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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
9/15/2022	\$
	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))
	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Shenandoah Cable Television, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 459 (Number, street, rural route, apartment, or suite number)
	Edinburg, VA 22824
	(City, town, state, zip)
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 Harrisonburg FTTH-Glo Fiber
	MAILING ADDRESS OF CABLE SYSTEM:
	2 Same As Above (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.

Accounting Period:	2022/1	
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Shenandoah Cable Television, LLC	63804
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	inities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First Community	Harrisonburg Rockingham	VA VA
Community	Rockingilani	VA
Add Rows as Necessary		
Add Rows as Necessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63804

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 	129	\$45.00	Entertain	355	\$110
 Service to additional set(s) 	80	\$6.00	Delight	45	\$145
 FM radio (if separate rate) 			Indulge	30	\$185
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63804

A LOCATION OF STATION

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.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WHSV	3	N	Harrisonburg, VA
WHSV-4	3.4	I-M	Harrisonburg, VA
wsvw	30	N	Charlottesville, VA
WSVW-2	30.2	N-M	Charlottesville, VA
WSVF	43	N	Harrisonburg, VA
WSVF-2	43.2	N-M	Harrisonburg, VA
WVIR-2	29.2	N-M	Madison, VA
WVPT	51	E	Staunton, VA
WVPT-3	51.3	E-M	Staunton, VA
WVPT-4	51.4	E-M	Staunton, VA

Add Rows as Necessary

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Shenandoah Cable To	elevision, LLC		63804
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	ntify every television station (including in during the accounting period, except in effect on June 24, 1981, permitting the	(1) stations carried only on a part-time	basis under
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain station	ns carried on a
Transmitters: Television		s explained in the next paragraph. : With respect to any distant stations ca	pried by your cable evetem on a substi	tute program
relevision	basis under specific FCC ru	les, regulations, or authorizations: in space G—but do list it in space I (th		. •
	station was carried only on		openia: etatee aa : : og.a 209	,,
	• List the station here, and a	also in space I, if the station was carried		
		n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p		
		I with a station according to its over-the	-air designation. For example, report r	multistream
	"WETA-2" as the same on t			
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for broadcasting over the	e air in its community
		case whether the station is a network	station an independent station or a no	ncommercial
		ring the letter "N" (for network), "N-M" (
	, ,	"E" (for noncommercial educational), o	// \	,,
		rms, see page (iv) of the general instru		,
		n of each station. For U.S. stations, list	-	
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	e community with which the station is i	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

63804

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
							
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Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF O	ADI E SVSTI	=NA:					FOR	RM SA1-2E. PAGE 5.
Name	Shenandoah Cable Tel								SYSTEM ID# 63804
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every noni counting pe	network televisi	on program, broadcast l	by a <i>d</i> . FCC r	ules, regula	itions, or a	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	explanation of the programmi SPECIAL STATEMENT During the accounting peri broadcast by a distant stat Note: If your answer is "No,	CONCERNOD, did your ion?	NING SUBSTI cable system	TUTE CARRIAGE carry, on a substitute b	oasis,	any nonne	twork telev	vision progra	m X NO
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, recolumn 2: If the program Column 3: Give the call secolumn 3: Give the call secolumn 4: Give the broat the case of Mexican or Canacolumn 5: Give the monifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute progrance, please a of every nor distant station gulations, or es like "moves like "moves broad sign of the sed adian station the and day we "5/7." Is when the Example: a per "R" if the lend regulation and regulation of the sequence	m on a separated additional responsibilities on and that you authorizations ries" or "baske" cast live, enter tation broadcan's location (the his, if any, the content of the program carries isted program ins in effect duite in the did and the second second in the second seco	ows to the tables. sion program ("substituur cable system substitus. See page (v) of the gtball." List specific program ("Yes." Otherwise entesting the substitute proecommunity to which the community with which the carried the substitute gram was carried by your deal by a system from 6:00 was substituted for proving the accounting per	ute prouted figeneral pram tier "No. gram. the state prour call 01:15	ogram") that or the program is lice that on is lice that on is lice that on the system. Use the p.m. to 6:2 ming that yet the let	t, during the ramming of the for furth ample, "I Lessen by the stiffied). In the first the time are sent to the first the time are sent to the first the time are sent the first	ne accounting another state information over Lucy" or the FCC or, in with the more accurate should be a was required the listed programmed accounting the listed prog	g ation on. r onth ely
	S	UBSTITUT	E PROGRAM				EN SUBST		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO		5. MONTH AND DAY		TIMES TO	DELETION
								<u> </u>	
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Accounting Period: 2	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Nume	Shenandoah Cable Television, LLC		63804
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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	ssion service mount, see	1,396.00 pss receipts)
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 \$26 to 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.	33,800.	
	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 thi accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	61.20
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	113.20
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	_
	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 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	Enter the amount of gross receipts from space K		
	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)		
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	113.20	
240	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	128.20
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: able Television, LLC		SYSTEM ID# 63804
M Channels	to its subscriber		of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	
	system carrie	ed television broadcast station	s	. 10
	on which the	al number of activated channe cable system carried televisio dcast services	n broadcast stations	182
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual nt.)	
for Further Information	Name	Petra R. O'Neill	Telephone	(561) 801-8668
inomation	Address	500 Shentel Way (Number, street, rural route, apartr	nent, or suite number)	
		Edinburg, VA 22824 (City, town, state, zip)		
	Email	petra.o'neill@en	np.shentel.com Fax (optional	
	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, but only one, of the boxes.)	
	(Owne	r other than corporation or pa	artnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Agent		tion or partnership) I am the duly authorized agent of the owner of the cable se owner is not a corporation or partnership; or	system as identified
	X (Office	er or partner) I am an officer (i in line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
		te, and correct to the best of m	nereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.	
			X /s/ Derek Rieger	-
			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: Derek Rieger	
		Title:	Vice President Legal/General Counsel e of official position held in corporation or partnership)	
		Date:	September 15, 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 filing, 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#
enandoah Cable Television, LLC	63804
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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the lower service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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 transmitted by satellite carriers to satellite dish owners?	pasic lude sub- 119." Special Statement Concerning Gross Receipts Exclusion
NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INITEDECT ACCECCMENT	
INTEREST ASSESSMENT You must complete this worksheet for those rovalty payments submitted as a result of a late payment or undergraded.	avment.
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underprogram of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underproperty for an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	form.
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed 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	form. 131,396.00 Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed 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	131,396.00 Interest Assessment 1%
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed 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	131,396.00 Interest Assessment 1,313.96
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed 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	form. 131,396.00 1% 1,313.96 17 days
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed 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	131,396.00 1% 1,313.96 17 days 22,337.32
You must complete this worksheet for those royalty payments submitted as a result of a late payment or undergo. 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	131,396.00 1% 1,313.96 17 days 22,337.32
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed 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	131,396.00 1% 1,313.96 17 days 22,337.32
You must complete this worksheet for those royalty payments submitted as a result of a late payment or undergo. 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	131,396.00 1% 1,313.96 17 days 22,337.32 274 61.20
You must complete this worksheet for those royalty payments submitted as a result of a late payment or undergo. 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	form. 131,396.00 1% 1,313.96 17 days 22,337.32 274 61.20 harge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or undergout a sepanation 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	form. 131,396.00 1% 1,313.96 17 days 22,337.32 274 61.20 harge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or undergonal payment or explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-22. Line 1 Enter the amount of late payment or underpayment	131,396.00 1% 1,313.96 17 days 22,337.32 274 61.20 harge) e please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment or 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	131,396.00 1% 1,313.96 17 days 22,337.32 274 61.20 harge) e please
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