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

QTATEME	NT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to					
-	ry Transmissions by	DATE RECEIVED	AMOUNT					
	ms (Short Form)			<u>coplicsoa@copyright.gov</u>				
Conoral in struct		9/15/22	\$	For additional information, contact the U.S. Copyright				
-	ctions are located of this workbook.	3/13/22	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))					
		-						
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	2022	1 Barcode Data Filing Period (optional	- see instructions)					
Accounting								
Period								
_	Instructions: Give the full legal name of the owner of	the cable system. If the owner is a subsi	idiary of another corporation, give the full corp	oorate title				
В	of the subsidiary, not that of the parent	corporation.						
Owner	List any other name or names under wh	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during th single statement of account and royalty		the last day of the accounting period should su	ubmit a				
				063268				
	Check here if this is the system's first fili	ing. If not, enter the system s iD number	מסטוניים שין נווע בוכטוטווע טועוטטה.					
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	I					
	CEQUEL COMMUNICATIONS LLC							
	BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFERENT	Γ)					
	SUDDENLINK COMMUNICATIONS							
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM						

(Number, street, rural route, apartment, or suite number)

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

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 filing, a determination that would be made by a court of law.

3027 S SE LOOP 323

IDENTIFICATION OF CABLE SYSTEM:

ELY STATE PRISON MAILING ADDRESS OF CABLE SYSTEM:

City, town, state, zip code)

TYLER, TX 75701

(City, town, state, zip)

(Number, street, rural route, apartment, or suite number)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CEQUEL COMMUNICATIONS LLC	063268						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule: "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 know 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							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the						
	CITY OR TOWN STATE							
First	ELY	NV						
Community	(ELY STATE PRISON)							
d Rows as Necessary								

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C			TEM ID 06326							
	CEQUEL COMMUNICATIONS LLC										
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s	•		-		•					
0	system, that is, the retransmission										
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						nose exisi	ing on the			
Service: Sub-	,	·				,	ole system	, broken			
scribers and	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										
Rates	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	-	-	-				-			
	category, but do not include disc	· ·	,		Stanua		5 WILLINI A				
	Block 1: In the left-hand block				s of sec	ondary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca						•				
	first set" and would be counted of										
						service that are	different f	rom those			
	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 a	and rates, in th	e right-ha	nd block. A two	- or thre	e-word descripti	on of the s	service is			
	sufficient.	DCK 1		П			BLOCK	()			
		NO. OF					DLOOP	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SER	VICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		0	-							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		41	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC							·····			
F	In General: Space F calls for ra not covered in space E, that is, t		,	•							
-	service for a single fee. There a										
Services	furnished at cost or (2) services	•		•			0.				
Other Than	amount of the charge and the un	nit in which it is	usually b	illed. If any rate	s are ch	arged on a varia	able per-p	rogram basis,			
Secondary	enter only the letters "PP" in the			watana fan aaab	of the o		a listad				
ransmissions: Rates	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										
Rutes	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		RY OF SERVIO	CE	RATE	CATEG	DRY OF SERVICE	RATE		
	Continuing Services:		Installati	on: Non-reside	ential						
	• Pay cable	-	Mote	, hotel							
	Pay cable—add'l channel	-	Comr	nercial							
	Fire protection		• Pay o	able							
	•Burglar protection		• Pay o	able-add'l char	nnel						
	Installation: Residential		-	rotection							
	• First set	-	• Burgl	ar protection							
	 Additional set(s) 	-	Other se	-							
	()		• Reco	nnect		-					
	 FM radio (if separate rate) 						h				
	Converter		• Disco	nnect							
	, , ,			nnect t relocation		_					
	, , ,		• Outle		s						

nting Period:	2022/1								
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID# 063268					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: relevision	 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, <i>except</i> (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. as explained, or a ruthorizations: Do <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 								
	Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these the Column 4: Give the location	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.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KBYU-1	11	Е	PROVO, UT					
	KBYU-1 KSL-1	11 5	E	PROVO, UT SALT LAKE CITY, UT					
ows as Necessary									
ows as Necessary	KSL-1	5	N	SALT LAKE CITY, UT SALT LAKE CITY, UT					
ows as Necessary	KSL-1 KSTU-1	5 13	N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT					
ws as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1	5 13 4 30	N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT					
ws as Necessary	KSL-1 KSTU-1 KTVX-1	5 13 4	N 	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT					
iows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
ows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
iows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
ows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
iows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
ows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
iows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
ows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
ows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
iows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					
ows as Necessary	KSL-1 KSTU-1 KTVX-1 KUCW-1 KUTH-1	5 13 4 30 32	N 1 N 1 1	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT PROVO, UT					

LEGAL NAME O								SYSTEM I 0632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of	it is carried by monitoring, to ormation abou	y the sys be rece	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t	at the system's he system's FM ante	eadend, and (2 enna, during c	2) it can certain si	be expected, tated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If ignal, indicate Column 4: G	tate whether t the radio stat this by placing Give the station	the static ion's sig g a chec n's locati	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	ne station is licen	sed by the FC			
			the community with which the			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Peric	od: 2022/1						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063268
	SUBSTITUTE CARRIAG				G			
	In General: In space I, ident	-	-			tion that ve	our cable evet	em carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	-			sis anv nonr	network tel	evision progr	am
Statement and	broadcast by a distant sta			n ourry, on a oubolitate ba	olo, any nom			
Program Log	,					L	YES	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE			ata lina. I laa ahbraviatiana	wherever	aasibla ift	hair maanina	, ia
	In General: List each subsicient clear. If you need more spa				s wherever po	ussidie, ii t	neir meaning	IS
				vision program ("substitute	e program") ti	hat. durina	the accounti	na
	period, was broadcast by a							
	under certain FCC rules, re	gulations, c	or authorization	ns. See page (v) of the ger	neral instruct	ions for fur	ther informat	ion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter "	'No "			
				asting the substitute progr				
				he community to which the		censed by	the FCC or, i	'n
	the case of Mexican or Car							
			when your sys	stem carried the substitute	e program. Us	se numera	ls, with the m	onth
	first. Example: for May 7 giv		a substituta pr	ogram was carried by your	r cable eveter	m list the	times accurs	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."		1 3	, , , , , , , , , , , , , , , , , , ,				
				n was substituted for progr				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976.	• •	your system w	as permitted to delete und	er FCC rules	and regul	ations in	
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION
	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
							-	
							—	
							_	
							_	
							_	
							_	
							<u> </u>	
							<u></u> 	

Accounting Period:	2022/1 FOR	M SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063268
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	rvice
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 \$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 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00.	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	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)	
	1. 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) \$ 1,319.0	0
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0
	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)	0
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigi See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informat	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063268
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	7 20
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified wner of the cable system
	X /s/ Alan Dannenbaum 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: ALAN DANNENBAUM Title: SVP, PROGRAMMING	
	(Title of official position held in corporation or partnership) Date: 8/23/2022	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06326
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address	-
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
×	-
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	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
 in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	

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