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				
08/19/22	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

Α	ACCOL	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		(
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting		20221
Period		
	Ir	nstructions:
В	1	five 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	Li	ist any other name or names under which the owner conducts the business of the cable system.
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle 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.
		The extract lines is the system's first limitg. If not, effect the system's 1D number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	т	'DS Metrocom, LLC
	В	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	N	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road  Number, street, rural route, apartment, or suite number)
		Madison, WI 53717 Sity, town, state, zip)
_		ICTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 1	DENTIFICATION OF CABLE SYSTEM:
	-	TDS Telecom, Inc.
	N	MAILING ADDRESS OF CABLE SYSTEM:
	2 (	Number, street, rural route, apartment, or suite number)
	(0	City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period	: 2022/01	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Metrocom, LLC	63846
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list known as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mobile hotels.	t will serve as a form of system identification hereafter ngs.
Area	identified city.	one parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Wausau	WI
Community		
		0.00.00.00.00.00.00.00.00.00.00.00.00.0
Add Rows as Necessary		
		0.00.00.00.00.00.00.00.00.00.00.00.00.0
		011111111111111111111111111111111111111
		0.00.00.00.00.00.00.00.00.00.00.00.00.0
		011111111111111111111111111111111111111

Accounting Period: 2022/01

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**TDS Metrocom, LLC** 

SYSTEM ID# 63846

# 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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	2,414	\$25/mo					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	26	\$64/mo					
Converter							
Residential	2,414	\$6/Mo.					
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.

BLOCK 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	\$8.00-\$15.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$50.00			
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	\$0-\$50.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	\$0-\$50.00	Other services:				
• FM radio (if separate rate)		Reconnect	\$0-\$25.00			
Converter		Disconnect				
		Outlet relocation	19.98-39.96			
		Move to new address				

Accounting Period: 2022/01 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

63846

TDS Metrocom, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAOW	9.1	N	Wausau, WI
WAOW-DT2	9.2	N-M	Wausau, WI
WAOW-DT3	9.3	N-M	Wausau, WI
WAOW-DT4	9.4	N-M	Wausau, WI
WAOW-DT5	9.5	N-M	Wausau, WI
WHRM	20.1	E	Wausau, WI
WHRM-DT2	20.2	E-M	Wausau, WI
WHRM-DT3	20.3	E-M	Wausau, WI
WHRM-DT4	20.4	E-M	Wausau, WI
WSAW	7.1	N	Wausau, WI
WSAW-DT2	7.2	N-M	Wausau, WI
WSAW-DT3	7.3	N-M	Wausau, WI
WSAW-DT4	7.4	N-M	Wausau, WI
WSAW-DT5	7.5	N-M	Wausau, WI
WSAW-DT6	7.6	N-M	Wausau, WI
WTPX	46.1	I	Antigo, WI
WJFW	12.1	N	Rhinelander, WI
WJFW-DT2	12.2	N-M	Rhinelander, WI
WJFW-DT3	12.3	N-M	Rhinelander, WI

Accounting Period:	2022/01			FORM SA1-2E. PAGE 3.			
N	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#			
Name	TDS Metrocom, LLC	63846					
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), "" (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 in						
	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# 63846

**TDS Metrocom, LLC** 

#### 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).

	ı	1	<del>,</del>	_	1		<b>T</b>
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
IN/A							
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	4. 2022/04						===	MOM 05 5:05 -	
ccounting Perio	d: 2022/01 LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FOR	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name	TDS Metrocom, LLC							63846	
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOC	3				
I	In General: In space I, ident substitute basis during the a	accounting pe	eriod, under sp	ecific present and former FC	CC rules, regu	lations, or	authorizations	s. For a further	
Substitute	explanation of the programm	ning that mus	t be included in	n this log, see page (v) of the	e general inst	ructions in	the paper SA	1-2 form.	
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and									
Program Log	broadcast by a distant sta	tion?					YES	X NO	
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust compl	ete the progra	am	
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs clear. If you need more spa				wnerever po	ssidie, it ti	neir meaning	IS	
	Column 1: Give the title	of every no	nnetwork telev	rision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.					•	•		
				r "Yes." Otherwise enter "Nasting the substitute progra					
		0		ne community to which the		ensed by t	the FCC or, ir	1	
	the case of Mexican or Car						20.00		
	first. Example: for May 7 gi	•	when your sys	stem carried the substitute	program. Us	e numeral	s, with the mo	onth	
	Column 6: State the tim	es when the		gram was carried by your				ely	
	to the nearest five minutes.	. Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m	. should be		
	stated as "6:00–6:30 p.m."  Column 7: Enter the lett	er "R" if the	listed program	was substituted for progra	amming that	vour svste	em was <i>requi</i>	red	
	to delete under FCC rules a	and regulation	ons in effect du	uring the accounting period	l; enter the le	tter "P" if	the listed prog		
	was substituted for program		our system wa	as permitted to delete unde	r FCC rules	and regula	ations in		
	effect on October 19, 1976								
						N SUBS			
	S	5, iii iii		7. REASON FOR DELETION					
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO		
	N/A								
							_		
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Accounting Period:	2022/01			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC			,	63846
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	econdary trans to compute this	mission servi s amount, se \$ 42	
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 \$137,10  Use block 3 if the amount of gross receipts in space K is more than \$263,80  See page (vi) of the general instructions located in the paper SA1-2 form for more  BLOCK 1: GROSS RECEIPTS OF \$13	0 but less thinformation	nan \$527,600	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	•		his six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE				
		,		00)	
	Base amount under statutory formula		•		
	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				,
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3.800 (but I	ess than \$527	.600)	
		•		,	
	Enter the amount of gross receipts from space K	. Þ	428,728.25	•	
	•	\$	263,800.00		
	3. Subtract line 2 from line 1		164,928.25	4 640 20	
	4. Multiply line 3 by .01			1,649.28	•
	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 .		\$	2,968.28
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		¢	2,968.28	
Total Remittance Due				•	
	Filing Fee (See the instructions for more information on filing fee calculations)		_\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,988.28
	EFT Trace # or TRANSACTION ID #				
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2022/01	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63846
M Channels	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.	19
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Mitchell Maier Telephone	(608) 886-8210
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)  Madison, WI 53593	
	(City, town, state, zip)  Email Finance@tdstelecom.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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 here 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)]  X /s/ Sharon V. Tisdale  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:  Sharon V. Tisdale	system as identified wner of the cable system
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: August 18, 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.

ounting Period: 2022/01	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
S Metrocom, LLC	63846
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 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	1
Name Name Mailing Address Mailing Address	
INTERFOR A COFFORMENT	
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
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	-
х	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	
Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.