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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:						
		ansmissions by	DATE RECEIVED	AMOUNT	-					
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>					
			0/20/21	\$	For additional information, contact the U.S. Copyright					
General instru	uctions	s are located	8/30/21		Office Licensing Division at: Tel: (202) 707-8150					
in the first tab	of this	s workbook		ALLOCATION NUMBER						
Α	ACC	OUNTING PERIOD COVERED	RY THIS STATEMENT: (Y	YYY/(Period))						
	AUU		BI INIS STATEMENT. (I							
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		20211 Barcode Data Filing Period (optional - see instructions)								
Accounting			L							
Period										
		Instructions:								
В		Give the full legal name of the owner of the title of the subsidiary, not that of the pare		sidiary of another corporation, give the full c	orporate					
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 fe			i submit a					
	х	Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.						
		_								
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	l						
		CEQUEL COMMUNICATIONS LLC								
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	т)						
		SUDDENLINK COMMUNICATIONS								
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
		3027 S SE LOOP 323								
		(Number, street, rural route, apartment, or suite not TYLER, TX 75701	umber)							
		(City, town, state, zip)								
С				ntify the business and operation of the system, if different from the address						
System	4	IDENTIFICATION OF CABLE SYSTEM:								
	1	NORTH BRANCH CORREC	TIONAL							
		MAILING ADDRESS OF CABLE SYSTEM								
	2	(Number, street, rural route, apartment, or suite n	umber)							
		(City, town, state, zip code)								
r										

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID:						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN STATE							
First Community	CUMBERLAND (NORTH BRANCH CORRECTIONAL)	MD						
Add Rows as Necessary								

	T									E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									'EM IC		
	CEQUEL COMMUNICA	TIONS LLC										
	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES							
E	In General: The information in s	•		-		•						
	system, that is, the retransmissi											
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						hose exis	ting on the				
Service: Sub-	,	`		,	,	,	ble svstem	n, broken				
scribers and	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											
Rates	each 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					•	,	1.0				
	Rate: Give the standard rate of	-	-	•				-				
	unit in which it is generally billed category, but do not include disc	• •		,		rd rate variation	s within a	particular rate	•			
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable				
	systems most commonly provide			-		•						
	that applies to your system. Not	te: Where an in	idividua	l or organizatio	on is receiv	ing service that	falls unde	r different				
	categories, that person or entity						•					
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	ider "Servi	ce to the				
	Block 2: If your cable system	0			()	service that are	different	from those				
	printed in block 1 (for example, t	-		•								
	with the number of subscribers a											
	sufficient.											
	BLO	OCK 1 NO. OF					BLOCK	C2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBE	ERS	RATE		
	Residential:											
	 Service to first set 		0	-								
	 Service to additional set(s) 		0	0								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		18	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				:e							
-	In General: Space F calls for ra					Il your cable sys	stem's serv	vices that were	е			
F	not covered in space E, that is, t	those services	that are	not offered in	combinatio	on with any seco	ondary trar	nsmission				
	service for a single fee. There a	•			•		0 (,				
Services Other Than	furnished at cost or (2) services											
Secondary	amount of the charge and the up		usually	billed. If any r	ates are cr	larged on a vari	able per-p	rogram basis,				
occontaily	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											
Fransmissions: Rates	Block 2: List any services tha	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
	listed in block 1 and for which a				ished. List	these other ser						
Fransmissions: Rates	-				ished. List	these other ser	r					
	listed in block 1 and for which a brief (two- or three-word) descrip		de the r	ate for each.				BLOCK				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	de the r CK 1 CATEC	ate for each. GORY OF SER	VICE	RATE	CATEG			RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	de the ra CK 1 CATEC Installa	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mo	ate for each. GORY OF SEF ation: Non-res tel, hotel	VICE		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	de the ra CK 1 CATEC Installa • Mo • Col	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial	VICE		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	CK 1 CATEC Installa • Mo • Col • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	VICE		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	ption and inclue BLO	de the r CK 1 CATEC Install • Mo • Col • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l c	VICE		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	WICE idential		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	ption and inclue BLO	de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l c	WICE idential		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclue BLO	de the r CK 1 CATEC Installa • Mo • Co • Pay • Pay • Fire • Bu	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	WICE idential		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a 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	ption and inclue BLO	de the r CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l cl e protection rglar protection	WICE idential		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a 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)	ption and inclue BLO	de the r CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other • Re	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	WICE idential		CATEGO	BLOCK		RATE		
	listed in block 1 and for which a 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)	ption and inclue BLO	de the r CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other • Bui • Col • Day	ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	WICE idential		CATEGO	BLOCK		RATE		

counting Period: 2	2021/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part-tir he carriage of certain network program	me basis under ms [sections						
Primary Transmitters: Television	substitute program basis, as Substitute Basis Stations:	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations:								
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t								
	basis. For further information Column 1: List each station	in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESP1	ons. N, etc. Identify each						
	"WETA-2" as the same on the Column 2 : Give the channed	5	c							
	Column 3: Indicate in each educational station, by enter	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o	(for network multicast), "I" (for indepen	ndent), "I-M"						
	For the meaning of these ter Column 4: Give the location	rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WUSA-1	9	N	WASHINGTON, DC						
	WTTG-1	5	I	WASHINGTON, DC						
Rows as Necessary	WRC-1	4	N	WASHINGTON, DC						
	WJLA-1	7	N	WASHINGTON, DC						
	WHUT-1	32	E	WASHINGTON, DC						
	WDCW-1	50	<u> </u>	WASHINGTON, DC						
	WETA-1	26	Е	WASHINGTON, DC						
	WDCA-1	20	I	WASHINGTON, DC						

EGAL NAME O								SYSTEM
	t every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether the the radio stati this by placing sive the station	/ the sys be recei t the Co sign of e he statio on's sigr a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 pay ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/1						1 011	M SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF							SYSTEM ID			
Name	CEQUEL COMMUNICA										
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
I	In General: In space I, ident	tify every non	network televi	<i>sion program,</i> broadcast	t by a <i>distant</i> sta	ation, that yo	our cable sys	stem carried on a			
- • • • •	substitute basis during the a										
Substitute Carriage:	explanation of the programm				or the general in	Structions in	i trie paper s	5A 1-2 101111.			
Special	• During the accounting pe				basis any non	network tel	evision proc	uram			
Statement and Program Log	broadcast by a distant sta	•			20010, 011 , 1101	[YES	× NO			
0 0	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broot the case of Mexican or Car Column 5: Give the moot first. Example: for May 7 gi Column 6: State the tim to the prearest five minutes	egulations, o pries like "mov . Bulls." m was broad I sign of the s padcast statio nadian statio nth and day ive "5/7."	r authorization vies" or "bask dcast live, entu station broadc on's location (f ons, if any, the when your sy e substitute pr	ns. See page (v) of the etball." List specific pro er "Yes." Otherwise ent asting the substitute pr the community to which community with which stem carried the substit	general instruc gram titles, for er "No." ogram. I the station is li the station is ic tute program. U our cable syste	tions for fur example, "I censed by lentified). Ise numera m. List the	ther informa Love Lucy' the FCC or Is, with the times accu	ation. ' or , in month rately			
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules	ter "R" if the and regulatio	ons in effect d	uring the accounting pe	eriod; enter the	letter "P" if	the listed p				
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the and regulation mming that y	ons in effect d	uring the accounting pe	eriod; enter the under FCC rule:	letter "P" if s and regul	the listed plations in				
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Accounting Period:	2021/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
	CEQUEL COMMUNICATIONS LLC
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 4,526.00
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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month 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
	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 \$ 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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID#
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	8 28
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	03) 579-3152
	TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or COfficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] CM /s/ Alan Dannenbaum 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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	tem as identified
	Date: 7/22/2021	

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 fing, a determination that would be made by a court of law.

unting Period: 2021/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	
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 fol- lowing 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 sub- 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	P Special Statement Concerning Gross Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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	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 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	

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