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					
08/30/21	\$ 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	ACCOUNTING 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								
	1	Lateral Control of the Control of th						
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						
	MEDIACOM SOUTHEAST LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		ONE MEDIACOM WAY						
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918						
		(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		IDENTIFICATION OF CABLE SYSTEM:						
	1	MEDIACOM SOUTHEAST LLC						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	ONE MEDIACOM WAY						
	~	(Number, street, rural route, apartment, or suite number)						
		MEDIACOM PARK, NY 10918 (City, town, state, zip code)						
	l	(orly, orm), state, Ele sees,						

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:	2021/1							
	T	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	MEDIACOM SOUTHEAST LLC Instructions: List each separate community served by the cable system. A "community served by the cable system."	29775						
D Area	separate and distinct community or municipal entity (including unincorporated cunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or motity.	communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first						
Served	City.							
	CITY OR TOWN	STATE						
First	CHESAPEAKE	VA						
Community								
Add Rows as Necessary								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29775

MEDIACOM SOUTHEAST 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			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1	23.88-77.49				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	0	0-0				
Converter						
Residential						
Non-residential						
1		1				

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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family TV	85.99
Pay cable—add'l channel	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29775

MEDIACOM SOUTHEAST LLC

G

Primary Transmitters: Television

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
WAVY/WAVY (HD) NBC	31	N	PORTSMOUTH, VA
WAVY-DT2 Bounce	31.2	I-M	PORTSMOUTH, VA
WAVY-DT3 getTV	31.3	I-M	PORTSMOUTH, VA
WAVY-DT4 CBN	31.4	I-M	PORTSMOUTH, VA
WGNT (CW)	50	I	PORTSMOUTH, VA
WHRO (PBS)	16	E	NORFOLK, VA
WITN (NBC)	32	N	WASHINGTON, NC
WPXV/WPXV (HD) ION	46	l .	NORFOLK, VA
WSKY/WSKY (HD) IND	9	I	MANTEO, NC
WTKR/WTKR (HD) CBS	40	N	NORFOLK, VA
WTVZ (MyNET)	33	<u> </u>	NORFOLK, VA
WTVZ-DT2 Stadium	33.2	l .	NORFOLK, VA
WTVZ-DT3 Comet	33.3	<u> </u>	NORFOLK, VA
WTVZ-DT4 TBD	33.4	l .	NORFOLK, VA
WUND/WUND(HD) PBS	20	E	COLUMBIA, NC
WUND-DT2 PBS KIDS	20.2	E-M	COLUMBIA, NC
WUND-DT3 Explorer Channel	20.3	E-M	COLUMBIA, NC
WUND-DT4 NCCHL	20.4	E-M	COLUMBIA, NC
WVBT/WVBT(HD) FOX	43	l .	PORTSMOUTH, VA
WVEC/WVEC(HD) ABC	13	N	HAMPTON, VA
WVEC-DT2 Justice Network	13.2	N	HAMPTON, VA
WVEC-DT3 MeTV	13.3	N	HAMPTON, VA

Accounting Period:	2021/1			FORM SA1-2E. PAGE 3.				
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	MEDIACOM SOUTHE	MEDIACOM SOUTHEAST LLC						
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	In General: In space G, ide carried by your cable systen FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute Basis Stations: basis under specific FCC rue. 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	ntify every television station (including to during the accounting period, except in effect on June 24, 1981, permitting the (2)(2) and (4), or 76.63 (referring to 76.63) is explained in the next paragraph. With respect to any distant stations calles, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Ilso in space I, if the station was carried in concerning substitute basis stations, it's call sign. Do not report origination put with a station according to its over-the-	(1) stations carried only on a part-time e carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute e Special Statement and Program Logical both on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, arid designation. For example, report nowision station for broadcasting over the station, an independent station, or a noi	basis under s [sections as carried on a tute program)—if the a some other s. etc. Identify each nultistream air in its community ncommercial				
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), o "E" (for noncommercial educational), o rms, see page (iv) of the general instruct n of each station. For U.S. stations, list dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	r "E-M" (for noncommercial educationa ctions in the paper SA1-2 form. the community to which the station is li	al multicast).				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC

29775

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
		ļ					
		ļ					
	L	L					

ccounting Period: 2021/1 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF (CABLE SYST	EM:						SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC							29775
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every non	network televisi	ion program, broadcast by	a distant				
	explanation of the programmi	٠.		•		•			
Carriage: Special	During the accounting period, did your cable system carry on a substitute basis, any nonnetwork television program.								
Statement and									
Program Log	broadcast by a distant station?							NO	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," y	ou mi	ust comple	te the prog	ıram
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst	itute progra	m on a separa		wherev	er pos	ssible, if the	eir meaning	g is
	clear. If you need more space Column 1: Give the title				progran	ı") tha	at during th	ne account	ina
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	ed for the	prog	ramming o	f another	station
	under certain FCC rules, red Do not use general categori								
	"NBA Basketball: 76ers vs.		vies oi baske	tball. List specific progra	m uues,	ioi ex	ampie, i L	Ove Lucy	OI
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa	•				is lice	ensed by the	e FCC or,	in
	the case of Mexican or Can								
	Column 5: Give the mon first. Example: for May 7 giv	•	when your syst	tem carried the substitute	program	ı. Use	e numerals,	, with the n	nonth
	Column 6: State the time	s when the							ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01	:15 p.m.	to 6:2	28:30 p.m. :	should be	
	Column 7: Enter the lette								
	to delete under FCC rules a was substituted for program								ogram
	effect on October 19, 1976.	illing that y	our system wa	3 permitted to delete und		uics c	and regulat	10113 111	
					П	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TNI OLIDOT		
	s	UBSTITUT	E PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. M		1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND	DAY	FROM	— TC)
					-				
					_				
								_	
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								_	

Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC	S	YSTEM ID# 29775
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service	3,706.51
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 \$ 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3263,800	
	·		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	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	<u>) </u>	
	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		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 \$52	7,600)	
	Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<u>) </u>	
	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	0.00	
	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 Reg See page i of the general instructions in the paper SA1-2 form for more information		hts!

Accounting Period: 2	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: UTHEAST LLC				SYSTEM ID# 29775
M Channels	to its subscribers The total system carried Enter the total	s, and (2) the cable system's number of channels on whic d television broadcast station number of activated channe	total numbe		ecounting period.	29
		cable system carried televisio		st stations		64
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an in-	dividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone	845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartr		number)		
		Mediacom Park, NY (City, town, state, zip)				
	Email	Copyrights@me	ediacomcc.	.com	Fax (optional	
0	CERTIFICATION (This statement of account mu	ust be certifie	ied and signed in accordance with Co	opyright Office regulations)	
Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but only c</i>	one, of the boxes.)		
	(Owner	other than corporation or p	oartnership)	I am the owner of the cable system as	s identified in line 1 of space	B; or
				tnership) I am the duly authorized age not a corporation or partnership; or	ent of the owner of the cable s	system as identified
		er or partner) I am an officer (in line 1 of space B.	(if a corporation	ion) or a partner (if a partnership) of th	e legal entity identified as ow	ner of the cable system
		e, and correct to the best of m	-	are under penalty of law that all stateme, e, information, and belief, and are made		
			X /	/s/ Kenneth J. Kohrs		-
				ectronic signature on the line above to c sture using an "/s/ signature" (e.g., /s/ Jc		
		Typed or printed	d name:	Kenneth J. Kohrs		
		Title:		esident, Financial Reportin	g	
		Date:			8/10/2021	

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.

counting Period: 2021/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM SOUTHEAST LLC	29775
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 su scribers 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	Concerning Gross Receipts Exclusion
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 underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L 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	
x	days
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 pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	е
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	е
Owner	
Address	
ID number	
First community served	
Accounting period	

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.