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.

8-30-21

DATE RECEIVED

SA1-2E Short Form

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
		20211 Barcode Data Filing Period (optional - see instructions)
unting riod		
3		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.
/ner		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
		CCI Systems, Inc. (FKA Cable Constructors Inc)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Astrea
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)
		Iron Mountain, MI 49801 (City, town, state, zip)
2		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes 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.
tem	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

General instructions are located

in the first tab of this workbook

STATEMENT OF ACCOUNT for Secondary Transmissions by

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	4046
D	Instructions: List each separate community served by the cable system. A "ca separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ed communities within unincorporated areas and including single, discred st will serve as a form of system identification hereafter known as the "fir
Area Served	city.	
	CITY OR TOWN	STATE
First	Solon Springs	WI
Community		
dd Rows as Necessary		

									1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF C							513	3TEM ID 4046	
	CCI Systems, Inc. (FKA	Cable Cons	tructo	ors Inc)					4040	
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES					
E	In General: The information in s			-		•				
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission							LIIUSE EXIS			
Service: Sub-	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									
scribers and	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									
Rates	each category by counting the n separately for the particular serv							charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed									
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide			-						
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					l in the count u	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that ar	a different t	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.				1					
	BLC	OCK 1 NO. OF					BLOCH	C2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		20	45.00		ed Choice		49	70.0	
	 Service to additional set(s) 				Premie	r Plus		2	96.0	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for rate	te (not subscrib	per) info	rmation with re	espect to a	ll your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There al furnished at cost or (2) services	•			•		0.	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
Fransmissions:	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									
Rates	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									
Rates	listed in block 1 and for which a	brief (two- or three-word) description and include the rate for each.								
Nates					ished. List	these other se	vices in the			
Rates		otion and includ	le the ra		ished. List	these other se				
Rates	brief (two- or three-word) descrip	otion and includ BLO	le the ra CK 1	ate for each.				BLOCK 2	RATE	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ	le the ra CK 1 CATEG		VICE	these other se			RATE	
Nates	brief (two- or three-word) descrip	otion and includ BLO	le the ra CK 1 CATEG Installa	ate for each. GORY OF SER	VICE		CATEG	BLOCK 2	RATE	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLO RATE	le the ra CK 1 CATEG Installa • Mot	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO	BLOCK 2 ORY OF SERVICE		
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	btion and includ BLO RATE 18.95	le the ra CK 1 CATEC Installa • Mot • Cor	ate for each. GORY OF SER ation: Non-res tel, hotel	VICE		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC	14.9 12.9	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLO RATE 18.95	le the ra CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	VICE		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC & Encore Tier	14.9 12.9	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLO RATE 18.95	CATEC CATEC Installa • Mot • Cor • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	VICE		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC & Encore Tier	14.9	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	btion and includ BLO RATE 18.95	Le the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl	VICE idential		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC & Encore Tier	14.9 12.9	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	btion and includ BLO RATE 18.95	Le the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection	VICE idential		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC & Encore Tier	14.9 12.9	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	btion and includ BLO RATE 18.95	Le the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable / cable-add'l cl e protection glar protection	VICE idential		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC & Encore Tier	14.9 12.9	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	btion and includ BLO RATE 18.95	le the ra CK 1 CATEG Installa • Mod • Cor • Pay • Pay • Fire • Bur Other s • Rec	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection rglar protection services:	VICE idential		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC & Encore Tier	14.9 12.9	
Nates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	btion and includ BLO RATE 18.95	Le the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection glar protection services: connect	VICE idential		CATEGO Showti Stars 8	BLOCK 2 ORY OF SERVICE me & TMC & Encore Tier	14.9 12.9	

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
ne	CCI Systems, Inc. (F	KA Cable Constructors Inc)		40					
	PRIMARY TRANSMITTERS: TELEVISION								
ary	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, <i>except</i> (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								
itters: sion	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: 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 <i>only</i> or • List the station here, and		both on a substitute basis and also	o on some other					
	multicast stream associate "WETA-2" as the same on		air designation. For example, repo	ort multistream					
	of license. For example, V Column 3: Indicate in eac educational station, by enter	nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network si ering the letter "N" (for network), "N-M" (for "E" (for papagemerical educational) or	tation, an independent station, or a or network multicast), "I" (for indep	noncommercial endent), "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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KBJR HD	12	Ν	Rhinelander, WI					
	KBJR-D2 HD	5	Ν	Duluth, MN					
ecessary	KQDS HD	11	N	Duluth, MN					
	WDIO HD	10	N	Duluth, MN					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
	WLEF	7	E	Park Falls, WI					
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		7	E	Park Falls, WI					
		7	E	Park Falls, WI					
		7	E	Park Falls, WI					
		7	E	Park Falls, WI					
		7	E	Park Falls, WI					
		7	E	Park Falls, WI					

EGAL NAME OF								SYSTEM II
CCI Systems	, Inc. (FKA	Cable	Constructors Inc)					404
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
Special Instruc	tions Conce	ning All	-Band FM Carriage: Under C	opyright Office re	egulations, an	FM sign	al is generally	Primary
on the basis of r	nonitoring, to rmation abou	be recei	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th	system's FM ante	nna, during ce	ertain sta	ated intervals.	Transmitters Radio
Column 2: St Column 3: If	ate whether t the radio stati	he statio on's sigr	each station carried. n is AM or FM. nal was electronically processe	ed by the cable s	ystem as a se	parate a	and discrete	
Column 4: G	ive the station	n's locatio	< mark in the "S/D" column. on (the community to which the the community with which the			C or, in t	he case of	
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							SYSTEM ID#
Name	CCI Systems, Inc. (FK	A Cable C	onstructors	Inc)				40467
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or aut	horizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			general moure		paper erri	
Special	During the accounting per				s any nonne	twork televis	ion program	n
Statement and	broadcast by a distant sta	-		carry, on a capolitato paol	o, any nonno			
Program Log	,					L	YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ust complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations i	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				wherever pos		meaning is	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	dcast live, enter	"Yes." Otherwise enter "N	lo."		-	
		•		sting the substitute progra e community to which the		need by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	nth and day		em carried the substitute p			with the mor	nth
	first. Example: for May 7 giv		aubatituta pro	grom was carried by your	abla avatam	List the time	oo oogurata	da z
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:′				ay
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		,	•		0		
	s	UBSTITUT	E PROGRAM			N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	IMES - TO	DELETION
		163 01 110	CALL SIGN	4. STATION'S LOCATION			_ 10	
		+						
						-		
						-	_	
						-	_	
								+
		+					_	+
		+						
						-	_	
						-	_	
						-	-	
] [_	
						-	_	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	/STEM ID# 40467
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enternal amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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.	ssion service mount, see	8,874.14
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 \$2 • Use block 3 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.	63,800	
	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 thi	is six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00 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		
	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 \$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	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SY CCI Systems, Inc. (FKA Cable Co				SYSTEM ID# 40467
M Channels	to its subscribers, and (2) the cable 1. Enter the total number of channel	ystem's total nur on which the ca	els on which the cable system carried television ober of activated channels during the accountir		4
	2. Enter the total number of activate on which the cable system carried and nonbroadcast services	television broad			65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statement		DRMATION IS NEEDED (Identify an individual	l to whom	
for Further Information	Name Kelly Tuttle			Telephone	906-776-2662
	Address 105 Kent St. (Number, street, rural r Iron Mountain (City, town, state, zip)		ite number)		
		tle@ccisystems	com Fax	(optional 906-828-328	9
	CERTIFICATION (This statement of a	count must be ce	rtified and signed in accordance with Copyrigh	t Office regulations)	
O Certification	I, the undersigned, hereby certify that (Owner other than corpora		<i>ily one</i> , of the boxes.) ip) I am the owner of the cable system as identifi	ied in line 1 of space E	3; or
			artnership) I am the duly authorized agent of the s not a corporation or partnership; or	e owner of the cable s	ystem as identified
	X (Officer or partner) I am a in line 1 of space B.	officer (if a corpo	ration) or a partner (if a partnership) of the legal e	entity identified as own	er of the cable system
			clare under penalty of law that all statements of f lge, information, and belief, and are made in goo		
		- <u>×</u>	/s/ Jacob Mulaikal		
	-		electronic signature on the line above to certify thinature using an "/s/ signature" (e.g., /s/ John Smit		
	Typed o	r printed name:	Jacob Mulaikal		
	Title:	CFO (Title of offici	I position held in corporation or partnership)		
	Date:			8/30/21	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Systems, Inc. (FKA Cable Constructors Inc)	40467
 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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