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

Return completed workbook

STATEME	INT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:		
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period)) Period 2 = July 1 - December 31			
Accounting Period	20201	Barcode Data Filing Period (optional	- see instructions)			
	Instructions:	ka ankla austana. If tha austania a aukai	diam, of an other correction, since the full one	verste title		
B	of the subsidiary, not that of the parent of		diary of another corporation, give the full cor	porate title		
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.			
	single statement of account and royalty fe	ee payment covering the entire account		ubmit a 2797		
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.			
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	Venture Communications Coop.					
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)				
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	PO Box 157 (Number, street, rural route, apartment, or suite r	number)				
	Highmore, SD 57345					
	(City, town, state, zip)		Aif the business and succession of the			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM	1:				

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 sufficiency of the fling, a determination that would be made by a court of law.

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

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Venture Communications Coop.	2797
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	identified city.	one parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	Rosholt	SD
dd Rows as Necessary	7	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM ID
Name	Venture Communication								279
	SECONDARY TRANSMISSION								
E	In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission	on of television	and rac	dio broadcasts	by your sy	/stem to subscr	ibers. Give	information	
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	blo svetom	brokon	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n					•			
	separately for the particular serv								
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc					ird rate variation	is within a p	barticular rate	
	Block 1: In the left-hand block					ondary transmi	ssion servio	ce that cable	
	systems most commonly provide	e to their subsc	ribers. (Give the numb	er of subso	cribers and rate	for each lis	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system	0			· · ·	service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that inc	clude one or n	nore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descrip	tion of the s	service is	
	sufficient. BLC	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIAD		TUTE	0/11		THE	COBCONIDENCO	10112
	Service to first set		208	101.91	Core			13	19.7
	Service to additional set(s)				My Cho	bice		11	50.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
		te charged by t						were not	
ransmissions:		t vour cable sve		nished or offe					
	Block 2: List any services that listed in block 1 and for which a		le was r				vices in the		
ransmissions:	Block 2: List any services that	separate charg		nade or estab			vices in the		
ransmissions:	Block 2: List any services that listed in block 1 and for which a	separate charg	le the ra	nade or estab			vices in the		
ransmissions:	Block 2: List any services that listed in block 1 and for which a	separate charg otion and includ BLO(de the ra	nade or estab	lished. List			BLOCK 2 DRY OF SERVICE	RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg otion and includ BLO(de the ra CK 1 CATEG	nade or estab ate for each.	lished. List	these other ser	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and includ BLO(CK 1 CK 1 CATEG	nade or estab ate for each. GORY OF SEF	lished. List	these other ser		BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg otion and includ BLO0 RATE	de the ra CK 1 CATEC Installa • Mot	nade or estab ate for each. GORY OF SEF ation: Non-res	lished. List	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate chargo otion and includ BLOO RATE 13.95	de the ra CK 1 CATEG Installa • Mot • Cor	nade or estab ate for each. GORY OF SEF ation: Non-res tel, hotel	lished. List	these other set	CATEGO	BLOCK 2 DRY OF SERVICE	RATE 9.5
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate chargo otion and includ BLOO RATE 13.95	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	nade or estab ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial	lished. List	these other set	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargo otion and includ BLOO RATE 13.95	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	made or estab ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c protection	lished. List	these other set	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargo otion and includ BLOO RATE 13.95	de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay • Fire • Bur	made or estab ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c e protection glar protectior	lished. List	these other set	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo bition and includ BLOC RATE 13.95 18.95	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	made or estab ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c e protection glar protectior services:	lished. List	these other ser	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	separate chargo bition and includ BLOC RATE 13.95 18.95	Le the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	made or estab ate for each. CORY OF SEF ation: Non-res tel, hotel mmercial (cable (cable (cable-add'l c protection glar protection services: connect	lished. List	these other set	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate chargo bition and includ BLOC RATE 13.95 18.95	Le the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	made or estab ate for each. GORY OF SEF ation: Non-rest tel, hotel mmercial (cable (cable-add'l c protection rglar protection services: connect connect	lished. List	these other ser	CATEGO	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	separate chargo bition and includ BLOC RATE 13.95 18.95	Le the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc • Out	made or estab ate for each. CORY OF SEF ation: Non-res tel, hotel mmercial (cable (cable (cable-add'l c protection glar protection services: connect	NICE sidential	these other ser	CATEGO	BLOCK 2 DRY OF SERVICE	

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Venture Communicat	ions Coop.		2797
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	arried by your cable system on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I and both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ions carried on a iostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDLO	3	N	FLORENCE, SD
	KDLT	5	N	SIOUX FALLS, SD
Rows as Necessary	WDAY	6	Ν	FARGO, ND
	кттw	7	Ν	SIOUX FALLS, SD
	KABY	9	N	ABERDEEN, SD
	KDSD	10	Е	PIERPONT, SD
	KWCM	10	E	APPLETON, MN
	KWSD	14	Ν	SIOUX FALLS, SD

EGAL NAME OF								SYSTEM I 27
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa his point, see pa ed by the cable s	adend, and (2 mna, during c ge (v) of the g ystem as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			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 Perio	od: 2020/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Venture Communicati	ons Coop).					2797
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
		-	-			tion that was		om opried as -
•	In General: In space I, ident							
Cubatituta	substitute basis during the a explanation of the programm							
Substitute Carriage:					ne general in			A 1-2 IOIIII.
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network televis	sion progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	NI-1-15 (A)				"X "		-	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must complete	the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if their	meaning	j is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	iguiations, d	or authorizatio	ethall " List specific progra	meral instruct	avample "I I o	r iniormai	uon. or
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, 1 Lu	ve Lucy (01
			dcast live. ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute progr				
				the community to which th		censed by the	FCC or, i	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals, v	with the m	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. sr	nould be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour system v	was requ	ired
	to delete under FCC rules							
	was substituted for program							gian
	effect on October 19, 1976		, ,	·		0		
								[
						N SUBSTITU		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUR	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						"		
						_		
						_		

Accounting Period:	2020/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
Name	Venture Communications Coop. 279
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 c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form 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 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-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 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 263,800.00 2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	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) \$ 1,319.00
	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 Due	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 # 76028500432
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Venture Commu	IER OF CABLE SYSTEM: ications Coop.	SYSTEM ID# 2797
M Channels	 to its subscribers, a Enter the total m system carried te Enter the total m on which the cable 	nust give (1) the number of channels on which the cable system carrie nd (2) the cable system's total number of activated channels during the mber of channels on which the cable evision broadcast stations	e accounting period.
N Individual to Be Contacted		E CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a ut this statement of account.)	in individual to whom
for Further Information	Name	rad Ryan	Telephone 605 852-2224
		O Box 157 umber, street, rural route, apartment, or suite number) ighmore, SD 57345 ity, town, state, zip)	
	Email	bryan@venturecomm.net	Fax (optional)
O Certification	I, the undersigned (Owner of (Agent of in line X (Officer in line · I have examined ti	is statement of account must be certified and signed in accordance with hereby certify that (Check one, <i>but only one</i> , of the boxes.) ther than corporation or partnership) I am the owner of the cable syste owner other than corporation or partnership) I am the duly authorize 1 of space B and that the owner is not a corporation or partnership; or or partner) I am an officer (if a corporation) or a partner (if a partnership) 1 of space B. e statement of account and hereby declare under penalty of law that all s nd correct to the best of my knowledge, information, and belief, and are 001(1986)]	tem as identified in line 1 of space B; or ed agent of the owner of the cable system as identified o) of the legal entity identified as owner of the cable system statements of fact contained herein
		X /s/ Randy W. Houdek Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,	
		Typed or printed name: Randy W. Houdek	
		(Title of official position held in corporation or partnership) Date:	8/31/2020

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bunting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nture Communications Coop.	279
 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	
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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