS:	TELEVISION									
G	•	entify every television station (including	•	•							
		rried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .59(d)(2) and (4), 76.61(e)(2)									
Primary	S S			-							
Transmitters: Television		s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a subst	itute program							
relevision		les, regulations, or authorizations:	arried by your oable system on a substi	nate program							
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (th	ne Special Statement and Program Log	g)—if the							
		a substitute basis. also in space I, if the station was carried	d both on a substitute basis and also or	n some other							
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instruction	S.							
		n's call sign. <i>Do not</i> report origination p	-	•							
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the	e-air designation. For example, report	multistream							
		el number the FCC assigned to the tele	vision station for broadcasting over the	e air in its community							
		RC is channel 4 in Washington, D.C. case whether the station is a network:	etation an independent station or a ne	an commercial							
		ring the letter "N" (for network), "N-M" (
		"E" (for noncommercial educational), of									
		erms, see page (iv) of the general instru		Garage d by the							
		n of each station. For U.S. stations, list dian stations, if any, give the name of th	•	-							
	1 00.1 of Moxidan of Canac	and charles, if any, give the name of a	ie community with which the citation is	adrianda.							
	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#

Home Waldron Telephone

63879

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
N/A							
19/7							
			•	• •			

Accounting Perio	d· 2021/02						FOR	RM SA1-2E. PAGE 5.	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:			FUR	SYSTEM ID#		
Name	Home Waldron Teleph							63879	
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	fy every non	network televis	ion program, broadcast by	a distant statio				
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCENTING SODSTITUTE CANNAGE								
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat	tion?					YES	X NO	
	Note: If your answer is "No"	". leave the	rest of this pac	ne blank. If vour answer is	"Yes." vou mu	ust comple	ete the progra		
	log in block 2.	,	, ,	,	, ,	•	1 3		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I I "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 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 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 to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the le							gramming of another station ns for further information. cample, "I Love Lucy" or ensed by the FCC or, in ntified). e numerals, with the month List the times accurately 28:30 p.m. should be your system was required tter "P" if the listed program		
	S	UBSTITUT	UBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED 7.		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION	
	N/A						_		
					-				
		 							
									
							_		
							_		
							_		
					-				
		 							
		 							
					-				
		_							
							_		
		 							
									

Accounting Period:	2021/02	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Home Waldron Telephone	S	YSTEM ID# 63879
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	1,962.64 sss receipts)
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 \$200. • 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 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month	
	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 \$137,1	00)	
	1. Base amount under statutory formula		
	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 \$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.		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
			_
	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)	52.00	
Due	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
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period:	2021/02							FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Home Waldron Te	NER OF CABLE SYSTEM: elephone						SYSTEM ID# 63879
M Channels	1. Enter the total nu system carried to 2. Enter the total nu on which the cab	and (2) the cable system's	total num ch the cab ns	ast stations	luring the acc	ounting period.	25 	
N Individual to Be Contacted	we can contact abo	out this statement of accou		RMATION IS NEEDED (Id	lentify an indi			
for Further Information	Address 52	tephanie Weber 25 Junction Rd				Telephon	e (608) 664-4721 •	
	M	umber, street, rural route, apartn ladison, WI 53593 ity, town, state, zip)	ment, or suit	e number)				
	Email	Finance@tdstelecc	om.com			Fax (optional		
0	CERTIFICATION (Thi	is statement of account mu	ust be cer	ified and signed in accorda	ance with Cop	pyright Office regulations)	
Certification	• I, the undersigned, h	hereby certify that (Check or	ne, <i>but oni</i>	y one, of the boxes.)				
	(Owner ot	ther than corporation or pa	artnership) I am the owner of the cable	le system as i	dentified in line 1 of space	B; or	
				rtnership) I am the duly aut not a corporation or partners		of the owner of the cable	system as identified	
		or partner) I am an officer (i ine 1 of space B.	if a corpora	ation) or a partner (if a partne	ership) of the	legal entity identified as o	vner of the cable system	1
		and correct to the best of m	-	clare under penalty of law that ge, information, and belief, a			ו	
				/s/ Sharon V. Tisdale			_	
				lectronic signature on the line ature using an "/s/ signature"		•		
		Typed or printed	I name:	Sharon V. Tisdale				
		Title:		ant Treasurer position held in corporation or pa	artnership)			
		Date:				February 18, 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.

counting Period: 2021/02	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ome Waldron Telephone	63879
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x_	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* 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@copyright.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	

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.