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

OTATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
-	y Transmissions by	DATE RECEIVED	AMOUNT	_
Cable Syster	ns (Short Form)	9/15/2022	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at
-	of this workbook.	0,10,2022	ALLOCATION NUMBER	(202) 707-8150.
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	ſY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202	21 Barcode Data Filing Period (optional -	- see instructions)	
Accounting Period				
в	Instructions: 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 wh	ich 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 pd.	it a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number as	signed by the Licensing Division.	063850
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O 3027 S SE LOOP 323	F CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite	a number)		
	TYLER, TX 75701 (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

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.

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.

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

MADISON CORRECTIONAL FACILITY

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Inallie	CEQUEL COMMUNICATIONS LLC	063850					
D Area Served	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 filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First	MADISON	IN					
Community	(MADISON CORRECTIONAL FACILITY)						
Add Rows as Necessary							
,							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						S	STEM ID
Name	CEQUEL COMMUNICATIONS LLC								06385
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s					rtransmission se	ervice of th	ne cable	
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	about other services (including p						iose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						o ovotom	brokon	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate c	-	-	•			-		
	unit in which it is generally billed. category, but do not include disc	· · ·	,		y standaro	d rate variations	within a pa	articular rate	
	Block 1: In the left-hand block				es of seco	ondarv transmiss	ion servic	e that cable	
	systems most commonly provide			•		•			
	that applies to your system. Note	e: Where an ind	ividual	or organization	is receivir	ng service that fa	alls under o	different	
	categories, that person or entity				••		•		
	subscriber who pays extra for ca first set" and would be counted o					in the count und	er "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, t	0							
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tw	o- or three	e-word description	n of the se	ervice is	
	sufficient.				-		DI OOI	()	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	S RATE
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		21	42.41					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES					
F	In General: Space F calls for rat		'		•				
Г	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								
Services	0	•	-		5				
Other Than	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,								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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								
	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.							IOTTI OF A	
	BLOCK 1							BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services:			tion: Non-resi					
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	-		glar protection					
	 Additional set(s) 	- (ervices:					
	• FM radio (if separate rate)			onnect		-			
	• Converter		• Disc	connect					
				let relocation		-			
							·····		
			• Mov	e to new addre	ess	-			

unting Period:	2022/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II 0638				
Humo	CEQUEL COMMUNICATIONS LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary	carried by your cable syste FCC rules and regulations	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						
ransmitters: Television	Substitute Basis Stations basis under specific FCC r	as explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:						
	station was carried only onList the station here, and	also in space I, if the station was carried	both on a substitute basis and als	so on some other				
	Column 1: List each statio multicast stream associate	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	rogram services such as HBO, ES	PN, etc. Identify each				
	of license. For example, W	the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. n case whether the station is a network s	C C					
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	reing the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	or network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	endent), "I-M" ional multicast). n is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KNVA-1	54		Austin, TX				
	WHAS-1	11	N					
Rows as Necessary	WLKY-1	32	<u>N</u>	Louisville, KY				
	WBKI-1	58	-	Campbellsville, KY				
	WDRB-1	41	<u> </u>	Louisville, KY				
	WAVE-1	3	N	Louisville, KY				
	WBNA-1	21	I	Louisville, KY				

EGAL NAME OF								SYSTEM I 0638
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	the sys be recein the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page and by the cable se a station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC) it can b ertain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL UIGIN		5,0		UNLE UIGH		3,0	LOOMING OF STATION	

Accounting Perio	d: 2022/1						FORM	A SA1-2E. PAGE 5			
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	.C					063850			
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG							
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	a <i>distant</i> statio	on, that your cable	e system	carried on a			
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	 During the accounting peri 	od, did youi	r cable system	carry, on a substitute basi	s, any nonne	twork television	program	I			
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO			
	Note: If your anowar is "No.	" loovo tho	root of this nos	o blank. If your anowar in '	Waa " vau m						
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is										
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-				
				sion program ("substitute p				•			
	period, was broadcast by a under certain FCC rules, reg										
	Do not use general categori							-			
	"NBA Basketball: 76ers vs.	Bulls."				• •	,				
				"Yes." Otherwise enter "N							
				sting the substitute progra e community to which the		ansed by the EC(C or in				
	the case of Mexican or Can						0 01, 111				
	Column 5: Give the mon	th and day		em carried the substitute p			the mon	th			
	first. Example: for May 7 giv					1.					
	to the nearest five minutes.			gram was carried by your o				У			
	stated as "6:00–6:30 p.m."		program carrie		10 p.m. to 0.2	20.00 p.m. snou	u be				
				was substituted for progra							
	to delete under FCC rules a							am			
	was substituted for program effect on October 19, 1976.	iming mar y	our system was	s permitted to delete unde	r FCC rules a	and regulations in	n				
					WHEN SUBSTITUTE						
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	то				
						<u> </u>					
						<u> </u>					
						<u> </u>					
						<u> </u>					
						<u> </u>					
						_					
						_					
						_					
						_					
						_					
						_					

Accounting Period:	2022/1 FORM	SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063850							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	ce							
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800. • 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.								
	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.	ı							
	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								
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	_							
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 Copyright See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and the Excel instructions tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for more information in the paper SA1-2 form and tab for m								

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:			SYSTEM ID# 063850
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wh ried television broadcast station otal number of activated channel are cable system carried televis	's total number of activated channels		7 46
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	THER INFORMATION IS NEEDED (Id ount.)	dentify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone (90	03) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701			
	Email	(City, town, state, zip)	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accord	ance with Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cab	le system as identified in line 1 of space B; or	
	(Age		ration or partnership) I am the duly au the owner is not a corporation or partner	thorized agent of the owner of the cable syste rship; or	m as identified
	X (Off	icer or partner) I am an officer in line 1 of space B.	r (if a corporation) or a partner (if a partn	ership) of the legal entity identified as owner o	of the cable system
	are true, comp		d hereby declare under penalty of law th my knowledge, information, and belief, a	at all statements of fact contained herein and are made in good faith.	
			X /s/ Alan Dannenbau Enter an electronic signature on the lin Enter signature using an "/s/ signature	e above to certify this statement.	
		Typed or printe	ed name: ALAN DANNENBA	UM	
		Title:	SVP, PROGRAMMING Title of official position held in corporation or p	artnership)	
		Date:		8/23/2022	

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.

PUEL COMMUNICATIONS LLC D68385 PECIAL 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 secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* The determining the total number of subscribers enceiving secondary transmissions pursuant to section 119.* To more information on when to exclude these amounts, see the note on page (vii) of the general instructions forces to satellite dish owners? Image: Im	unting Period: 2022/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION IT definition Service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- services and means collected from subscribers receiving secondary transmissions are income information on when to exclude these amounts, see the note on page (vii) of the general instructions boated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of greas receipts for secondary transmissions made by satellite carriers to satellite dish owners? No No	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The stabilite frome Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the foilowing sentence: P The determining the total number of subscribers and the gross amounts paid to the cable system for the basic seriesrs and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.". P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA12 form. Secondary transmissions pursuant to section 119.". More the exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA12 form. Secondary transmissions More the exclude these amounts, see the note on page (vii) of the general instructions located in the pager SA12 form. Secondary transmissions Mating Address Imme Imme Mating Address Imme Secondary transmissions Interest Assessment, see page (vii) of the general instructions located in the pager SA12 form. Imme Line 1 Enter the amount of late payment or underpayment. Secondary transmissions Secondary transmissions Line 2 Multiply line 1 by the interest rate' and enter the sum here	QUEL COMMUNICATIONS LLC	063850
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment. x	 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." 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 	- Special Statement
Mailing Address Mailing Address Image Address Image 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. Image Address Line 1 Enter the amount of late payment or underpayment. x	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. Image: 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. Image: 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 as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of payments and result payment or underpayment and result payment or underpayment. Image: Complete this worksheet for those royalty payments and result payment for one day late. Image: Complete the Licensing Division at (202) 707-8150 or licensing@copyright.gov. Image: Complete the licensing Division at (202) 707-8150 or licensing@copyright.gov. Image: Complete the original filling. <		
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. Image: 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. Image: 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 as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and result of payments and result payment or underpayment and result payment or underpayment. Image: Complete this worksheet for those royalty payments and result payment for one day late. Image: Complete the Licensing Division at (202) 707-8150 or licensing@copyright.gov. Image: Complete the licensing Division at (202) 707-8150 or licensing@copyright.gov. Image: Complete the original filling. <		
Line 3 Multiply line 2 by the number of days late and enter the sum here	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 interact rate* and onter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 <u>\$</u>	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	
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