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						
02/23/2021	\$ 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	ACC	DUNTING 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
		Midcontinent Communimications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 5040
		(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040
		(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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Beulah, ND  MAILING ADDRESS OF CABLE SYSTEM:
	1	PO Box 5040
	2	(Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040
		(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.

	T OF OWNER OF OARLE OVERTEN	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Midcontinent Communimications	A "community" is the same as a "community unit" as defined in FCC rules: "
_		A community is the same as a community unit as defined in FCC rules: porated communities within unincorporated areas and including single, discr
D		porated communities within unincorporated areas and including single, discr rou list will serve as a form of system identification hereafter known as the "1
	community." Please use it as the first community on all future filings.	Ou list will serve as a form of system identification hereuner known as the
		s, or mobile home parks should be reported in parentheses below the identi
Area	city.	s, or mobile nome parks should be reported in parentheses below the recite
Served	city.	
	CITY OR TOWN	STATE
First	Beulah	ND
ommunity	Center	ND ND
/IIIIII		
	Dodge Gladstone	ND ND
ows as Necessary	Gladstone Calden Valley	ND ND
	Golden Valley	ND ND
	Halliday	ND
	Hazen	ND
	Killdeer	ND
	Pick City	ND
	Richardton	ND
	Riverdale	ND ND
	Stanton	ND ND
	Turtle Lake	ND ND
	Underwood	
		ND ND
	Zap	ND

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28896

### **Midcontinent Communimications**

# 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	
Residential:						
Service to first set	1,730	22.95	High Def Converters	1,802	\$8.00	
Service to additional set(s)			Hospitals	19	5.65	
• FM radio (if separate rate)			Nursing Homes	169	8.50	
Motel, hotel	141	8.00	Business accounts	93	22.95	
Commercial	160	72.95				
Converter	2,403	3.00				
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	16.00	Motel, hotel	50.00	Digital 1	10.00
Pay cable—add'l channel		Commercial	50.00	Digital Variety	3.50
Fire protection		• Pay cable		Digital Espanol	4.00
Burglar protection		Pay cable-add'l channel		Digital Sports & Variet	9.00
Installation: Residential		Fire protection		Cinemax	16.00
• First set	50.00	Burglar protection		Showtime	16.00
Additional set(s)	25.00	Other services:		Starz & Encore	16.00
• FM radio (if separate rate)		Reconnect	75.00	TMC	16.00
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

28896

Name

Midcontinent Communimications
PRIMARY TRANSMITTERS: TELEVISION

G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBMY-DT	17	N	BISMARCK, ND (ABC)
KBMY-DT2	17.2	I-M	BISMARCK, ND (TrueCrime)
KFYR-DT	31	N	BISMARCK, ND (NBC)
KFYR-DT2	31.2	I-M	BISMARCK, ND (FOX-KNDX)
KNDB-DT	26	I	BISMARCK, ND(HEROES)
KSRE-DT	40	E	MINOT, ND (PBS)
KSRE-DT2	40.2	E-M	MINOT,ND(PBS WRLD/LIFE)
KSRE-DT3	40.3	E-M	MINOT, ND (PBS MN HD)
KSRE-DT4	40.4	E-M	MINOT, ND (PBS KIDS)
KXMB-DT	12	N	BISMARCK, ND (CBS)
KXMB-DT2	12.2	I-M	BISMARCK, ND (CW)
KBMY-DT3	17.3	I-M	BISMARCK,ND(WDAY XTRAHD)
KFYR-DT3	31.3	I-M	BISMARCK, ND (ME TV)
KXMC-DT	13	N	MINOT, ND (CBS)
KXMC-DT2	13.2	I-M	MINOT, ND (CW)
KQCD-DT2	7.2	I-M	DICKINSON, ND (FOX)
KQCD-DT	7	N	DICKINSON, ND (NBC)
KQCD-DT3	7.3	I-M	DICKINSON, ND (ME TV)
KXMA-DT	19	l	DICKINSON, ND (CW)
KXMA-DT2	19.2	N-M	DICKINSON, ND (CBS)
		<u> </u>	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Midcontinent Communimications**

28896

### 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	<b>d: 2020/2</b>  LEGAL NAME OF OWNER OF (	ARI E SYST	FM·					FOF	SYSTEM ID#	
Name	Midcontinent Commun								28896	
<b> </b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast by cific present and former F	y a d	rules, regula	ations, or a	uthorizations.	For a further	
Carriage: Special Statement and Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?  YES NO									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for PCC rules and regulations in effect on October 19, 1976.									
	SUBSTITUTE PROGRAM						EN SUBST	CURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	1	5. MONTH AND DAY	FROM	TIMES  — TO  —		
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communimications			;	SYSTEM ID: 28896				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross.	e system's s tion of how	econdary transmi to compute this a	ssion service mount, see	<b>52,297.28</b> 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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less th	nan \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$1	37.100 OF	RLESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	Ity fee that y	ou must pay for th	is six-month					
	Line 1. Royalty fee for accounting period				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and	2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but m	nore than \$137,1	00)					
	Base amount under statutory formula	\$	263,800.00	<u>.</u>					
	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	37 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	63,800 (bu	t less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	452,297.28						
	Base amount under statutory formula	\$	263,800.00	•					
	3. Subtract line 2 from line 1	\$	188,497.28						
	4. Multiply line 3 by .01		\$	1,884.97					
	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			0.00	_				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	3,203.97				
	FILING FEE AND TOTAL REMITTANCE D	 DUE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,203.97					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	-				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,223.97				
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper S				ghts!				

Accounting Period: 2	2020/2						FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM:					SYSTEM ID# 28896			
<b>M</b> 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.  378									
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an	individual to whom					
for Further Information	Name	Wynne Haakenstad			Tele	phone 95	52-844-2622			
	Address	3600 Minnesota Drive (Number, street, rural route, apartr								
		Edina, MN 55435 (City, town, state, zip)								
	Email	wynne.haakens	tad@mid	dco.com	Fax (optional					
0	CERTIFICATION (	This statement of account mu	ust be certi	tified and signed in accordance with	Copyright Office regulat	tions)				
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but onl</i> y	ly one, of the boxes.)						
	(Owner	r other than corporation or pa	artnership	<b>p)</b> I am the owner of the cable system	as identified in line 1 of s	space B; or	r			
				artnership) I am the duly authorized a s not a corporation or partnership; or	gent of the owner of the o	cable syste	em as identified			
		er or partner) I am an officer (i in line 1 of space B.	f a corpora	ation) or a partner (if a partnership) of	the legal entity identified	as owner o	of the cable system			
		te, and correct to the best of my		clare under penalty of law that all state ge, information, and belief, and are m		nerein				
			X	/s/ Wynne Haakenstad						
				electronic signature on the line above t nature using an "/s/ signature" (e.g., /s,	•					
		Typed or printed	name:	Wynne Haakenstad						
		Title:		or of Programming						
		Date:			2/18/21					

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
dcontinent Communimications	28896
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."	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.	receipte Exercises
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	
TES. Effect the total field 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	_
xdays	
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 \$	
(interest charge)	
* 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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