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

063544

				Return completed workbook by
STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	email to
-	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form)	0/45/0000	\$	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
in the first tab of this workbook.		9/15/2022	ALLOCATION NUMBER	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
	2022	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of subsidiary, not that of the parent corpor	-	ry of another corporation, give the full corpora	te title of the
Owner	List any other name or names under whi	ch the owner conducts the business of the	cable system.	
	-	e accounting period, only the owner on the yment covering the entire accounting perio	e last day of the accounting period should subm bd.	it a single

1		
l	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division	or

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
	-	(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 unless these a 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	INDIANA STATE PRISON
		MAILING ADDRESS OF CABLE SYSTEM:
	_	
	2	(Number, street, rural route, apartment, or suite number)
		(Chir, house state wire works)
		(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 OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063544
	Instructions: List each separate community served by the cable system. A "comm	
D	separate and distinct community or municipal entity (including unincorporated or unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	communities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	MICHIGAN CITY	IN
Community	(INDIANA ST PRISON)	
Add Rows as Necessary		
, au nous as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM								FORM SA1	TEM IC			
Name											06354			
	CEQUEL COMMUNICAT	IONS LLC												
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover all c	ategories of se	condary					1				
Secondary	about other services (including p						hos	e existir	ng on the					
Transmission Service: Sub-	last day of the accounting period						مام د	vetom	broken					
scribers and		bscribers: Both blocks in space E call for the number of subscribers to the cable system, broken												
Rates	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).													
	<b>Rate:</b> 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 disc	· · ·	,		Standard		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inir a pe						
	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									ry				
	that applies to your system. <b>Not</b> categories, that person or entity			-		-				al				
	subscriber who pays extra for ca					0,				ai				
	first set" and would be counted of	once again unde	er "Service	to additional s	et(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.		ngnenan					1 110 30						
	BL	OCK 1					ł	BLOCK	(2					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	-D0	RATE	CAT	EGORY OF SE		<u>~</u> Е	NO. SUBSCI	OF	RAT			
	Residential:	SUBSCRIBE	-K5	RATE	CATE	LGORT OF SE		5E	SUBSCI	RIBERS	RAI			
	Service to first set		0	_										
	Service to additional set(s)		······											
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		59	42.41										
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC													
F	In General: Space F calls for rat	`	'			, ,				ere				
•	not covered in space E, that is, t service for a single fee. There ar													
Services	furnished at cost or (2) services	•		•				• • •						
Other Than	amount of the charge and the ur		usually bill	ed. If any rates	are cha	arged on a varia	able	per-pro	gram basi	s,				
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable sv	stem for each	of the a	oplicable servic	es l	isted						
Rates	Block 2: List any services that								vere not					
	listed in block 1 and for which a				ed. List tl	nese other serv	vices	in the	form of a					
	brief (two- or three-word) descrip													
		BLO	CK 1						BLO	OCK 2				
	CATEGORY OF SERVICE	RATE		RY OF SERVIC		RATE	(	CATEG	ORY OF S	ERVICE	RAT			
	Continuing Services:			on: Non-reside	ential									
	• Pay cable	-	• Motel,											
	• Pay cable—add'I channel	-	• Comm											
	<ul> <li>Fire protection</li> </ul>		• Pay ca											
	•		• Pay ca	able-add'l chan	inei									
	•Burglar protection			ate ati										
	•Burglar protection Installation: Residential		•	otection										
	•Burglar protection Installation: Residential • First set	-	• Burgla	r protection										
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Burgla Other ser	r protection <b>vices:</b>										
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burgla Other ser • Recor	r protection <b>vices:</b> nect		-								
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Burgla Other ser • Recor • Discor	r protection <b>vices:</b> nect nnect										
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burgla Other ser • Recor • Discor • Outlet	r protection <b>vices:</b> nect	-	-	· · · · · · · · · · · · · · · · · · ·							

SYSTEN 063										
				Name						
			CEQUEL COMMUNIC. PRIMARY TRANSMITTERS:							
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 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. <b>Substitute Basis Stations:</b> 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 <i>only</i> 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. <b>Column 1:</b> 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. <b>Column 2:</b> 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. <b>Column 3:</b> 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 (vi) of the general instructions in the paper S										
4. LOCATION OF STATION										
CHICAGO, IL	N	2	WBBM-1							
CHICAGO, IL	I	61	WCHU-1							
CHICAGO, IL	I	26	WCIU-3	Necessary						
CHICAGO, IL	I	38	WCPX-1							
CHICAGO, IL	I	32	WFLD-1							
JOLIET, IL	I	66	WGBO-1							
CHICAGO, IL	I	9	WGN-1							
SOUTH BEND, IN	I	46	WHME-1							
HAMMOND, IN	I	62	WJYS-1							
CHICAGO, IL	N	7	WLS-1							
CHICAGO, IL	N	5	WMAQ-1							
GARY, IN	I	50	WPWR-1							
CHICAGO, IL	I	44	WSNS-1							
CHICAGO, IL	Е	11	WTTW-1							
AURORA, IL	I	60	WXFT-1							
CHICAGO, IL	Е	20	WYCC-1							
GARY, IN	Е	56	WYIN-1							

EGAL NAME OF								SYSTEM   063
	t every radio s	tation ca	rried on a separate and discre erally receivable by your cable				ied on an	н
eceivable if (1) In the basis of it for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stati	the system be received the Cop sign of e he statio on's sign	B-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on this each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column.	the system's hea ystem's FM anter is point, see page	idend, and (2) inna, during cer e (v) of the ger	it can b rtain sta neral ins	e expected, ted intervals. tructions in the.	Primary Transmitters Radio
Column 4: G	live the station	's locatio	the community with which the			cor, in th	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				063544
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every non	network televisi	on program, broadcast by	a distant statio		
Substitute	explanation of the programmi	ing that mus	t be included in	this log, see page (v) of th	e general instru	uctions in the paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork television prograr	n
Program Log	broadcast by a distant stat	ion?				YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more space				wherever pos	sible, if their meaning is	6
	Column 1: Give the title				program") that	at, during the accounting	1
	period, was broadcast by a	distant stati	on and that you	ur cable system substitute	ed for the prog	ramming of another sta	tion
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.						
	Column 2: If the program						
	Column 3: Give the call s Column 4: Give the broa					nsed by the FCC or. in	
	the case of Mexican or Can	adian statio	ns, if any, the c	community with which the	station is ider	ntified).	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute prod	gram was carried by your	cable system	. List the times accurate	lv
	to the nearest five minutes.						,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progr	omming that y	your system was require	d
	Column 7: Enter the letter to delete under FCC rules a						
	was substituted for program						
	effect on October 19, 1976.						
	S	UBSTITUT	E PROGRAM	WHE CARR	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
		+					•
		+					
						<u></u>	
						_	
						_	
		+					•
							.+
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1		t	1		-1		

Accounting Period:	2022/1 FORM	SA1-2E. PAGE 6.
Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063544
K Gross Receipts		
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>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.</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period	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	
	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 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	_
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informatio	

Accounting Period:	2022/1									FORM	SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC									SYSTEM ID# 063544
<b>M</b> Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the number ers, and (2) the cable system's tal number of channels on whi ied television broadcast station tal number of activated channe e cable system carried televisi adcast services	total nun ch the ca ns els on broado	umber o cable 	of activated chann	els during the	accounting perio	od.		17 50	
N Individual to Be Contacted		TO BE CONTACTED IF FURT t about this statement of acco		FORM	IATION IS NEEDE	D (Identify an	individual				
for Further Information	Name	RODNEY HASKINS						Telephone	(903) 579-3	3152	
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		suite nur	mber)						
	Email	RODNEY.HAS	KINS@A		CEUSA.COM		Fax (optiona	al			
O	I, the undersign     (Own     (Agen     X     (Offi     I have examine     are true, comp		ation or partnersh ation or partnersh if a corpo hereby de ny knowled X Enter an Enter sig	only one ship) I a r partne r is not a poration declare ledge, ir /s/ an electr signature : AL	ne , of the boxes.) am the owner of the <b>ership)</b> I am the dui a corporation or pa n) or a partner (if a p e under penalty of la	cable system y authorized a thership; or vartnership) of w that all state ef, and are ma baum e line above to ture" (e.g., /s/ BAUM	as identified in lin gent of the owner the legal entity ide ments of fact con ade in good faith.	e 1 of space E of the cable s entified as own tained herein	ystem as identi		
		Date:					8/23/202	2			

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EQUEL COMMUNICATIONS LLC 06354	ounting Period: 2022/1	FORM SA1-2E. PAGE 8
SPECAL STATEMENT Concerning Gross Receipts Exclusions The Stability bone Viewer Act of 1988 amended Tite 17, sector 111(g)(1)(A), of the Capyright Act by adding the following sector. The determining the total number of subacribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions pruvant to sachabet from subacribers meaking secondary transmissions pruvant to sachabet from subacribers meaking secondary transmissions pruvant to sachabet from subacriber meaking secondary transmissions pruvant to sachabet from subacriber meaking secondary transmissions pruvant to sachabet from subacriber meaking secondary transmissions made by satellite carrier (a) below. The accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite carrier(a) below. The accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite carrier(a) below. The accounting period, did the cable system rowing below. The accounting period, did the cable system rowing submitted as a result of late payment or underpayment. Tor an explanation of interest assessment, see page (wiii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. Tor an explanation of interest assessment, see page (wiii) of the general instructions located in the paper SA1-2 form. Line 2 Multiply line 1 by the interest rate* and enter the sum here	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Vewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the folious sentences:         Shore of providing section of subsorbers and the gross amounts paid to the cable system for the basic sentences and amounts collected from subsorbers receiving secondary transmissions pursuant to section 119."     For more information on when to exclude these amounts, see the note on page (vii) of the general instructions tocated in the paper SA1-2 form.         More made by satellite carrier to satellite dario wavers?         More Maing Address         More Maing Address         More Maing Address         Mane Maing Address         Maing Address         Mane Maing Address         Maing Address         Mane Maing Address         Mane Maing Address         Maing Address         Mane Maing Address         Maing Address         Mane Maing Address         Mane Maing Address         Ma	QUEL COMMUNICATIONS LLC	063544
YES. Enter the total here and list the satellite carrier(s) below.	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name       Name         Maing Address       Maing Address         INTEREST ASSESSMENT       Maing 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.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rate* and enter the sum here		
Mailing Address       Mailing Address       Image: Address       Image: Address         INTEREST ASSESSMENT       You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Address       Image: Address         Line 1       Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below.	_
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         Line 1       Enter the amount of late payment or underpayment		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         Line 1       Enter the amount of late payment or underpayment		
x	For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	x davs	-
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 3 Multiply line 2 by the number of days late and enter the sum here	-
(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       Address         ID number       First community served	Line 4 Multiply line 3 by 0.00274** and enter here	
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 Address ID number First community served		-
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 Address ID number First community served		
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
Address ID number First community served	Owner	
First community served		
First community served		
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