ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INSTR	RUCTIONS:						
B Owner	In line If the	LEGAL NAME OF OWNER OF CABLE SYSTEM:	BARCODE DAT# Filing Period *0307.					
	2	Vyve Broadband A, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):						
	_							
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:							
	4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)							
		Rye Brook, NY 10573						
		(City, town, state, zip)						
	INCTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	1					
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or sulte number)						
		(City, town, state, zip code)						

	BLOC					
E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		167	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		9	59.99		
	Converter					
	Residential					
	Non-residential					
				u u		
		BLO	OCK 1	I		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Installation: Non-resid			
	• Pay cable	19.95		 Motel, hotel 		
Services	 Pay cable—add'l channel 			 Commercial 		
Other Than	Fire protection			 Pay cable 		
Secondary	 Burglar protection 			• Pay cable-add	l channel	
Transmissions:	Installation: Residential			• Fire protection		
Rates	First set	64.95		 Burglar protect 	ion	
	 Additional set(s) 		Other	r services:		
	 FM radio (if separate rate) 			 Reconnect 		39.95
	Converter	Disconnect				
				Outlet relocation	n	20.00
				• Move to new a	ddress	39.95
İ						

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 and nonbroadcast services. 1. The total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.								
N	we can write or call about this s	TED IF FURTHER INFORMATION tatement of account.)	ON IS NEEDED: (10	lentify an individual to whom					
Individual to Be Contacted									
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313				
momaton	Address	4 International Dr Suite (Number, street, rura		r cuito numbor)					
		Rye Brook, NY 10573		a suite Humbery					
		(City, town, state, zip	o)						
	Email (optional)	marie.censoplar	no@vyvebb.cor	n Fax (optional)	914-234-8363				
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or								
	•	an corporation or partnership) and that the owner is not a corp	-	_	he cable system as identified				
	(Officer or partner) I am a in line 1 of space B.	an officer (if a corporation) or a p	oartner (if a partner	ship) of the legal entity identit	ed as owner of the cable syste	m			
	I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986)]	to the best of my knowledge, inf							
	1								
	•		n signature: rinted name:	Daniel J White					
		Title:	SVP Financi (Title of official posi	al Planning ion held in corporation or partne	rship)				
		Date:		02/26/2022					

2. B'cast

	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KETA-PBS	13	E	OKLAHOMA CITY OK
KTEN-NBC	10	N	ADA OK
KTEN-CW	10.2	I-M	ADA OK
KTEN-ABC	10.3	N	ADA OK
KETA-World	13.2	I-M	OKLAHOMA CITY OK
KETA Create	13.3	E-M	OKLAHOMA CITY OK
KETA Kids	13.4	E-M	OKLAHOMA CITY OK
KXII (MyNet)	12.3	I-M	Sherman OK
KXII (CBS)	12	N	Sherman OK
KXII (Fox)	12.2	I-M	Sherman OK

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/29/2022	\$ ALLOCATION NUMBER				

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general

instructions

Α	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:							
Accounting Period		January 1-June 30, 2022								
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM							
		Vyve Broadband A, LLC								
				030	72520221					
				03	30725 2022/1					
		4 International Dr Suite 330 Rye Brook, NY 10573								
С		, 0		fy the business and operation of the system unlessystem, if different from the address given in space						
System	1	IDENTIFICATION OF CABLE SYSTEM:	70	, , , , , , , , , , , , , , , , , , ,						
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite nu	mber)							
		(City, town, state, zip code)								
D	in F	CC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	"community" is the same as a "community unit" ing unincorporated communites within unincorporated. The first community that list will serve as a	orated					
Area Served	of s Not	ystem identification hereafter known	as the "first community." Please us	e it as the first community on all future filings. mobile home parks should be reported in parathe						
		CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community		eston Peninsula ttsboro	TX TX							
-										

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 effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2022/1 FORM SA3_PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030725 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary 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 (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 167 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 9 59.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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.

	BLOCK 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential						
• Pay cable	19.95	Motel, hotel						
 Pay cable—add'l channel 		Commercial						
 Fire protection 		Pay cable						
•Burglar protection		 Pay cable-add'l channel 						
Installation: Residential		Fire protection						
First set	64.95	Burglar protection						
Additional set(s)		Other services:						
 FM radio (if separate rate) 		Reconnect	39.95					
Converter		Disconnect						
		Outlet relocation	20.00					
		 Move to new address 	39.95					

ACCOUNTING PERIOD: 2022/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030725 **Vvve Broadband A. LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. 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 identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER STATION OKLAHOMA CITY OK KETA-PBS 13 Ε 10 Ν ADA OK KTEN-NBC KTEN-CW 10.2 I-M ADA OK **ADA OK** 10.3 Ν KTEN-ABC KETA-World 13.2 I-M OKLAHOMA CITY OK **KETA Create** 13.3 E-M OKLAHOMA CITY OK 13.4 E-M OKLAHOMA CITY OK **KETA Kids** 12.3 I-M Sherman OK KXII (MyNet) KXII (CBS) 12 Ν Sherman OK KXII (Fox) 12.2 I-M Sherman OK

FORM SA1-2. F	PAGE 4.							•
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							Name	
Vyve Broadband A, LLC 030725								
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an							н	
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).								Primary Transmitters: Radio
		, ii uiiy,			,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

1	ı	11	ı		
				<u> </u>	

	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Vyve Broadband A, LL	.c						030725
Substitute Carriage: Special Statement and Program Log	Carriage: Special tement and teme							
Column 1: Give the title of every nonnetwork television program (substitute program) that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of anothe under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luci "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC of the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times account to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was reto delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed gram was substituted for programming that your system was permitted to delete under FCC rules and regulation effect on October 19, 1976.								th y
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	OCCURRE 6. 1	ΓIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
					-			
						-	_	
						-		
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					-			
						_		

FORM SA1-2. PA	GE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Vyve Broadband A, LLC	030725	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ion service	K Gross Receipts
	during the accounting period	\$ 30,490.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions: T	ROYALTY FEE 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.	,800	L Copyright Royalty Fee
	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 accounting period is \$52.00	six-month	
	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	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	Enter the amount of gross receipts from space K		
	Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	0.00	
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
Due	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]
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more information.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband A, LLC	030725
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	lations
Channels	(a to debot bate and (2) and said by stand stand name of the said and	
	Enter the total number of channels on which the cable	7
	system carried television broadcast stations	
	O Fatantha total number of estimated shannels	
	Enter the total number of activated channels on which the cable system carried television broadcast stations	
i	and nonbroadcast services	142
·		_
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
14	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone S	914-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	tions
0	as explained in the general instructions.)	tions,
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
••••••	, and distribution of the control of	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space I	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	system as identified
	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 identifed as ow	ner of the cable system
	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 contains	d herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
I	[18 U.S.C., Section 1001(1986)]	
I		
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Typod of printed fame.	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
I	(Title of anional position role in surprising)	
I	Data: 0/22/22/	
I	Date: 8/22/22/	

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 effects 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 030725	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions	oyright Act by adding the fol- cable system for the basic e system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the During the accounting period did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a later For an explanation of interest assessment, see page (viii) of the general instructions.	ite payment or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . 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	y late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period a		
Owner Address		
ID number First community served Accounting period		

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 effects 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.