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				
08/22/22	\$				
	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

	1					
A	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))				
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
	_					
		Barcode Data Filing Period (optional - see instructions)				
Accounting						
Period						
		Instructions:				
В		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				
В	,	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				
		TDS Broadband Service LLC				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT)				
		Baja Broadband				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM				
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)				
		Madison, WI 53717-2152				
		(City, town, state, zip)				
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these				
	-	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	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(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 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.

ccounting Period:	2022/1	FORM SA1-2E. PAGE 1I
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	TDS Broadband Service LLC	8340
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules: rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	
	CITY OR TOWN	STATE
First	Socorro	NM
Community		
ld Rows as Necessary		
ia nows as recessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

TDS Broadband Service LLC

8340

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 	106	25.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	6	32.65/mo.				
Commercial						
Converter						
 Residential 	74	\$3.50/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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	7.40-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$99.95		
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0 - \$50	Burglar protection			
 Additional set(s) 	\$0 - \$50	Other services:			
• FM radio (if separate rate)		• Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8340

TDS Broadband Service LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOAT	7.1	N	Albuquerque, NM
KRQE	13.1	N	Albuquerque, NM
KRQE-DT2	13.2	N-M	Albuquerque, NM
KOBR	8.1	N	Roswell, NM
KLUZ	14.1	l	Albuquerque, NM
KASA	2.1	<u> </u>	Santa Fe, NM
KNME	5.1	E	Albuquerque, NM
KCHF	11.1	l	Albuquerque, NM
KNAT	23.1	I	Albuquerque, NM

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	TDS Broadband Service LLC						
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(esubstitute program basis, as Substitute Basis Stations: basis under specific FCC rue. Do not list the station here station was carried only on List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channer of license. For example, WColumn 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these tecolumn 4: Give the location	m during the accounting period, exception effect on June 24, 1981, permitting the electron June 24, 1981, permitting the exception of the exception of the electron serior concerning substitute basis stations of substitute basis. The electron concerning substitute basis stations of substitute in concerning substitute basis stations of substitute in concerning substitute basis stations of which a station according to its over-the electron between the FCC assigned to the telectron substitute is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instrance of each station. For U.S. stations, listen is a network of the each station.	g translator stations and low power telept (1) stations carried only on a part-ting the carriage of certain network program (61(e)(2) and (4))]; and (2) certain stationaried by your cable system on a substitute basis and also at the Special Statement and Program Lower and Both on a substitute basis and also at the Special Statement and Program Lower and Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and also at the Special Statement and Program Lower Both on a substitute basis and (2) certain statement and (2)	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. I, etc. Identify each a multistream ne air in its community noncommercial odent), "I-M" nal multicast).			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

8340

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
N/A							

\ ooo.unting Dani	.d. 2022/1						500	M CA4 OF DAGE 5		
Accounting Perio	od: 2022/1 LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	TDS Broadband Servi							8340		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO)G					
l Outstitute	In General: In space I, iden substitute basis during the a explanation of the programr	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	· authorizatio	ns. For a further		
Substitute Carriage:				<u> </u>	ne general ins	structions ii	Tille paper c	DA 1-2 IOIIII.		
Special		 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	-		,,	,,		YES	X NO		
Program Log	Note: If your answer is "No		root of this no	ago blank If your answer i	o "Voo " vou r	L must somn				
	log in block 2.	, leave lile	rest of this pa	age blatik. If your allower i	s res, your	nust comp	ilete tile bro	giaiii		
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs	stitute progra	am on a separ		s wherever po	ossible, if t	heir meanin	g is		
	clear. If you need more spa			I rows to the tables. vision program ("substitute	e nrogram") tl	hat during	the accoun	tina		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		ovies of bask	tetball. List specific progra	am uues, ior e	example, i	Love Lucy	OI		
				er "Yes." Otherwise enter						
		0		casting the substitute prog the community to which th		censed by	the FCC or.	in		
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which the	e station is id	entified).				
	Column 5: Give the mo first. Example: for May 7 g	•	when your sy	stem carried the substitute	e program. Us	se numera	ls, with the r	month		
	. , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately		
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m	n. should be			
			listed prograr	n was substituted for prog	ramming that	your syste	em was <i>requ</i>	uired		
	to delete under FCC rules	•		0.				rogram		
	was substituted for programeffect on October 19, 1976	•	your system w	as permitted to delete und	der FCC rules	and regul	ations in			
					11			Т		
		LIBSTITLIT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			7. REASON FOR		
		2. LIVE?	3. STATION'S		5. MONTH 6. TIMES			DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
							_			
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								"		
		 						"		
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							_			
							_			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYST
	GROSS RECEIPTS	
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sen (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s)	/ic€
	during the accounting period	53,55
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount o	-
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-mont accounting period is \$52.00	n
	Line 1. Royalty fee for accounting period	5
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	5
	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)	
	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)	_
	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)	_
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	6
	EFT Trace # or TRANSACTION ID #	
	1	

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC		SYSTEM ID# 8340
M Channels	to its subscribers, and (2) the cable system's to the subscribers, and (2) the cable system's to the subscribers, and (2) the cable system's to its subscribers, and (3) the cable system's to its subscribers, and (4) the cable system's to its subscribers, and (5) the cable system's to its subscribers, and (6) the cable system's to its subscribers, and (f channels on which the cable system carried television broadcast stations otal number of activated channels during the accounting period.	9
	Enter the total number of activated channel on which the cable system carried television and nonbroadcast services		174
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom it.)	
for Further Information	Name Zaneta Lewis	Telephone (6	08) 664-8517
	Address 525 Junction Rd (Number, street, rural route, apart Madison, WI 53717 (City, town, state, zip)	nent, or suite number)	
	Email <u>finance@tdstelecc</u>	Fax (optional)	
O Certification	Owner other than corporation or p (Agent of owner other than corpor in line 1 of space B and that the corporation in line 1 of space B. I have examined the statement of account and	ust be certified and signed in accordance with Copyright Office regulations) artnership) I am the owner of the cable system as identified in line 1 of space B; artion or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as owner thereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith. X /s/ Sharon V. Tisdale	stem as identified
	Tured or printer	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) I name: Sharon V. Tisdale	
	Typed or printed Title: (Title of o	Assistant Treasurer Tical position held in corporation or partnership)	
	Date:	August 22, 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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Broadband Service LLC	8340
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 additious sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sections.	the basic include subtion 119." Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.	ns
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary tra made by satellite carriers to satellite dish owners? X NO	insmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unc For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
×	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
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 \$	_
	rest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistation contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ance please
** 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 Orlist below the owner, address, first community served, ID number, and accounting period as given in the original	•
Owner	
Address	
ID number First community served	
Accounting period	

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