THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/29/2022	\$ ALLOCATION NUMBER

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general

instructions

Α	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:							
Accounting Period		January 1-June 30, 202	2							
B Owner	rate	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. 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.								
	LE	GAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM							
		Vyve Broadband A, LLC								
				63890	2022/1	±I 52				
				03090						
					63890	2022/1				
		4 International Dr Suite 330								
		Rye Brook, NY 10573								
С		, 0		fy the business and operation of the system ur system, if different from the address given in s						
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite no	mber)							
		(City, town, state, zip code)								
D		·		"community" is the same as a "community uning unincorporated communites within uninco		ed				
Area		• • •	•	o(dd). The first community that list will serve as e it as the first community on all future filings.	s a form					
Served	Not	•	•	mobile home parks should be reported in para	theses belo	эw				
		CITY OR TOWN	STATE	CITY OR TOWN	STA	ATE				
First Community	Eu	dora	AR							
	1			į vardos saltos sa						

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 effects 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.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

January 1-June 30, 2022

	INSTE	RUCTIONS:	7			
B Owner	corpo In lin	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation. ie 2, list any other names under which the owner conducts the business of the cable system. iere were different owners during the accounting period, only the owner on the last day of the accounting period should submit in its statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. 63890 LEGAL NAME OF OWNER OF CABLE SYSTEM:	BARCODE DATA Filling Period *6389020			
		Vyve Broadband A, LLC				
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):				
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 4 International Dr Suite 330					
		(Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573				
		(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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.				
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				

_		_			i	
E		NO. O				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	Service to first set		103	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		1	45.80		
	Converter					
	Residential					
	Non-residential					
			•••••			
		•				
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi	dential	
	Pay cable	19.95		 Motel, hotel 		
Services	 Pay cable—add'l channel 			 Commercial 		
Other Than	Fire protection			 Pay cable 		
Secondary	•Burglar protection			 Pay cable-add 	'l channel	
Transmissions:	Installation: Residential			 Fire protection 		
Rates	First set	64.95		Burglar protect	tion	
	 Additional set(s) 		Other	services:		
	 FM radio (if separate rate) 			 Reconnect 		39.95
	Converter			 Disconnect 		
				Outlet relocation	on	20.00
				• Move to new a	ddress	39.95
	1		1			

BLOCK 1

M Channels	to its subscribers and (2) the ca The subscribers and (2) the ca The subscribers and (2) the ca Subscribers and (3) the case Subscribers and (3) the ca	padcast stations	tivated channels, d	uring the accounting period.	t stations 3 87	
N	INDIVIDUAL TO BE CONTACT we can write or call about this s	TED IF FURTHER INFORMATION statement of account.)	ON IS NEEDED: (10	lentify an individual to whom		
Individual to Be Contacted						
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313	
momudon	Address	4 International Dr Suite (Number, street, rura		r suite number)		
		Rye Brook, NY 10573				
		(City, town, state, zip				
	Email (optional)	marie.censoplar	no@vyvebb.cor	n Fax (optional)	914-234-8363	
O Certifcation	CERTIFICATION (This statement as explained in the general instruction I, the undersigned, hereby certification (Owner other than corporate)	ctions.)	, of the boxes.)			
	• • -	an corporation or partnership) and that the owner is not a corp	-	_	he cable system as identified	
	(Officer or partner) I am in line 1 of space B.	an officer (if a corporation) or a p	oartner (if a partnei	ship) of the legal entity identi	fed as owner of the cable syste	m
	I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986)]	to the best of my knowledge, inf				
		11				
			n signature: rinted name:	Daniel J White		
		Title:	SVP Financi (Title of official posi	al Planning ion held in corporation or partne	rship)	
		Date:		02/26/2022		

2. B'cast
Channel 3. Type of

	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KTVE-NBC	10	N	Monroe, LA
KARD-FOX	16	1	Monroe, LA
WMAO-PBS	2	Ε	Grenwood, MS
KATV - ABC	7	N	Little Rock AR
KTHV-CBS	11	N	Little Rock AR

Name	Vyve Broadband A, LLC	ТЕМ:		SYSTEM 638
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
continued)				
Area				
Served				

ACCOUNTING PERIOD: 2022/1 FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63890 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 103 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 45.80 Converter Residential Non-residential 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 F 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 Services Other Than 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. **Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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	RA
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	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 	64.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	39.95		
• Converter		Disconnect			
		Outlet relocation	20.00		
		 Move to new address 	39.95		

Nama	LEGAL N	IAME OF OWNER O	F CABLE SYSTEM:	SYSTEM ID#
Name	Vyve E	Broadband A, L	LC	63890
	PRIMARY TRANSMITTERS: TELEVISION			
G Primary Transmitters: Television	basis under specifc FCC rules, regulations • Do not list the station here in space G—b station v • List the station here, and also in space I, basis. Fo Column Column This may be different from the channel on associated with a station according to its o the same on the form. Column educational station, by entering the letter "I (for independent multicast), "E" (for noncor For the meaning of these terms, see page	counting period, exe 24, 1981, permitti 76.63 (referring to the next paragraph. Ite Basis Stations, or authorizations: nut do list it in space was carried only on if the station was cor further informatic 1: List each station 2: Give the numbe which your cab; e syver-thje-air designa 3: Indicate in each N" (for network), "N-mmercial education (iv) of the general in 4: Give the locatio	cept (1) stations cang the carriage of c76.61(e)(2) and (4): With respect to an el (the Special Statian a substitute basis. arried both on a substitute basis. arried both on a substitute basis. arried both on a substitute basis. The concerning substitute basis arried both on a substitute basis. The concerning substitute of the channel on stem carried the station. For example, a case whether the station. For example, a case whether the station. For example, and the concerning substitute of the concerning	arried only on a part-time basis under certain network programs [sections part)]; and (2) certain stations carried on a carried on a carried on a carried by your cable system on a substitute program dement and Program Log)—if the carried basis and also on some other ditute basis stations, see page (v) of the general instructions. It report origination program services such as HBO, ESPN, etc. In which the station's broadcasts are carried in its own community. It tation. Identify each multicast stream "WETA-2" as station is a network station, an independent station, or a noncommercial culticast), "I" (for independent), "I-M" concommercial educational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
	KTVE-NBC	10	N	Monroe, LA
	KARD-FOX	16	I	Monroe, LA
	WMAO-PBS	2	E	Grenwood, MS
	KATV - ABC	7	N	Little Rock AR
	KTHV-CBS	11	N	Little Rock AR

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF		YSTEM:					SYSTEM ID#	Name
-	•								
	t every radio s	tation ca	arried on a separate and disc enerally receivable" by your c						Н
receivable if (1) on the basis of For detailed info Column 1: lo Column 2: S	it is carried by monitoring, to ormation abou dentify the call State whether t	y the sys be receing to the the sign of each	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. on is AM or FM.	at s o	the system's hea ystem's FM ante n this point, see	adend, and (2 enna, during co page (v) of the) it can b ertain sta e genera	pe expected, ated intervals. al instructions.	Primary Transmitters: Radio
signal, indicate Column 4: 0	this by placing Give the station	g a check n's locati	nal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	he	e station is licens	sed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
JALL SIGN	AINI OLI IVI	3/15	LOCATION OF STATION	H	OALL OIGIN	AW OF FIVE	3/0	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband A, LL	.C						63890
Substitute Carriage: Special	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the avexplanation of the programm 1. SPECIAL STATEMEN	ify every non ecounting pe ing that mus	network televisi riod, under spec t be included in NING SUBST	ion program broadcast by a cific present and former FC this log, see page (v) of the TTUTE CARRIAGE	a distant statio C rules, regula e general instr	ations, or autluctions.	horizations. Fo	or a further
Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the letted delete under FCC rules a gram was substituted for piece."	tion? ", leave the E PROGRA titute progra ace, please a of every no distant stat gulations, o ries like "mo Bulls." m was broad sign of the s adcast static adian static adian static andian static	ms Im on a separa attach additiona nnetwork televi ion and that you r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the of when your sys e substitute pro a program carri listed program ons in effect du	ge blank. If your answer is the line. Use abbreviations al pages. ision program (substitute our cable system substitute stable." List specific program of the substitute program of the substitute program of the community with which the community with which the tem carried the substitute or gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	"Yes," you m wherever pos program) that ed for the program instruction mittles, for ex No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	ust complete ssible, if thei , during the gramming of ons for furthe kample, "I Lo ensed by the ntified). e numerals, n. List the tin 28:30 p.m. s your system tter "P" if the	Yes e the program ir meaning is accounting f another state er information ove Lucy" or e FCC or, in with the mon mes accurate should be it was required e listed pro	ion
	effect on October 19, 1976	SUBSTITUT	E PROGRAM			OCCURRE	CARRIAGE D	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	FROM		

FORM SA1-2. F	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 63890	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total or all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servi (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. Gross receipts from subscribers for secondary transmission service(s)	ce	K Gross Receipts
	during the accounting period. \$ IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amoun	18,196.00 t of gross receipts)	
CODVEICH	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 If the general instructions for more information.		L Copyright Royalty Fee
	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-mon accounting period is \$52.00	th	
	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		
	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 recepits (under statutory formula)	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	
	2. 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	67.00	
	EFT Trace # or TRANSACTION ID # Not A	vailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	ormation.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Vyve Broadband A, LLC	63890			
	CHANNELS				
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations			
1	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.				
Channels					
	Enter the total number of channels on which the cable	3			
	system carried television broadcast stations				
	Enter the total number of activated channels				
	on which the cable system carried television broadcast stations	87			
	and nonbroadcast services	01			
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom				
Individual to	we can write or call about this statement of account.)				
Be Contacted					
for Further	Name Marie Censoplano Telephone	914-235-8313			
Information	Name Marie Censopiano				
	Address 4 International Dr Suite 330				
	(Number, street, rural route, apartment, or suite number)				
	Rye Brook, NY 10573				
	(City, town, state, zip)				
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363				
	Littali (optional) Intanc.censopiano@yyebb.com				
		4			
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)				
O Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
Certification	T, 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 identifed in line 1 of space	B; or			
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	system as identified			
	in line 1 of space B and that the owner is not a corporation or partnership; or				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow	ner of the cable system			
	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 herein				
	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)]				
	[10 0.0.6., Gestion 1001(1900)]				
I	Quist 9 9114:40				
	Handwritten signature: /s/ Daniel J White				
	Typed or printed name: Daniel J White				
	Title: SVP Financial Planning				
	(Title of official position held in corporation or partnership)				
	Date: 8/22/22				

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 effects 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	63890	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmissions."	Copyright Act by adding the fol- ne cable system for the basic the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the During the accounting period did the cable system exclude any amounts of gross receipt made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.		Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a For an explanation of interest assessment, see page (viii) of the general instructions.	a late payment or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	adays	
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** enter here and on line 3, block 4,		
space L, (page 7)	\$ - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.ph contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	,	
** This is the decimal equivalent of 1/365, which is the interest assessment for one	day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitter list below the owner, address, first community served, ID number, and accounting period Owner		
Address		
ID number		
First community served Accounting period		
7.000driang policid		

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 effects 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.