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					
2/24/23	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.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								
		Zito Midwest LLC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		Zito Media								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 665 (Number, street, rural route, apartment, or suite number)								
		Coudersport, PA 16915 (City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:								
	1	Zito Media - Jackson County								
		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.

Damping   Damp			FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 city.  CITY OR TOWN STATE  Community  CITY OR TOWN IL  Community	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 city.  CITY OR TOWN STATE  Community  CITY OR TOWN IL			
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 kn 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 city.  CITY OR TOWN STATE  Community  CITY OR TOWN IL			
Area Served  CITY OR TOWN  STATE  First  Community  Com	D		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Community Jackson County IL			
Area Served identified city.  CITY OR TOWN STATE  First Jackson County IL  Community			
Served identified city.  CITY OR TOWN STATE  First Jackson County IL  Community	Area		r mobile home parks should be reported in parentheses below the
First Jackson County IL Community		identified city.	
First Jackson County IL Community			
First Jackson County IL Community			
Community			
		Jackson County	<b>IL</b>
Rose a Note and Part of the Control	Community		
Rosa i Rosanio			
	d Rows as Necessary		

Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

SYSTEM ID# 36917

## 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	Ξ		
Residential:						
Service to first set	35	83.88				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	20.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		<ul> <li>Move to new address</li> </ul>	30.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE STOTEM

36917

# G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

Zito Midwest LLC

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI	23.1	N	Paducah KY
KFVS	12.1	N	Cape Girardeau MO
WDKA	49.1	<u> </u>	Paducah KY
WPSD	6.1	N	Paducah KY
WQWQ	12.2	<u> </u>	Paducah KY
WSIL	3.1	N	Paducah KY
WSIU	8.1	E	Carbondale IL
WTCT	27.1	l	Marion IL
		111111111111111111111111111111111111111	
	1111		
	***************************************		

Add Rows as Necessary

Accounting Period	: 2022/2			FORM SA1-2E. PAGE 3.							
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	Zito Midwest LLC										
	PRIMARY TRANSMITTERS:	TELEVISION									
G	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										
Primary			the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain statio								
Transmitters:		s explained in the next paragraph.	01(e)(2) and (4))], and (2) certain static	ons carried on a							
Television			carried by your cable system on a subs	stitute program							
		les, regulations, or authorizations:									
	• Do <i>not</i> list the station here station was carried <i>only</i> on		the Special Statement and Program Lo	og)—if the							
	,		ed both on a substitute basis and also	on some other							
			s, see page (v) of the general instructio								
			program services such as HBO, ESPN								
		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.									
		<b>Column 2:</b> 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 ente	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.									
	<b>Column 4:</b> 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 00.1 of Mexical of Carlac	and stations, it arry, give the name of	the community was whost the station is	o 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#

Zito Midwest LLC 36917

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	nd: 2022/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	Zito Midwest LLC							36917			
Substitute Carriage:	In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every non accounting p ning that mu	nnetwork telev eriod, under sp st be included	ision program, broadcast by pecific present and former F in this log, see page (v) of th	a <i>distant</i> stat CC rules, reg	ulations, c	or authorization	ons. For a further			
Special	nt and										
Statement and Program Log											
	log in block 2.  2. LOG OF SUBSTITUTI	- DDOOD	· MC								
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every not distant state egulations, or ies like "mo Bulls." m was broat sign of the addast stating additionation and day eve "5/7." es when the Example: "er "R" if the and regulating that	add additional princtwork telection and that your authorization ovies" or "bask deast live, ent station broaddon's location (ons, if any, they when your sy ele substitute program care listed programions in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the geretball." List specific prograter "Yes." Otherwise enter "casting the substitute prograthe community to which the ecommunity with which the extern carried the substitute orgram was carried by your ried by a system from 6:01 m was substituted for programing the accounting perioduring the accounting the accoun	e program") the ed for the proper instruction titles, for each of the station is like a station is like a program. Use cable system: 15 p.m. to 6 to amming that d; enter the like a for the like a station is the program.	nat, during ogrammir ons for fuexample, seensed by entified). See numer m. List the 128:30 p.1 your sysetter "P" i	g the accoung of another urther informatic love Lucy the FCC or als, with the etimes accumus should be tern was required the listed principles.	ting station ation. or , in month rately			
	S	UBSTITUT	E PROGRAM	1		N SUBS	TITUTE CURRED	7. REASON FOR			
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	1	5. MONTH AND DAY		TIMES TO	DELETION			
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Accounting Period:	<b>2022/2</b> F	ORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC	SYSTEM I
	Zito Wildwest LLC	369
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the t	otal of
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount,	ervice
, , , , , , , , , , , , , , , , , , ,	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. \$	20,762.13
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of the content of the concerning gross receipts)	ount of gross receipts)
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:	
Copyright	Complete block 1, block 2, or block 3.	
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> </ul>	ı
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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-accounting period is \$52.00	mon
	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 \$137,100)	
	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	
	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)	9.00
	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 DUE	
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2.00
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	5.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form for more information.	Copyrights!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF 0	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 36917
M Channels	to its subscriber  1. Enter the tota system carried  2. Enter the tota on which the c	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.  all number of channels on which the cable delevision broadcast stations.  all number of activated channels cable system carried television broadcast stations cast services.	81
N Individual to Be Contacted	INDIVIDUAL TO	O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name Address	Teri McMullen  Telephone 814-2  PO Box 665	260-0434
	/ tadi 000	(Number, street, rural route, apartment, or suite number)  Coudersport PA 16915  (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	in	nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a I line 1 of space B and that the owner is not a corporation or partnership; or	
	in	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B.	he cable system
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
		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: President  (Title of official position held in corporation or partnership)	
		Date: 02/27/2023	

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.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 36917 Zito Midwest LLC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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. **Interest Assessment** 1% davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 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@loc.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

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