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 COPYRIG	FOR COPYRIGHT OFFICE USE ONLY		
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
General instr	ems (Short Form) uctions are located o of this workbook	03/01/2022	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YYYY/(Period))		
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	202	12 Barcode Data Filing Period (option	al - see instructions)		
Accounting Period					
В	title of the subsidiary, not that of the p	parent corporation.	bsidiary of another corporation, give the full	corporate	
Owner	If there were different owners during t	hich the owner conducts the business of the accounting period, only the owner of y fee payment covering the entire acco	n the last day of the accounting period shou	ld submit a	
	Check here if this is the system's first f	iling. If not, enter the system's ID numb	er assigned by the Licensing Division.	37683	
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	Μ		
	Cogeco US (Penn), LLC				
		OF CABLE SYSTEM (IF DIFFERE	NT)		
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM			
	2 Batterymarch Park, Sui (Number, street, rural route, apartment, or suit				
	Quincy, MA 02169 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In lin				
System	1 IDENTIFICATION OF CABLE SYSTEM				
	Cogeco UC, LLC				
	MAILING ADDRESS OF CABLE SYST	EM:			
	2 (Number, street, rural route, apartment, or suit Johnstown, PA 15905 (City, town, state, zip code)	le number)			

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.

Cogeco US (Penn), LLC 374 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN State PA Decatur PA	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D "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 kn 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. First CITY OR TOWN STATE Derry PA Decatur PA	Name	Cogeco US (Penn), LLC	3768
Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE Derry PA Decatur PA	D	Instructions: List each separate community served by the cable "a separate and distinct community or municipal entity (includ discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first	ing unincorporated communities within unincorporated areas and including single, community that you list will serve as a form of system identification hereafter know
First Community Decatur PA		Note: Entities and properties such as hotels, apartments, cond	
First Community Decatur PA			STATE
Community Decatur PA	First		
	Community		
text at letters			
	ld Rows as Necessary		
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								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM ID 3768
	Cogeco US (Penn), LLC								5700
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in s			-		•			
Secondary	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								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the nu separately for the particular serv		0	•••				charged	
	Rate: Give the standard rate c					•	,	e 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					in the count ur	nder "Servi	ce to the	
	first set" and would be counted o								
	Block 2: If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONIB	LIKU	TOTE	0,111		(WICE	CODOCIADENCO	TVTT
	Service to first set		206	\$39.99	Res Expa	anded		199	\$ 64.
	 Service to additional set(s) 				Digital V		2	\$ 69.9	
	 FM radio (if separate rate) 				Digital P	us	-	\$104.9	
	Motel, hotel		0	\$39.99					
	Commercial		1	\$39.99					
	Converter								
	Residential			4.99-14.99					
	Non-residential								
	SERVICES OTHER THAN SEC				:e				
_	In General: Space F calls for rat				-	ll your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t		,		•	• •			
	service for a single fee. There ar	•			•		• • •		
Services Other Than	furnished at cost or (2) services of								
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
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 brief (two- or three-word) description and include the rate for each.								
	CATEGORY OF SERVICE	BLO RATE	-	GORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res		INTE	CAILO	INT OF SERVICE	
	• Pay cable	5.99 - 19.99		tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection			y cable					
	•Burglar protection			, y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	• First set	50.00		rglar protection					
	 Additional set(s) 	40.00	Other	services:					
	• FM radio (if separate rate)		•Re	connect		40.00			
	· · ·	[• Die				[
	Converter		- Dia	connect		I			
	• Converter			tlet relocation		40.00			
	• Converter					40.00			

counting Period: 2	2021/2			FORM SA1-2E	PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			EM ID# 37683			
1161115	Cogeco US (Penn), LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> 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 the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WGAL	8	Ν	LANCASTER, PA				
	WHP	7	Ν	HARRISBURG, PA				
d Rows as Necessary	WHTM	5	Ν	HARRISBURG, PA				
	WHVL	3	Ν	STATE COLLEGE, PA				
	WITF	13	E	HARRISBURG, PA				
	WHP (CW)	4	<u> </u>	HARRISBURG, PA				
	WPMT	6	Ν	YORK, PA				
	WVIA	9	E	PITTSTON, PA				
	WVIA	9	E	PITTSTON, PA				
	WVIA	9	E	PITTSTON, PA				
	WVIA	9	E	PITTSTON, PA				
	WVIA	9	E	PITTSTON, PA				
	WVIA	9	E	PITTSTON, PA				
		9	E	PITTSTON, PA				
		9	E	PITTSTON, PA				
		9	E	PITTSTON, PA				
		9	E	PITTSTON, PA				
		9	E	PITTSTON, PA				
		9	E	PITTSTON, PA				
		9	E					
		9	E	PITTSTON, PA				

Cogeco US	FOWNER OF ((Penn), LL(SYSTEM II 376
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal 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 this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se sed by the FC	2) it can l ertain sta eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
C. ILL DIGIT		0,0		ONLE OIGH		0,0		
						1		
						1		

Accounting Perio	d: 2021/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cogeco US (Penn), LL	.C						37683
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program,</i> broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, o	r authorizatio	ns. For a further
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of the set of the	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa Column 1: Give the title			vision program ("substitute	e program") ti	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ger	neral instruct	ions for fu	rther informa	tion.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
			idcast live, ent	er "Yes." Otherwise enter "	'No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute progr	am.			
				the community to which the			the FCC or,	in
	the case of Mexican or Car Column 5: Give the mo			stem carried the substitute			als with the n	nonth
	first. Example: for May 7 gi				, programmer			
				ogram was carried by your				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.n	n. should be	
		ter "R" if the	e listed program	n was substituted for progr	ramming that	t vour svst	em was <i>requ</i>	iired
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	d; enter the l	etter "P" if	the listed pr	
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	effect on October 19, 1976	-						
					WHE	N SUBST	ITUTE	
	S	1	E PROGRAM	1	CARRI	AGE OCO	CURRED	7. REASON FOR
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCO		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Cogeco US (Penn), LLC		37683
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	0,591.00
		(g. :	
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 \$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 accounting period is \$52.00	this six-mon	
	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		
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC	SYSTEM ID# 37683
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	8
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	130
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	Name Patrick Bratton Telephone 617-78	6-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
	Email pbratton@breezeline.com Fax (optional)	
O Certification	 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 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)] X /s/ Patrick Bratton 	
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Patrick Bratton Title: Chief Financial Officer	
	(Title of official position held in corporation or partnership) Date: February 28, 2022	
<u> </u>		

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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ogeco US (Penn), LLC	37683
 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? X 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	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x - Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - 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	
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.	
Owner Address	
ID number First community served Accounting period	

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