THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

RUCTIONS: the full legal name of the owne orate title of the subsidiary, not line 2, list any other names und there were different owners duri gle statement of account and ro	er of the cable system in line that of the parent corporation der which the owner conduction ing the accounting period, or oyalty fee payment covering 's first filing. If not, enter the s	ts the business of the cable system. hy the owner on the last day of the acc	ar) er corporation, give the full ounting period should submit
s (Short Form) are at the ges (i)-(vii)]. COUNTING PERIOD COVE anuary 1-June 30 (Year RUCTIONS: the full legal name of the owner orate title of the subsidiary, not line 2, list any other names und there were different owners duri gle statement of account and re Check here if this is the system LEGAL NAME OF OWNER (RED BY THIS STATEME ar of the cable system in line that of the parent corporation der which the owner conduct ing the accounting period, or oyalty fee payment covering 's first filing. If not, enter the second	ALLOCATION NUMBER ALLOCATION NUMBER ALLOCATION NUMBER INT: (Check one of the boxes and July 1–December 31 2019 (Ye 1. If the owner is a subsidiary of anoth on. ts the business of the cable system. Inly the owner on the last day of the acc the entire accounting period.	101 Independence Ave. SE Washington, DC 20557-640 (202) 707-8150 For courier deliveries, see page ii of the general instructions. d fill in the year date.) ar) er corporation, give the full ounting period should submit
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SALLISAW MUNICIPAL			
ON LEETON AN INTOTATION 7 A	AUTHORITY		62459
BUSINESS NAME(S) OF OW		(IF DIFFERENT):	
PO BOX 525			· · · · · · · · · · · · · · · · · · ·
uctions: In line 1, give any busin dy appear in space B. In line 2,	ness or trade names used to , give the mailing address of	identify the business and operation of the system, if different from the addre	ne system unless these names ss given in space B.
IDENTIFICATION OF CABLI DIAMONDNET	E SYSTEM:		
PO BOX 525		·····	····· ··· · · · · · · · · · · · · · ·
CC rules: "a separate and distir s and including single, discrete stem identification hereafter kn	nct community or municipal unincorporated areas)." 47 (own as the "first community.	entity (including unincorporated comm C.F.R. §76.5(dd). The first community th ." Please use it as the first community of	nunities within unincorporated hat you list will serve as a form on all future filings.
CITY OR TOWN	<u>STATE</u> OK	CITY OR TOWN	
			·····
	PO BOX 525 (Number, street, rural route, apartment SALLISAW OK 74955 (City, town, state, zip) uctions: In line 1, give any busidy dy appear in space B. In line 2 IDENTIFICATION OF CABL DIAMONDNET MAILING ADDRESS OF CAR PO BOX 525 (Number, street, rural route, apartment, SALLISAW OK 74955 (City, town, state, zip) uctions: List each separate con CC rules: "a separate and disting s and including single, discrete sterm identification hereafter km Entities and properties such as fied city. CITY OR TOWN LISAW	PO BOX 525 (Number, street, rural route, apartment, or suite number) SALLISAW OK 74955 (City, town, state, zip) uctions: In line 1, give any business or trade names used to dy appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM: DIAMONDNET MAILING ADDRESS OF CABLE SYSTEM: PO BOX 525 (Number, street, rural route, apartment, or suite number) SALLISAW OK 74955 (City, town, state, zip) uctions: List each separate community served by the cable CC rules: "a separate and distinct community or municipal s and including single, discrete unincorporated areas)." 47 C stem identification hereafter known as the "first community Entities and properties such as hotels, apartments, condomini fied city. CITY OR TOWN STATE LISAW QK IN 111 of title 17 of the United States Code authorizes the Copyright ur statement of account. Pll is any personal information that can be you are areseing to the routine use of it to establish and maintain	(Number, street, rural route, apartment, or suite number) SALLISAW OK 74955 (City, town, state, zip) uctions: In line 1, give any business or trade names used to identify the business and operation of th dy appear in space B. In line 2, give the mailing address of the system, if different from the addree IDENTIFICATION OF CABLE SYSTEM: DIAMONDNET MAILING ADDRESS OF CABLE SYSTEM: PO BOX 525 (Number, street, rural route, apartment, or suite number) SALLISAW OK 74955 (City, town, state, zip) uctions: List each separate community served by the cable system. A "community" is the same as 2C rules: "a separate and distinct community or municipal entity (including unincorporated commons and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community the stem identification hereafter known as the "first community." Please use it as the first community or Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reafter city. CITY OR TOWN STATE

LEGAL NAME OF OWNER OF CABLE SYSTEM:	, <u>,</u>			Name			
SALLISAW MUNICIPAL AUTHORI	SALLISAW MUNICIPAL AUTHORITY 62459						
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 filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Note: Entities and properties such as hotels, ap identified city.	partments, condominiums	s, or mobile home parks should be reported in	parentheses below the	Served			
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62459

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.

BLOCK	1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS				
Residential: •Service to first set •Service to additional set(s) •FM radio (if separate rate)		. \$57. <u>95</u> .					
Motel, hotel Commercial Converter • Residential • Nonresidential	80 3,339	\$57.95 \$2.95					

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: • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter		Installation: Non-residential Motel, hotel Commercial Pay cable Pay cable-add'l channel Fire protection Burglar protection Other Services: Reconnect Disconnect Outlet relocation Move to new address 			

Service:

Subscribers

and Rates

FORM SA1-2. PAGE	3.			·
LEGAL NAME OF OWNE		HORITY	62459	Name
carried by your of FCC rules and re 76.59(d)(2) and (substitute progra Substitute Ba basis under spec • Do <i>not</i> list the was carried or • List the station basis. For furt Column 1: Lis each multicast si stream "WETA-2 for example, WE Column 2: Gi community of lio Column 3: Ince educational stati (for independent For the meaning Column 4: Gi	pace G, identify e sable system dur egulations in effe 4), 76.61(e)(2) an am basis, as exp usis Stations: Wit cific FCC rules, re- station here in s only on a substitut in here, and also i her information of tream associated " as the same on TA-2-simulcast). ve the channel m cense. For examp licate in each cas ion, by entering t multicast), "E" (i of these terms, ve the location of	very television sta ing the accountin act on June 24, 1 id (4), or 76.63 (m lained in the next th respect to any egulations, or aut space G—but do e basis. In space I, if the s concerning substi- call sign. <i>Do not</i> m t with a station act the form. Simulcat the form. Simulcat bole, WRC is chan be whether the stat- the letter "N" (for for noncommerci- see page (iv) of t f each station. Fo	distant stations carried by your cable system on a substitute program	G Primary Transmitters: Television
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
KJRH	2	N	TULSA OK	
KFTA	24	N	FORT SMITH AR	
KOTV	6	N	TULSA OK	
KFSM	5	N	FORT SMITH AR	
KTUL	8	N	TULSA OK	
KOED	11	E	TULSA OK	
KHBS	10	N	FORT SMITH AR	
KNWA	51	N	FORT SMITH AR	
KHBS-CW	40.2	N	FORT SMITH AR	
KXNW	34	N	FORT SMITH AR	
· · · · · · · · · · · · · · · · · · ·				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SALLISAW MUNICIPAL AUTHORITY 62459								
H Primary Transmitters: Radio	 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. 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 <i>expected</i>, 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 the Copyright Office regulations on this point, see page (iv) of the general instructions. 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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ORM SA1-2. PAGE 5.			······				Nama	
SALLISAW MUNICIPAL AUT		/			62459		Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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.								
 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
2. LOG OF SUBSTITUTE PRO In General: List each substitute clear. If you need more space, p Column 1: Give the title of er period, was broadcast by a dista under certain FCC rules, regular Do not use general categories I "NBA Basketball: 76ers vs. Bull Column 2: If the program wa Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadia Column 5: Give the month ar first. Example: for May 7, give " Column 6: State the times w to the nearest five minutes. Exar as "6:00–6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and re was substituted for programmin on October 19, 1976.	e program blease atta very nonn unt station tions, or a ike "movie s." s broadca of the sta st station an stations and day wh 5/7." hen the su mple: a pre- tif the lis equilations	ach additional etwork televisi and that your o uthorizations. es" or "baskett ast live, enter " tion broadcast 's location (the s, if any, the co en your system ubstitute progra ogram carried l ted program w in effect during	bages. on program ("substitute sable system substituted See page (v) of the gen ball." List specific progr Yes.". Otherwise, enter ing the substitute progr community to which the mmunity with which the n carried the substitute am was carried by your by a system from 6:01:1 as substituted for progr the accounting period:	e program", d for the pro- eral instruc- am titles, fo "No." ram. he station is program. U cable syste 5 p.m. to 6 ramming th ; enter the l	that, during the a gramming of anot tions for further in or example, "I Low s licensed by the identified). se numerals, with em. List the times :28:30 p.m. should at your system wa etter "P" if the liste	accounting ther station of formation. ve Lucy" or FCC or, in the month accurately d be stated as required ed program		
SUB	STITUTE	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
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FORM SA1-2. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SALLISAW MUNICIPAL AUTHORITY 62459	
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 total or all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, service (s) during the accounting period. • 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.	€∣
L Copyright Royalty Fee	 COPYRIGHT ROYALTY AND FILING FEES Instructons: 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 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-month accounting period is \$52.00 Line 1. Royalty fee for accounting period \$52.00 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$	-
	Line 3. Filing Fee\$15.00	-
		-
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.]
	Add lines 1, 2 and 3]
	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	-
	9. Filing Fee	
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. \$ 20.00 Add lines 7, 8 and 9 . 20.00	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	\$ 443,826.00	
	1. Enter the amount of gross receipts from space K	
	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))	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8	
	7. Filing Fee	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7]
	IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page i of the general instructions for more information.	e

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FORM SA1-2. PAGE 7.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SALLISAW MUNICIPAL AUTHORITY 62459	Name
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. 2. Enter the total number of activated 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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations.	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name ROBIN HAGGARD Telephone 918-775-6241 (Area code) Address PO BOX 525 (Number, street, rural route, apartment, or suite number) SALLISAW OK 74955 (City, town, state, zip) Email (optional) FINANCE@SALLISAWOK.ORG Fax (optional) 918-775-4194	N Individual to Be Contacted for Further Information
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regula- tions, as explained in the general instructions.) 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 B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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 herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001] Handwritten signature: Handwritten signature: Director of Finance Title: Director of Finance (Itile of attical position held in corporation or partnership) Date: 02/24/2020	O

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SALLISAW MUNICIPAL AUTHORITY	62459							
P Special Statement Concerning Gross Receipts Exclusions	SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) of the Cop lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the ca service of providing secondary transmissions of primary broadcast transmitters, the sys scribers and amounts collected from subscribers receiving secondary transmissions p For more information on when to exclude these amounts, see the note on page (vi) of the	able system for the basic tem shall not include sub- oursuant to section 119."							
	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?								
	YES. Enter the total here and list the satellite carrier(s) below.	§							
	Name Name Mailing address Mailing address								
Q Interest Assessment	INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayr For an explanation of interest assessment, see page (vii) of the general instructions.								
	Line 1. Enter the amount of late payment or underpayment								
		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								
		x .00274							
	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6								
	$\psi =$	(interest charge)							
	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. F contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	For further assistance please							
	**This is the decimal equivalent of 1/365, which is the interest assessment for one day la	ate.							
	Note: If you are filing this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period a	the Copyright Office, please as given in the original filing.							
	Owner								
	Address								
	ID number								
	First community served								
	Accounting period								
	a Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying	a information (PII) requested on this							

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