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	HT OFFICE USE ONLY	<ul> <li>Return completed workbook by email to</li> </ul>
		ransmissions by	DATE RECEIVED	AMOUNT	-
	-	Short Form)	DATE RECEIVED		<u>coplicsoa@copyright.gov</u>
	(			\$	For additional information,
General instru	uctions	s are located	03/01/2022		contact the U.S. Copyright Office Licensing Division at
in the first tab	of this	s workbook.	00/01/2022	ALLOCATION NUMBER	(202) 707-8150.
					_
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
			1		
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
		20212			
Accounting Period					
Fellou					
_		Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subsi	diary of another corporation, give the full corp	orate title
В		of the subsidiary, not that of the parent of		, , , , , , , , , , , , , , , , , , , ,	
Owner		List any other name or names under whic	h the owner conducts the business of t	he cable system.	
		If there were different owners during the	accounting pariod only the owner on t	the last day of the accounting period should su	ibmit a
		single statement of account and royalty f			ipinit a
		Check here if this is the system's first filin	g If not enter the system's ID number	assigned by the Licensing Division	004378
			g. I not, enter the system s ib number	assigned by the Electioning Division.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3027 S SE LOOP 323			
		(Number, street, rural route, apartment, or suite n	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
	INST	RUCTIONS: In line 1, give any busi	ness or trade names used to ide	ntify the business and operation of the	system unless these
С	name	es already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	<u> </u>	ARKADELPHIA, AR			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
	2		umber)		
	2	(Number, street, rural route, apartment, or suite n (City, town, state, zip code)	umber)		

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

Name		SYSTEM
	CEQUEL COMMUNICATIONS LLC	0043
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including singl u list will serve as a form of system identification hereafter knov s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	pile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ARKADELPHIA	AR
Community	CADDO VALLEY	AR
dd Rows as Necessary		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID	
	CEQUEL COMMUNICAT	TIONS LLC							00437	
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES					
E	In General: The information in s	•		-		•				
Cocondom	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period						nose exis	ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	ı, broken		
scribers and	down by categories of secondar	-					•			
Rates	each category by counting the n			0,0				charged		
	separately for the particular server <b>Rate:</b> Give the standard rate of					•	,	no and the		
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· ·			ny standa		o within a			
	Block 1: In the left-hand block	t in space E, th	e form l	ists the catego	ies of sec	ondary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity			-		-				
	subscriber who pays extra for ca					0,				
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t						,			
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	on of the s	service is		
		OCK 1					BLOCK	< 2		
		NO. OF		DATE	CAT			NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORY OF SEF	<b>VICE</b>	SUBSCRIBERS	RATE	
	Service to first set		1,193	34.99						
	Service to additional set(s)		1,130	54.55						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		80	45.95						
	Converter		00	45.55						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with re	spect to a	ll your cable sys	tem's serv	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0.0	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,	,		5		5 ,		
ransmissions:	Block 1: Give the standard ra			•		• •				
Rates	Block 2: List any services that	• •			-					
	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.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICF	RATE	CATEG	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res						
	• Pay cable	17.00	• Mot	tel, hotel						
	• Pay cable—add'l channel	19.00		nmercial						
	Fire protection		• Pay	cable						
	•Burglar protection			/ cable-add'l ch	annel					
	Installation: Residential		-	e protection						
	• First set	99.00		glar protection						
	<ul> <li>Additional set(s)</li> </ul>	25.00		services:						
	• FM radio (if separate rate)			connect		40.00				
	• Converter			connect						
	Conventer		• Out	let relocation		25.00				
	Gonverter				ess	25.00 99.00				

Namo	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM				
Name	CEQUEL COMMUNIC	ATIONS LLC			0043				
	PRIMARY TRANSMITTERS:	TELEVISION							
G		lentify every television station (including tr em during the accounting period, <i>except</i> (	•	,					
0	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network prog	grams [sections					
Primary ransmitters:	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.								
Television	Substitute Basis Stations	s: With respect to any distant stations car	ried by your cable system on a s	ubstitute program					
	• Do not list the station her	rules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the					
	station was carried <i>only</i> or • List the station here, and	n a substitute basis. also in space I, if the station was carried	both on a substitute basis and a	lso on some other					
	basis. For further information	ion concerning substitute basis stations, s	see page (v) of the general instruc	ctions.					
	multicast stream associate	on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	-	-					
	"WETA-2" as the same on <b>Column 2:</b> Give the chann	the form. nel number the FCC assigned to the televi	vision station for broadcasting ove	er the air in its community					
	of license. For example, W	/RC is channel 4 in Washington, D.C.	0	2					
	educational station, by ente	ch case whether the station is a network st tering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for inde	ependent), "I-M"					
	(for independent multicast)	), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	"E-M" (for noncommercial educa						
	Column 4: Give the location	on of each station. For U.S. stations, list th	he community to which the statio	2					
	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		TATION				
	KARK-1 KARK-2	4.2	N I-M	LITTLE ROCK, AR					
Rows as Necessary		4.3	I-M	LITTLE ROCK, AR					
	KARK-HD1	4	<u>N-M</u>	LITTLE ROCK, AR					
	KARZ-1	42	   N4	LITTLE ROCK, AR					
	KARZ-2	42.2	I-M	LITTLE ROCK, AR					
	KARZ-HD1	42	-	LITTLE ROCK, AR					
	KASN-1	38	<b>I</b>	PINE BLUFF, AR					
	KASN-HD1	38	I-M	PINE BLUFF, AR					
	KATV-1	7	N	LITTLE ROCK, AR					
	KATV-2	7.2	I-M	LITTLE ROCK, AR					
	KATV-3	7.3	I-M	LITTLE ROCK, AR					
	KATV-4	7.4	I-M	LITTLE ROCK, AR					
	KATV-HD1	7	N-M	LITTLE ROCK, AR					
	KETC 1	9	E	ARKADELPHIA, AR					
	KETG-1	9		•					
	KETG-2	9.2	E-M	ARKADELPHIA, AR					
			E-M E-M	ARKADELPHIA, AR ARKADELPHIA, AR					
	KETG-2	9.2							
	KETG-2 KETG-3	9.2 9.3	E-M	ARKADELPHIA, AR					
	KETG-2 KETG-3 KETG-4	9.2 9.3 9.4	E-M E-M	ARKADELPHIA, AR ARKADELPHIA, AR					
	KETG-2 KETG-3 KETG-4 KETG-HD1	9.2 9.3 9.4 9	E-M E-M E-M	ARKADELPHIA, AR ARKADELPHIA, AR ARKADELPHIA, AR					
	KETG-2 KETG-3 KETG-4 KETG-HD1 KKAP-1	9.2 9.3 9.4 9 36	E-M E-M E-M E	ARKADELPHIA, AR ARKADELPHIA, AR ARKADELPHIA, AR LITTLE ROCK, AR					
	KETG-2 KETG-3 KETG-4 KETG-HD1 KKAP-1 KLRT-1	9.2 9.3 9.4 9 36 16	E-M E-M E-M E I	ARKADELPHIA, AR ARKADELPHIA, AR ARKADELPHIA, AR LITTLE ROCK, AR LITTLE ROCK, AR					

ounting Period:	2021/2			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	CATIONS LLC		004
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part	rt-time basis under
Primary		e)(2) and (4), or 76.63 (referring to 76.6		
ransmitters:		as explained in the next paragraph.		
Television		s: With respect to any distant stations ca	rried by your cable system on a s	substitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (th	e Special Statement and Progra	m Log)—if the
	station was carried only or		1 3	57
		also in space I, if the station was carried		
		on concerning substitute basis stations,		
		on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	•	
	"WETA-2" as the same on	5		sport manoucan
		el number the FCC assigned to the telev	vision station for broadcasting ov	ver the air in its community
		RC is channel 4 in Washington, D.C.	tation on independent station of	
		h case whether the station is a network s ering the letter "N" (for network), "N-M" (i		
		), "E" (for noncommercial educational), o		
		erms, see page (iv) of the general instru		,
		on of each station. For U.S. stations, list	2	
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	le community with which the stati	ion is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTHV-4	11.4	I-M	LITTLE ROCK, AR
	KTHV-HD1	11	N-M	LITTLE ROCK, AR
	KVTH-1	26		HOT SPRINGS, AR
			•	TIOT OF NINGS, AN

LEGAL NAME O									SYSTEM 004
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing	y the sys be rece t the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which t	at e s th	the system's he ystem's FM antr is point, see pag ed by the cable s	eadend, and (; enna, during c ge (v) of the g system as a s	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter: Radio
Mexican or Car	nadian stations	s, if any,	the community with which th		station is identif	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
				1					
				1					

Accounting Perio	od: 2021/2					FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				004378
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televi	<i>sion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
	substitute basis during the a						
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-					
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any noni	network television prog	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	must complete the proc	Iram
	log in block 2.	,		5 5	, <b>,</b>	1 1 2	,
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subs				s wherever p	ossible, if their meaning	g is
	clear. If you need more spa				II) (I		•
	period, was broadcast by a			vision program ("substitute our cable system substitut			
	under certain FCC rules, re						
	Do not use general categor	ries like "mo					
	"NBA Basketball: 76ers vs.		depet live opt	or "Voo " Othonwigo optor "	'No."		
				er "Yes." Otherwise enter ' asting the substitute progr			
				he community to which the		censed by the FCC or,	in
	the case of Mexican or Car						
	first. Example: for May 7 give		when your sys	stem carried the substitute	e program. U	se numerals, with the n	nonth
	1 , 0		e substitute pro	ogram was carried by you	r cable svste	m. List the times accura	atelv
	to the nearest five minutes.						,
	stated as "6:00-6:30 p.m."	"D" :( II	P. 4. 1		·		·
	to delete under FCC rules a			n was substituted for progr			
	was substituted for program						Sgrann
	effect on October 19, 1976		-			-	
					14/11		
	S	UBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
						_	
		+					
1							

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	004378
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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
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 \$63,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00.	is six-month
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
	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 \$527,6	00)
	1. Enter the amount of gross receipts from space K \$ 415,323.29	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,515.23
	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	\$ 2,834.23
	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)	2,834.23
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,854.23
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004378
M Channels	<ul> <li>CHANNELS</li> <li>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.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	28
	<ol> <li>Enter the total number of activated channels         <ul> <li>on which the cable system carried television broadcast stations             <ul></ul></li></ul></li></ol>	518
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
	<ul> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)]</li> </ul>	e system as identified wner of the cable system
	X       /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)	
	Date: 2/1/2022	

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	00437
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> 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."	P Special Statement Concerning Gross Receipts Exclusior
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	
Name     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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	-
xdays	<u>-</u> s
x days	 5 
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u> 5 
x       x         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	• 5 •
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	 5 
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 3       Multiply line 2 by the number of days late and enter the sum here       x       x       x       x       x       x       x       x       x       x       x       0.00274       x       x       x       0.00274       x       x       x       0.00274       x       x       x       0.00274       x       x       x       x       x       0.00274       x       x       x       x       x       0.00274       x	  
Line 3       Multiply line 2 by the number of days late and enter the sum here	
x       x	<u>-</u>
x	
x	•
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>

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