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	ACC	ΩΠΝΤ
		AUU	

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by ema
DATE RECEIVED	AMOUNT	coplic
09/06/22	\$	For ad contac Office
	ALLOCATION NUMBER	Tel: (2

Return completed workbook by email to:

coplicsoa@copyright.gov

or additional information, ontact the U.S. Copyright office Licensing Division at: el: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	4980
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Great Plains Cable Television	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P. O. Box 50	
		(Number, street, rural route, apartment, or suite number)	
		Blair, NE 68008 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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 prov	Pess VOUI	r statement of account PII is any personal information that can be used to identify or trace an individual such as name address and telephone	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Great Plains Cable Television	498
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	
Served	identified city.	
	CITY OR TOWN	STATE
First	McCook	Nebraska
Community	Trenton	Nebraska
d Rows as Necessary		
	การสาวการการการการการการการการการการการการการก	

								FORM SA1	TEM ID		
Name	LEGAL NAME OF OWNER OF C/ Great Plains Cable Tele							313	498		
	Great Fidilis Cable Tele	VISION									
Е	SECONDARY TRANSMISSION										
E	In General: The information in s			-		•					
Secondary	system, that is, the retransmission about other services (including particular services)					•					
Transmission	last day of the accounting period										
Service: Sub-	Number of Subscribers: Both	•									
scribers and	down by categories of secondar	•				•					
Rates	each category by counting the n separately for the particular serv							cnarged			
	Rate: Give the standard rate of							ge and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc										
	Block 1: In the left-hand block systems most commonly provide										
	that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca	ble service to	addition	al sets would	be include	d in the count ur	nder "Servi	ce to the			
	first set" and would be counted o					a a mula a that and	different f	no no the ope			
	Block 2: If your cable system printed in block 1 (for example, t										
	with the number of subscribers a										
	sufficient.		0			•					
	BLC	DCK 1 NO. OF	. 1				BLOCK	12 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		746	24.95	Broado	aster Fee		746	24.		
	 Service to additional set(s) 										
	 FM radio (if separate rate) 				HD Lea	ISE		254	4.9		
	Motel, hotel										
	Commercial				Conver	ter Fees		179	4.9		
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
_	In General: Space F calls for ra					all your cable sys	stem's serv	rices that were			
F	not covered in space E, that is, t										
•	service for a single fee. There are										
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		usualiy	billed. If ally I	ales ale ci	harged on a van	able pei-p	logiani basis,			
ransmissions:	Block 1: Give the standard rat		the cabl	e system for e	ach of the	applicable servi	ces listed.				
Rates	Block 2: List any services that	• •			-	-					
	listed in block 1 and for which a				lished. List	these other ser	vices in the	e form of a			
	brief (two- or three-word) descrip										
		BLO					0.750	BLOCK 2			
	CATEGORY OF SERVICE	RATE		BORY OF SEF		RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services:	40.05		ation: Non-res	sidential						
	Pay cable Add'l channel	16.95 12.95		tel, hotel nmercial							
	Pay cable—add'l channel Eire protection	12.95									
	Fire protection Burglar protection		-	/ cable / cable add'l d	hannol						
	•Burglar protection Installation: Residential		-	/ cable-add'l cl e protection	annei						
	First set	65.00		•							
		65.00 65.00		glar protectior services:	I						
	 Additional set(s) FM radio (if separate rate) 	00.00		connect		65.00					
	· · · /					00.00					
	Convertor										
	• Converter			connect		6F 00					
	• Converter		• Out	connect tlet relocation ve to new add	r000	65.00 65.00					

N	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTEM
Name	Great Plains Cable T	elevision		4
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	dentify every television station (including tr em during the accounting period, <i>except</i> (is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. is: With respect to any distant stations carri- rules, regulations, or authorizations: ere in space G—but do list it in space I (the in a substitute basis.	(1) stations carried only on a part- e carriage of certain network progr (e)(2) and (4))]; and (2) certain statistic ried by your cable system on a su e Special Statement and Program	time basis under rams [sections ations carried on a ubstitute program Log)—if the
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V	ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	see page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over	tions. PN, etc. Identify each ort multistream r the air in its community
	educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	tering the letter "N" (for network), "N-M" (for terms, see page (iv) of the general instruct ion of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFXL	15.1	N	Lincoln, NE
	KUON	12.1	E	Lincoln, NE
Rows as Necessary	KUON-EW	12.2	E-M	Lincoln, NE
	KUON-EC	12.3	E-M	Lincoln, NE
	KOLN	10.1	N	Lincoln, NE
		10.5	I-M	
	Kenb			Suparior NF
	KSNB	4	N	Superior, NE
		4 4.2	N N-M	
	кнді	4 4.2 13.1	N N-M N	Superior, NE Kearney,NE
	KHGI KHGI	4 4.2 13.1 13.3	N N-M N I-M	Kearney,NE
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI	4 4.2 13.1 13.3	N N-M N I-M	Kearney,NE
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa
	KHGI KHGI KTIV	4 4.2 13.1 13.3 4.2	N N-M N I-M N-M	Kearney,NE Sioux City, Iowa

Accounting Period:	2022/1	FORM SA1-2E. PAGE 3.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Cable Television	4980
	PRIMARY TRANSMITTERS: TELEVISION	
G	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, <i>except</i> (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: Television	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. <i>Do not</i> 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.	
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION	N OF STATION

EGAL NAME OF Great Plains								SYSTEM I 49
	every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant his point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
								
						<u> </u>		
								
						<u> </u>		
						.		
						 		
						<u> </u>		
						 		
						 		
						 		
						<u> </u>		
				Г	1	1		
						 		

Accounting Perio							FORM	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						4980
	SUBSTITUTE CARRIAG				06			
	In General: In space I, ident					tion that you	ur cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programn	•••		•				
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	age blank. If your answer i	s "Yes " vou r	nust comple	ete the proc	
	log in block 2.	,	s toot of the pe	.ge slallin i jeur alletter i	o 100, jou.	indet eenipi	oto 1.10 p. 08	,
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs				s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitut	o program") ti	hat during t	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progr	am titles, for e	example, "I	Love Lucy"	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which th			he FCC or,	in
				stem carried the substitut			s. with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system from 0.0	1. 15 p.m. to d	.20.30 p.m.	should be	
	Column 7: Enter the let			n was substituted for prog				
	to delete under FCC rules was substituted for program							ogram
	effect on October 19, 1976	0	your system w	as permitted to delete uni		and regula		
	s	UBSTITUI	E PROGRAM	1		N SUBSTI ⁻ AGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-		
							_	
						·		
						-		
							_	
						· · · · · · · · · · · · · · · · · · ·		
						·		
							_	
						-	_	
							_	

Accounting Period:	2022/1 FOR	M SA1-2E. PAGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Cable Television	4980
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 to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission see (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 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.	rvice
		· · · ·
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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,60(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-mor accounting period is \$52.00	nth
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 179,508.56	
	3. Subtract line 2 from line 1	_
	4. Enter the amount of gross receipts from space K \$ 179,508.5	<u>6</u>
	5. Enter the amount from line 3	4
	6. Subtract line 5 from line 4	2
	7. Multiply line 6 by .005 (enter figure here)	476.09
	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	476.09
	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) \$ 1,319.0	0
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 476.0	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>0</u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	496.09
	EFT Trace # or TRANSACTION ID # 76-1316/1049	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrig See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information of the second seco	

Name (EGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television CHANNELS	SYSTEM ID# 4980
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 .	18 109
	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email Iquist@gpcom.com Fax (optional)	
O Certification	 ERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin 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 ow 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 hereir 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)] 	system as identified mer of the cable system
	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: Janelle Allison	
	Title: CFO & COO (Title of official position held in corporation or partnership)	
	Date: September 6, 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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	498
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 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 Exclusion
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	
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	Interest Assessmen
x	
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** and enter here in space L (page 6) block 1 line 2 or block 2 line 8 or block 3 line 6 \$	
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	—
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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.