This form is effective beginning with the January 1 to June 30, 2017, accounting period (201	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

STATEME	=NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ms (S	Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright
General instru	ctions	are located	1.25.2022		Office Licensing Division at
in the first tab	of this	workbook.		ALLOCATION NUMBER	(202) 707-8150.
	1				
A	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	(Y/(Period))	
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat	-	ary of another corporation, give the full corporat	e title of the
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 a statement of account and royalty fee payn		e last day of the accounting period should submi bd.	t a single
		Check here if this is the system's first filing	. If not, enter the system's ID number as	signed by the Licensing Division.	62366
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Goldfield Communications Services	, Corp.		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 20 (Number, street, rural route, apartment, or suite n	umber)		
		Kanawha, IA 50447			
	INSTR		ess or trade names used to identi	ify the business and operation of the sy	stem unless these
С		s already appear in space B. In line		system, if different from the address give	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			

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.

Narra	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Goldfield Communications Services, Corp.	6236
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: "a nunities within unincorporated areas and including single, discret e as a form of system identification hereafter known as the "first
Area Served	city.	
_	CITY OR TOWN	STATE
First Community	Goldfield Humboldt	lowa
<b>,</b>	Clarion	lowa lowa
dd Rows as Necessary	Renwick	lowa
ad nows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	Goldfield Communication	ons Service	s, Cor	p.					6236
	SECONDARY TRANSMISSION		IBSCRI	BERS AND RA	TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,		those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	ble system	broken	
scribers and	down by categories of secondary	•					-		
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number c	of persons or or	ganizations		
	separately for the particular serv							na and the	
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·		,	iy stanua		s wiu iir a j		
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ł	nand block. A tw	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		191	44.95	Expand	led Basic		147	89.9
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	1				
E	In General: Space F calls for rat	`	,			, ,			
F	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip				Liou. Liou				
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	1	GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable		• Mo	tel, hotel					
	• Pay cable—add'l channel		• Co	mmercial					
	Fire protection		• Pa	y cable					[
	•Burglar protection		•Pa	, y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	35.00	• Bu	rglar protection					I
	<ul> <li>Additional set(s)</li> </ul>			services:					1
	• FM radio (if separate rate)		•Re	connect					1
	• Converter			connect					
				tlet relocation					
			1 24						<b>.</b>
			• Mo	ve to new addre	ess				

nting Period: 2	2021/2			FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER O			SYSTEM II
	Goldfield Communic	ations Services, Corp.		623
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. The number the FCC assigned to the telev (RC is channel 4 in Washington, D.C. In case whether the station is a network s ering the letter "N" (for network), "N-M" (for the see page (iv) of the general instruc- tion of each station. For U.S. stations, list	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepur r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	woi	5	N	Des Moines. IA
Necessary				
i ceessai y				
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 OF STATION OF STATION OF STATION OF STATION OF STATION         WOI       5       N       Des Moines, IA         WOI       13       N       Des Moines, IA         KDIN       11       N       Des Moines, IA         KDSM       17       N       Des Moines, IA         KCWI       23       N       Des Moines, IA				
	ксш	23	N	Des Moines, IA

EGAL NAME OF								SYSTEM I
Goldfield Co	ommunicati	ions Se	ervices, Corp.					623
RIMARY TRAI			pried on a constate and disars	to basis and list t	boso EM stati	one corr	icd on on	н
			arried on a separate and discre nerally receivable by your cabl				ied on an	
			I-Band FM Carriage: Under C				alia mananalka	Primary
eceivable if (1) on the basis of r or detailed info paper SA1-2 for <b>Column 1:</b> Id	it is carried by monitoring, to prmation about m. lentify the call	y the sys be recei t the Cop sign of e	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM.	the system's hea ystem's FM anter	adend, and (2) nna, during ce	it can b rtain sta	e expected, ted intervals.	Transmitters Radio
ignal, indicate t	this by placing	a check	nal was electronically processes mark in the "S/D" column.					
			on (the community to which th the community with which the			C or, in t	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Goldfield Communicat	ions Serv	ices, Corp.				62366
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG			
	In General: In space I, identi	fv everv non	network televisi	on program, broadcast by a	distant static	on, that your cable syster	n carried on a
	substitute basis during the ad	counting pe	riod, under spe	cific present and former FCC	C rules, regula	ations, or authorizations.	For a further
Substitute	explanation of the programm				general instru	uctions in the paper SA1-	-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	<ul> <li>During the accounting period</li> </ul>	-	r cable system	carry, on a substitute basis	s, any nonne	twork television prograr	m
Program Log	broadcast by a distant stat	ion?				YES	NO
	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	ım
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				vherever pos	sible, if their meaning is	S
	clear. If you need more spa Column 1: Give the title			ows to the tables. sion program ("substitute p	orogram") tha	at, during the accounting	a
	period, was broadcast by a	distant stati	on and that you	ur cable system substituted	for the prog	ramming of another sta	ation
	under certain FCC rules, re	gulations, o	authorizations	See page (v) of the gene	ral instructio	ns for further informatio	n.
	Do not use general categori "NBA Basketball: 76ers vs.		vies or daske	toall. List specific program	i titles, for ex	ample, I Love Lucy or	
			lcast live, enter	"Yes." Otherwise enter "N	0."		
		•		sting the substitute program			
	the case of Mexican or Can			e community to which the s community with which the s			
				em carried the substitute p			nth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			ely
	stated as "6:00–6:30 p.m."	Example. a	program ourne		0 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wa		10010038		
					14/115		
	S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	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. TIMES FROM — TO	DELETION
					-	_	
						_	
						_	
						_	
						_	
						_	
1						—	

Accounting Period:	2021/2 FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
Humo	Goldfield Communications Services, Corp. 62	366
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 of 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, see 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.	
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 \$263,800. • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	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	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.0	n
	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	0
	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	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 \$ 67.0	0
	EFT Trace # or TRANSACTION ID # 26UO8U6K	
	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:	2021/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: nmunications Services, C	orp.		SYSTEM ID# 62366
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's tal number of channels on wh ied television broadcast statio tal number of activated chann e cable system carried televis	s total nun ich the cal ons nels ion broado		ns 15 
N Individual to Be Contacted		TO BE CONTACTED IF FURT t about this statement of acco		ORMATION IS NEEDED (Identify an individual	
for Further Information	Name	Jacob Berte		Telepho	ne 641-762-3772
	Address	105 S Main St. / PO (Number, street, rural route, apar		ile a underst	
		Kanawha, IA 50447	rument, or su	ne number)	
		(City, town, state, zip)			
	Email	jberte@ganiow	va.com	Fax (optional	
O Certification		I (This statement of account n		rtified and signed in accordance with Copyright Office regulation: nly one , of the boxes.)	5)
	(Own	er other than corporation or	partnersh	ip) I am the owner of the cable system as identified in line 1 of space	e B; or
	(Ager			<b>partnership)</b> I am the duly authorized agent of the owner of the cabl s not a corporation or partnership; or	e system as identified
	X (Offic	<b>cer or partner)</b> I am an officer in line 1 of space B.	(if a corpo	ration) or a partner (if a partnership) of the legal entity identified as o	wner of the cable system
	are true, compl			eclare under penalty of law that all statements of fact contained here dge, information, and belief, and are made in good faith.	in
			X Enter an	/s/ Randy Yeakel	_
			Enter sig	nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	d name:	Randy Yeakel	
		Title:		dent/COO I position held in corporation or partnership)	
		Date:		01/25/2022	

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Additied Communications Services, Corp.       61         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:       Image: Communication of the 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 enceiving secondary transmissions pursuant to section 119.*       Image: Communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.       Image: Communication on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.       Image: Communication on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       Image: Communication on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below.       Image: Communication of the paper SA1-2 form.       Image: Communication of the paper SA1-2 form.         Image: Imag	unting Period: 2021/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCENTS In Statistic Home Viewer Act of 1988 amended Tile 17, section 111(d/(1/d), 0 the Copyright Act by adding the follows: are screep and amounts collected from subscribers receiving secondary transmissions parature to section 119. <sup>1</sup> For more information on when to exclude these amounts, see the note on page (vii) of the general instructions concerning of the cable system whall not include sub-scribers receiving secondary transmissions parature to section 119. <sup>1</sup> For more information on when to exclude these amounts, see the note on page (vii) of the general instructions concerning of mace by satellite carriers to satellite dish owners? NO VES. Enter the total here and list the satellite carrier(s) below. Streme Maing Address Maing Address Maing Address In So use to onpice this worksheet for those royally 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. Line 2 Muttiply line 1 by the interest rate <sup>4</sup> and enter the sum here	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Viewer Act of 1988 amended Tile 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* For one information on when to exclude these amounts, see the note on page (vii) of the general instructions 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. Strenger ASA-2 form. Nume Water Assessment, see page (viii) of the general instructions located in the pager SA1-2 form. Nume Numation of interest assessment, see page (viii) of the general instructions located in the pager SA1-2 form. Line 1 Enter the amount of late payment or underpayment. Nu cut complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. Nume	dfield Communications Services, Corp.	6236
made by satellite carriers to satellite dish owners?       Image days attellite carriers to satellite dish owners?       Image days attellite carriers to satellite carrier(s) below.       Image days attellite carrier(s) carrier(s) carrier(s) carrier(s) carrier	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name       Name         Maining Address       Maining 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.       Q         Line 1       Enter the amount of late payment or underpayment	made by satellite carriers to satellite dish owners?	
Interest ASSESSMENT       Q         You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Q         Line 1       Enter the amount of late payment or underpayment		-
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: 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.       Image: Complete this worksheet for those royalty payments = Complete the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Mailing Address Mailing Address	•••
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: 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.       Image: Complete this worksheet for those royalty payments = Complete the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment		
Line 1       Enter the amount of late payment of underpayment		
x		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	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
<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> <li>Owner</li> </ul>	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
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.	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
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	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
	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
Address	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
	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
	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
	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
First community served	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
Accounting period	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 Assessm

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