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				
08/12/2022	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2022/1 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 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 CHAPTER MAILING ADDRESS OF CARLE SYSTEM						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	HAWKEYE TELEPHONE CO BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO BOX 835 (Number, street, rural route, apartment, or suite number)						
	MONONA, IA 52159 (City, town, state, zip)						
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	names 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 suite number)						
	(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.

	LEGAL NAME OF CAMPED OF CARLE OVOTEM	FORM SA1-2E. PAC SYSTEM							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	HAWKEYE TELEPHONE CO Instructions: List each constant community control by the cable system. A "community" is the came as a "community unit" as defined in ECC rules.								
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 fillings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	HAWKEYE	IA							
Community	ARLINGTON	IA							
	FAYETTE	IA							
I Rows as Necessary	LAWLER	IA							
,	MAYNARD	IA							
	ST. LUCAS	IA							
	WAUCOMA								
	L	IA.							
	WESTGATE	iA							
	0.00.00.00.00.00.00.00.00.00.00.00.00.0								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62353

HAWKEYE TELEPHONE CO

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	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	256	\$29.95	Digital IPTV	236	\$78.95	
 Service to additional set(s) 	132	\$4.95				
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		Ī			ľ	

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	\$17.95	Motel, hotel		HD Equipment Fee	\$4.95
 Pay cable—add'l channel 	\$15.45	Commercial		DVR	\$4.95
Fire protection		• Pay cable		Whole Home DVR	\$9.95
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$20.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	\$20.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62353

HAWKEYE TELEPHONE CO

G

Primary Transmitters: Television

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
KRIN	11	E-M	WATERLOO, IA
KGAN	2	N-M	CEDAR RAPIDS, IA
KWWL	7	N-M	WATERLOO, IA
KCRG	9	N-M	CEDAR RAPIDS, IA
KWKB	5	N	CEDAR RAPIDS, IA
KPXR	10	N	CEDAR RAPIDS, IA
KFXA	6	<u> </u>	CEDAR RAPIDS, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HAWKEYE TELEPHONE CO

62353

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
KWVI	FM		WAVERLY, IA	KNWS	FM		WATERLOO, IA
KRJE	FM		HAWKEYE, IA	KNEI	FM		WAUKON, IA
KUNI	FM		CEDAR FALLS, IA	KVIK	FM		DECORAH, IA
KKHQ	FM		OELWEIN, IA	KOKZ	FM		WATERLOO, IA
WQPC	FM		PRAIRIE DU CHIEN, WI	KROC	FM		ROCHESTER, MN
KCZE	FM		NEW HAMPTON, IA	KFMW	FM		WATERLOO, IA
KDHK	FM		DECORAH, IA		1		77771271200, 177
KDIIK	1 101		DEGOTALI, IA		+		
					 		
					 		
					 		
							
							
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	.J. 2022 /4						FOR	M O M A OF DA OF F	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	HAWKEYE TELEPHO							62353	
								02000	
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, iden	tify every noi	nnetwork televi	sion program, broadcast by	a distant sta	tion, that y	our cable sys	stem carried on a	
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and									
Program Log									
	Note: If your answer is "No	o," leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUT		-						
	In General: List each subsclear. If you need more spa				s wherever p	ossible, if	their meanin	ig is	
				vision program ("substitute	program") tl	hat, durin	g the accoun	ting	
	period, was broadcast by a	a distant stat	tion and that y	our cable system substitut	ed for the pro	ogrammin	g of another	station	
	under certain FCC rules, re Do not use general catego								
	"NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	iiii uues, ioi e	zxampie,	1 Love Lucy	Oi	
				er "Yes." Otherwise enter "					
		0		asting the substitute progr the community to which the		censed hy	the ECC or	in	
	the case of Mexican or Cal						r tile i CC oi,	, 111	
	Column 5: Give the mo	nth and day		stem carried the substitute			als, with the i	month	
	first. Example: for May 7 g		o oubotituto pr	ogram was carried by your	r aabla avata	m Lietth	timoo aaau	rataly	
	to the nearest five minutes								
	stated as "6:00-6:30 p.m."		1 3	, ,					
				n was substituted for progr					
	to delete under FCC rules was substituted for program							ogram	
	effect on October 19, 1976	•	,	•		Ü			
	effect off October 19, 1970.								
						N OURO		1	
	9	IIRSTITIIT		1		N SUBS		7 REASON FOR	
			E PROGRAM		CARRI	AGE OC	TITUTE CURRED TIMES	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN			AGE OC	CURRED		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAWKEYE TELEPHONE CO	SYSTEM ID# 62353
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter 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 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.	on service
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 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.	,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this si accounting period is \$52.00.	x-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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$263,800.00	
	Enter amount of gross receipts from space K	
	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
	C. Interest charge. Litter the amount norm line 4, space Q, page 0	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)	
	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	
		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	Filling 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 # 76278187200	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	HAWKEYE TELEPHO					SYSTEM ID# 62353
M Channels	to its subscribers, and (2 1. Enter the total numbe system carried television 2. Enter the total numbe on which the cable sys	t) the cable system's to rof channels on which on broadcast stations rof activated channel tem carried television	total numl th the cabl s broadcas		ecounting period.	309
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			DRMATION IS NEEDED (Identify an inc	dividual	
for Further Information	Name SHA	NNON RETH			Telephone	563-539-2122
	(Numbe	S MAIN ST, PO E r, street, rural route, aparti IONA, IA 52159 wn, state, zip)				
	Email	sreth@neitel.cc	om		Fax (optional) 563-539-200	3
O Certification	Owner other (Agent of own in line 1 of X (Officer or pa in line 1 of I have examined the sta	than corporation or per other than corporation of the period of th	partnersh ation or powner is n if a corpo hereby d y knowled Enter an Enter sign d name:	ritified and signed in accordance with Conly one, of the boxes.) ip) I am the owner of the cable system a continuous partnership) I am the duly authorized agot a corporation or partnership; or ration) or a partner (if a partnership) of the clare under penalty of law that all state tage, information, and belief, and are made and the continuous partnership in the clare under penalty of law that all state tage, information, and belief, and are made and the continuous partnership in the clare and the continuous partnership in the components of the continuous partnership in the cable system and the continuous partnership in the cable system and the continuous partnership in the cable system and th	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ownerents of fact contained here de in good faith.	system as identified wner of the cable system
		Date:			8/8/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
WKEYE TELEPHONE CO	62353
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: "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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 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 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 Assessment
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	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Owner Address	
ID number First community served	
Accounting period	

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