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.

8/27/2021

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 \$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Golconda MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CADLE STSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	ce: Section	n 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.

ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	11832
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r	nobile home parks should be reported in parentheses below the
erved	identified city.	
	CITY OR TOWN	STATE
	Golconda	L
nity		
Necessary	,	

								FORM SA1	-2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	118
Е	SECONDARY TRANSMISSION								
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n			0		•			
Nates	separately for the particular serv		•	0,0				charged	
	Rate: Give the standard rate of	-	-	•			-		
	unit in which it is generally billed category, but do not include disc	· ·	,		standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			•		0			
	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	has rate categ	ories for	secondary transn	nission				
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	and block. A two-	or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:				-		-		
	Service to first set		6	63.15					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ratio				ect to a	Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•		Ũ					
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a				•	•	•		
	brief (two- or three-word) descrip		5						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC	Έ	RATE	CATEGO	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-reside	ntial				
	• Pay cable	17.95		el, hotel					
	Pay cable—add'l channel			mercial					
	Fire protection		•Pay						
	•Burglar protection			cable-add'l chanr	nel				
	Installation: Residential	00.00		protection					
	First set	30.00	-	lar protection					
	Additional set(s)			ervices: onnect		20.00			
	• EM radio (it concrete rate)		- rec	ALCONTRACT.		30.00			
	• FM radio (if separate rate) • Converter		• Dicc						
	 FM radio (if separate rate) Converter 			onnect		30.00			
	, , ,		• Outl			30.00 30.00			

				OVOTEN					
Name		F CABLE SYSTEM:		SYSTEN 11					
	Zito Midwest LLC								
	PRIMARY TRANSMITTERS:		1	· · · · <i>· · ·</i> · ·					
G		entify every television station (including to em during the accounting period, except							
	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network prog	rams [sections					
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain st	ations carried on a					
Television	Substitute Basis Stations	s: With respect to any distant stations car	rried by your cable system on a su	ubstitute program					
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	Loa)—if the					
	station was carried only or	n a substitute basis.							
		also in space I, if the station was carried on concerning substitute basis stations, s							
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination pr	ogram services such as HBO, ES	PN, etc. Identify each					
	"WETA-2" as the same on	ed with a station according to its over-the- the form.	air designation. For example, rep	oort multistream					
	Column 2: Give the chann	nel number the FCC assigned to the telev	ision station for broadcasting ove	r the air in its community					
		VRC is channel 4 in Washington, D.C. h case whether the station is a network s	tation, an independent station, or	a noncommercial					
	educational station, by ente	ering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indep	pendent), "I-M"					
	,), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		tional multicast).					
	Column 4: Give the location	on of each station. For U.S. stations, list t	he community to which the station						
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the statio	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KBSI	23.1	N	Cape Girardeau MO					
	KFVS	12.1	N	Cape Girardeau MO					
	KFVS	12.3	I	Cape Girardeau MO					
	WDKA	49.1	I	Paducah KY					
	WKPD	29	N	Paducah KY					
	WKPD WPSD	29 6.1	N N	Paducah KY Paducah KY					
	WPSD	6.1	N	Paducah KY					
	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Source Noneccany	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					
Rows as Necessary	WPSD WSIL	6.1 3.1	N	Paducah KY Harrisburgh IL					

ounting Period:	2021/1			FORM SA1-2E. PAG
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			118
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	m during the accounting period, excer	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e		the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain statio	
ransmitters: Television	Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	: With respect to any distant stations of illes, regulations, or authorizations: a in space G—but do list it in space I (a substitute basis. also in space I, if the station was carried on concerning substitute basis stations of's call sign. <i>Do not</i> report origination d with a station according to its over-the he form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instructio program services such as HBO, ESPN re-air designation. For example, report evision station for broadcasting over the s station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	bg)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Zito Midwes	t LLC		YSTEM:					SYSTEM
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing vive the statior	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. hal was electronically processor (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 anna, during co ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						·	·	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							11832
	SUBSTITUTE CARRIAG)G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televi period, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				and general in			
Special	During the accounting per	-			isis anv noni	network tel	evision prog	ram
Statement and	broadcast by a distant sta			n ouny, on a substitute be	loio, any nom			NO
Program Log	-					L	YES	
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle ift	heir meanin	n is
	clear. If you need more spa				s wherever p	0331010, 11 1		9 13
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• •		
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which the		censed by	the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	lentified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accur	atelv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	or "D" if the	lictod program	n was substituted for prog	romming the	t vour evet	m was roau	uirod
	to delete under FCC rules							
	was substituted for program	nming that						5
	effect on October 19, 1976							
	s	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
								"
							_	
							_	
								"
							<u> </u>	
							_	
							_	1
								+
							_	
							_	

Accounting Period:	2021/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 11832
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	2,948.77 Pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	263,800	
	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-mon	
	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 \$137,1	00)	
	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	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)	<u> </u>	
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 11832
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the or 	iou must give (1) the number of channels on which the cable system carried television broadcast stati rs, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations	ions
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telep	hone 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign (Own (Age in X (Offi in · I have examine	I (This statement of account must be certified and signed in accordance with Copyright Office regulations that the one of the cable system as identified in line 1 of set of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of set 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 set 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 set of owner other than corporation or partnership) I am the duly authorized agent of the owner of the owner of the origination of partnership) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified line 1 of space B. The statement of account and hereby declare under penalty of law that all statements of fact contained te, and correct to the best of my knowledge, information, and belief, and are made in good faith. The statement of account and hereby declare under penalty of law that all statements of fact contained te, and correct to the best of my knowledge, information, and belief, and are made in good faith. The statement of account and hereby declare under penalty of law that all statements of fact contained te, and correct to the best of my knowledge, information, and belief, and are made in good faith. The statement of the cable statement is a statement of the statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas	space B; or cable system as identified as owner of the cable system
		Title: President (Title of official position held in corporation or partnership)	
		Date: 08/29/2021	

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: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	1183
 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? 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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.