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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
08/26/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1		
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20221 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: 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.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty 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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE ONE, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BOSHESS IN MILEON ON BELLEVIN IN BITTERENTY	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012-2626 (City, town, state, zp)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:	
	1	CABLE AMERICA	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	64 NORTH CLARK STREET (Number, street, rural route, apartment, or suite number)	
		SULLIVAN, MO 63080 (City, town, state, zip code)	
			_

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

	T	FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM 46					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 known 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 hidentified city.	nome parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First Community	MARYLAND HEIGHTS	MO					
I Rows as Necessary							
Rows as Necessary							

Accounting Period: 2022/1
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 4644

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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.

BL	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBE	RS RATE		
Residential:						
Service to first set	161	28.53				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel				-		
Commercial						
Converter						
Residential						
Non-residential						
		Ī				

F

Services Other Than Secondary Transmissions: Rates

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 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 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.95	Motel, hotel		DIGITAL INTRO	5.00
 Pay cable—add'l channel 	11.95	Commercial		DIGITAL CHOICE	15.00
Fire protection		• Pay cable		STANDARD CHOICE	49.97
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	9.95	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	9.95		
Converter		Disconnect			
		Outlet relocation	12.95		
		 Move to new address 			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

4644

Name

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) 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 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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTVI	33	<u> </u>	ST. LOUIS, MO
KMOV	24	N	ST. LOUIS, MO
KSDK	35	N	ST. LOUIS, MO
KETC	23	E	ST. LOUIS, MO
KPLR	26	1	ST. LOUIS, MO
KNLC	14	1	ST. LOUIS, MO
KDNL	31	N	ST. LOUIS, MO
WRBU	28	1	ST. LOUIS, MO
KMOV-2	24.2	I-M	ST. LOUIS, MO
KDNL-2	31.2	I-M	ST. LOUIS, MO
KDNL-3	31.3	I-M	ST. LOUIS, MO
KDNL-4	31.4	I-M	ST. LOUIS, MO
KMOV-3	24.3	I-M	ST. LOUIS, MO
KPLR-2	26.2	I-M	ST. LOUIS, MO
KPLR-3	26.3	I-M	ST. LOUIS, MO
KTVI-2	33.2	I-M	ST. LOUIS, MO
KSDK-6	35.6	I-M	ST. LOUIS, MO
KETC-2	23.2	E-M	ST. LOUIS, MO
KETC-3	23.3	E-M	ST. LOUIS, MO
KETC-4	23.4	E-M	ST. LOUIS, MO
KTVI-SIMUL	33	1	ST. LOUIS, MO
KMOV-SIMUL	24	N	ST. LOUIS, MO
KSDK-SIMUL	35	N	ST. LOUIS, MO

Accounting Period:	2022/1	FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	4644
	PRIMARY TRANSMITTERS: TELEVISION	

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) 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 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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

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 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.

RETC-SIMUL
23
E
ST. LOUIS, MO
KONL-SIMUL
31
N
ST. LOUIS, MO

KPLR-SIMUL
26
I
ST. LOUIS, MO

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 4644

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	l						
	l						
	l						
					_		

Accounting Perio	nd: 2022/1						FOR	M SA1-2E. PAGE 5.
Accounting rene	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				1010	SYSTEM ID#
Name	CABLE ONE, INC.							4644
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every non	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	a distant stat CC rules, reg	ulations, c	or authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per	_			sis, any nonr	network te	elevision prog	ıram
Statement and Program Log	broadcast by a distant sta	tion?	•	·	•		YES	NO
	Note: If your answer is "No		rest of this na	age blank. If your answer is	s "Yes " vou r	must com		
	log in block 2.	, icave are	rest or this pe	igo biarik. Il your anower k	5 100, your	nast com	piete trie pro	gram
	clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red to not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Cart Column 5: Give the more first. Example: for May 7 gincolumn 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	titute progra ace, please of every no distant state gulations, of ries like "mo Bulls." m was broat sign of the adcast station addant state and and state er "R" if the and regulation ming that	ogram on a separate line. Use abbreviations wherever possible, if their meaning is use add additional rows to the tables. In onnetwork television program ("substitute program") that, during the accounting station and that your cable system substituted for the programming of another station is, or authorizations. See page (v) of the general instructions for further information. "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or roadcast live, enter "Yes." Otherwise enter "No." he station broadcasting the substitute program. tation's location (the community to which the station is licensed by the FCC or, in tations, if any, the community with which the station is identified). day when your system carried the substitute program. Use numerals, with the month the substitute program was carried by your cable system. List the times accurately le: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be the listed program was substituted for programming that your system was required that your system was permitted to delete under FCC rules and regulations in					ting station ation. or in month rately
	effect on October 19, 1976		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON F					
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> — то</u>	
								""
							_	
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			ļ					

Accounting Period:	2022/1			FORM SA	1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			S'	YSTEM ID# 4644			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the systemation (as identified in space E) during the accounting period. For a further explanation of 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.	em's seconda of how to com	ry transmis	ssion service mount, see	3,401.28 ss 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 \$137,10	00 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	e that you mu	st pay for th	nis 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 (
	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	d 8	· · · · · · · -					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but less th	nan \$527,6	600)				
	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	· · · · · · · · <u> </u>						
	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	· · · · · · · <u> </u>		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)	<u>\$</u>		52.00				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>		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 paymer See page i of the general instructions in the paper SA1-2 f		-		nts!			

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM: NC.				SYSTEM ID# 4644
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the co	ou must give (1) the number of s, and (2) the cable system's to a line of channels on which television broadcast stations. In the cast services	total number of activated chath the cable s broadcast stations	nnels during the a	ccounting period.	26
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun		DED (Identify an ir	ndividual to whom	
for Further Information	Name	JENAE HECK			Telephone	602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, aparts) PHOENIX, AZ 85012 (City, town, state, zip)	ment, or suite number)		Fax (optional) 602-364-601	3
	Liliali	JENAE. HEORG	JOADLE OINE. DIE		Tax (optional) 002-304-001	
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, but only one, 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 identified in line 1 of space B and that the owner is not a corporation or partnership; or X (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 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 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)]					
		Typed or printed	X /s/ Quynh Trai	on the line above to ignature" (e.g., /s/		
		Title:	VICE PRESIDENT &			
		Date:			August 26, 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 fling, a determination that would be made by a court of law.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
BLE ONE, INC.	4644
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclused scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	asic sub- Special Statement
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmirmade by satellite carriers to satellite dish owners?	issions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa	ayment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	days
X	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	74
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 \$	arga)
(interest ch	,
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original	•
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 Office to collect the personally identifying information (PII) requested on th 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 fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)