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					
2-26-21	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.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								
Accounting		20202 Barcode Data Filing Period (optional - see instructions)								
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.	3429							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Waunakee Telephone Company, LLC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		525 Junction Road								
		(Number, street, rural route, apartment, or suite number)  Madison, WI 53717								
		(City, town, state, zip)								
	INSTI	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ess these							
С	name	is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	ace B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		TDS Telecom, Inc.								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
	<u> </u>	(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.

Accounting Period:	2020/2							
		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Waunakee Telephone Company, LLC	63429						
Area Served	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will sercommunity." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	unities within unincorporated areas and including single, discrete we as a form of system identification hereafter known as the "first						
	CITY OR TOWN	STATE						
First Community	Waunakee	WI						
Add Rows as Necessary								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63429

## Waunakee Telephone Company, LLC

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,709	\$25/mo					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	4	\$55.54/mo					
Converter							
Residential	1,709	\$6/Mo.					
Non-residential							
		r		l	T		

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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	14-19.99/mo	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$49.95			
Fire protection		• Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	\$0-\$49.95	Burglar protection				
Additional set(s)	\$0-\$49.95	Other services:				
• FM radio (if separate rate)		Reconnect	\$0-\$25			
Converter		Disconnect				
		Outlet relocation	19.98-39.96			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63429

### Waunakee Telephone Company, LLC

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
WKOW	27.1	N	Madison, WI
WKOW-DT2	27.2	N-M	Madison, WI
WKOW-DT3	27.3	N-M	Madison, WI
WKOW-DT4	27.4	N-M	Madison, WI
WKOW-DT5	27.5	N-M	Madison, WI
WISC	3.1	N	Madison, WI
WISC-DT2	3.2	N-M	Madison, WI
WISC-DT3	3.3	N-M	Madison, WI
WMSN	47.1	N	Madison, WI
WMSN-DT2	47.2	N-M	Madison, WI
WMSN-DT3	47.3	N-M	Madison, WI
WMSN-DT4	47.4	N-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-DT2	15.2	N-M	Madison, WI
WMTV-DT3	15.3	N-M	Madison, WI
WMTV-DT4	15.4	N-M	Madison, WI
WMTV-DT5	15.5	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA-DT2	21.2	E-M	Madison, WI
WHA-DT3	21.3	E-M	Madison, WI
WHA-DT4	21.4	E-M	Madison, WI
WIFS	57.1	I	Janesville, WI

Accounting Period:	2020/2			FORM SA1-2E. PAGE						
Nama	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID						
Name	Waunakee Telephor	ne Company, LLC		6342						
	PRIMARY TRANSMITTERS	: TELEVISION								
_	In General: In space G. id	dentify every television station (including t	anslator stations and low power televi	ision stations)						
G		em during the accounting period, except (								
	FCC rules and regulations	s in effect on June 24, 1981, permitting the	e carriage of certain network programs	s [sections						
Primary	. , , , , , , , , , , , , , , , , , , ,	(e)(2) and (4), or 76.63 (referring to 76.61	(e)(2) and (4))]; and (2) certain station	ns carried on a						
Transmitters:	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									
Television		, ,	ried by your cable system on a substi	tute program						
	basis under specific FCC rules, regulations, or authorizations:  • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
	station was carried only of			,						
	• List the station here, and	also in space I, if the station was carried	both on a substitute basis and also or	n some other						
		tion concerning substitute basis stations, s								
		on's call sign. Do not report origination pr	•	•						
	"WETA-2" as the same or	ed with a station according to its over-the-	air designation. For example, report r	multistream						
		nel number the FCC assigned to the telev	ision station for broadcasting over the	e air in its community						
		WRC is channel 4 in Washington, D.C.		, · · · · · · · · · · · · · · · · ·						
	Column 3: Indicate in each	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
		tering the letter "N" (for network), "N-M" (for								
	'	(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 Can	adian stations, if any, give the name of the	e community with which the station is	identified.						
	4 CALL SIGN	O DIGAGE CHANNEL MUMPER	A TYPE OF STATION	4 LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

SYSTEM ID#

### Waunakee Telephone Company, LLC

63429

#### 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
N/A							
IN/P							
			-				

Accounting Perio								M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF Waunakee Telephone							SYSTEM ID# 63429	
ı	In General: In space I, identi	UBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a abstitute basis 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 in the paper SA1-2 form.							
Substitute									
Carriage:					ic general mot	ractions in	the paper of the	2 101111.	
Special	1. SPECIAL STATEMENT				-1	مامه باسمینیم		_	
Statement and	During the accounting peri	•	r cable system	carry, on a substitute ba	sis, any nonin	etwork tele			
Program Log	broadcast by a distant stat	ion?					L YES	X NO	
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple	ete the progra	m	
	log in block 2.								
	2. LOG OF SUBSTITUTE	PROGRAI	MS						
	In General: List each subst				s wherever po	ssible, if th	eir meaning is	3	
	clear. If you need more spar <b>Column 1:</b> Give the title				nrogram") th	at during	the accounting	,	
	period, was broadcast by a	•		. • •			,	,	
	under certain FCC rules, reg		•	•	•				
	Do not use general categori		vies" or "baske	tball." List specific progra	m titles, for e	xample, "I	Love Lucy" or		
	"NBA Basketball: 76ers vs. Column 2: If the program		loost live onto	r "Voc." Othorwico ontor '	'No."				
	Column 3: Give the call s								
	Column 4: Give the broa	-				ensed by t	he FCC or, in		
	the case of Mexican or Can			•		,			
	Column 5: Give the mon	•	when your sys	tem carried the substitute	program. Us	e numerals	s, with the mo	nth	
	first. Example: for May 7 giv  Column 6: State the time		substitute pro	gram was carried by you	r cable system	n List the t	imes accurate	elv	
	to the nearest five minutes.							,	
	stated as "6:00-6:30 p.m."								
	Column 7: Enter the lette				-		•		
	to delete under FCC rules a was substituted for program	•		0 0.				ram	
	effect on October 19, 1976.	iiiiiig tiiat y	our system wa	is permitted to delete une	ici i oo ialos	ana rogale			
					14			T	
					1 1	EN SUBS	_	7 DE 400N FOD	
	S		E PROGRAM			IAGE OC		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES  — TO		
	N/A				_				
							_		
					-	<del> </del>			
						- <del> </del>			
						ļ			
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				<del></del>					

Accounting Period:	2020/2	FORM SA1-2E.	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTI	EM ID#
Name	Waunakee Telephone Company, LLC		63429
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you payall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute the 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 receipts.	Insmission service	
	COPYRIGHT ROYALTY FEE		
Copyright Royalty Fee	<ul> <li>COPTRIGHT ROTALITYEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</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 accounting period is \$52.00	for this six-month	
	Line 1. Royalty fee for accounting period		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1)	•	
	1. Base amount under statutory formula	00	
	2. Enter amount of gross receipts from space K	<del>_</del>	
	3. Subtract line 2 from line 1	<u></u>	
	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		
		,	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1	49_	
	4. Multiply line 3 by .01	2,282.45	
	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	\$ 3,601	1.45
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,601.45	
Due Due	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	\$ 3,621	1.45
	EFT Trace # or TRANSACTION ID #		
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: phone Company, LLC				SYSTEM ID# 63429
<b>M</b> Channels	Enter the total system carried     Enter the total on which the control of t	s, and (2) the cable system's number of channels on which	s total numich the cab ns	ast stations		380
N Individual to Be Contacted	we can contact a	about this statement of accou		RMATION IS NEEDED (Identify an individual to		
for Further Information	Address	Stephanie Weber 525 Junction Rd			Telephone	(608) 664-4721
		(Number, street, rural route, apart  Madison, WI 53593 (City, town, state, zip)	tment, or suit	e number)		
	Email	Finance@tdstelec	com.com	Fax (opt	tional	
0	CERTIFICATION (	This statement of account m	nust be cer	ified and signed in accordance with Copyright O	ffice regulations)	
Certification	• I, the undersigned	d, hereby certify that (Check o	one, but onl	y one, of the boxes.)		
	(Owner	other than corporation or p	oartnership	b) I am the owner of the cable system as identified	in line 1 of space B	; or
				rtnership) I am the duly authorized agent of the own of a corporation or partnership; or	wner of the cable sy	stem as identified
		<b>r or partner)</b> I am an officer ( n line 1 of space B.	(if a corpora	ttion) or a partner (if a partnership) of the legal enti	ty identified as own	er of the cable system
		e, and correct to the best of m		clare under penalty of law that all statements of fact ge, information, and belief, and are made in good fa		
			X	/s/ Sharon V. Tisdale		
				lectronic signature on the line above to certify this st ature using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printed	d name:	Sharon V. Tisdale		
		Title:		ant Treasurer position held in corporation or partnership)		
		Date:		February	/ 26, 2021	

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
unakee Telephone Company, LLC	63429
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
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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@copyright.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	

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.