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 COPYRIGHT	FOFFICE USE ONLY	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,	
General instructions are located in the first tab of this workbook	3/1/23	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	' YY/(Period)) Period 2 = July 1 - December 31		
	Barcode Data Filing Period (optional -	see instructions)		

		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	2177
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MEDIACOM SOUTHEAST LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	5973 HWY. 90 W.	
	2	(Number, street, rural route, apartment, or suite number)	
		THEODORE, AL 36582 (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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	SYSTEM ID: 2177					
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single,					
U	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 know as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	mobile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First Community	LIVINGSTON YORK	AL AL					
Rows as Necessary							

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID: 217
	MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)								
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover	all categories o	f seconda				
		system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information							
Secondary	about other services (including p						those exist	ing on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	ble system	broken	
scribers and	down by categories of secondary	•					2		
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	• •		,		ard rate variation	is within a	particular rate	
	Block 1: In the left-hand block					condarv transmi	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.								
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	EKS	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	NATE
	Service to first set		512	40.49-65.60					
	Service to additional set(s)		512	40.45-05.00					
	()								
	• FM radio (if separate rate)								
	Motel, hotel		~	40.40.05.00					
	Commercial		0	40.49-65.60					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NOMI						
_						all vour cable sv	stem's serv	vices that were	
F	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								
Services	furnished at cost or (2) 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 ransmissions:	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.								
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	sidential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	####
	• Pay cable—add'l channel	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l cl	nannel				
	Installation: Residential		• Fir	e protection					••••••••••••••••••••••••••••••••••••••
	• First set	109.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-49.00		services:					h
	• FM radio (if separate rate)			connect		49.00			h
	Converter	10.50		sconnect					
			• 🗅			15.00-49.00			
				itlet relocation	ress	15.00-49.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE		
Name	MEDIACOM SOUTHE	ST LLC (YORK/LIVINGSTON	, AL)			
	PRIMARY TRANSMITTERS:	TELEVISION				
G Primary Insmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	a during the accounting period, except of effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.1) explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the for form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis	g translator stations and low power tel t (1) stations carried only on a part-tin the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in the community with which the station	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the		
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION					
	WABM-DT2 ABC	36.2	N-M	Birmingham, AL		
	WBIH IND	29	I	SELMA, AL		
ows as Necessary	WGBC-DT/WGBC-DT (HD) FOX	31.1	I-M			
	WGBC-DT2/WGBC-DT2 (HD) NB(31.2	N-M	MERIDIAN, MS		
	WIIQ/WIIQ(HD) PBS	19	E	DEMOPOLIS, AL		
	WIIQ-DT2 PBS Kids	19.2	E-M	DEMOPOLIS, AL		
	WIIQ-DT3 PBS Create	19.3	E-M	DEMOPOLIS, AL		
	WIIQ-DT4 PBS World	19.4	E-M	DEMOPOLIS, AL		
	WMDN/WMDN(HD) CBS	24	N	MERIDIAN, MS		
	WMDN-DT2 Bounce	24.2	I-M	MERIDIAN, MS		
	WMDN-DT3 MeTV	24.3	I-M	MERIDIAN, MS		
	WTOK/WTOK(HD) ABC	11	N	MERIDIAN, MS		
		44.0	I-M			
	WTOK-DT2 MyNet	11.2	1-141	MERIDIAN, MS		
	WTOK-DT2 MyNet WTOK/WTOK-DT3 (HD) CW	11.2	I-M	MERIDIAN, MS		
	WTOK/WTOK-DT3 (HD) CW	11.3	I-M	MERIDIAN, MS		
	WTOK/WTOK-DT3 (HD) CW	11.3	I-M	MERIDIAN, MS		
	WTOK/WTOK-DT3 (HD) CW	11.3	I-M	MERIDIAN, MS		
	WTOK/WTOK-DT3 (HD) CW	11.3	I-M	MERIDIAN, MS		
	WTOK/WTOK-DT3 (HD) CW	11.3	I-M	MERIDIAN, MS		
	WTOK/WTOK-DT3 (HD) CW	11.3	I-M	MERIDIAN, MS		
	WTOK/WTOK-DT3 (HD) CW	11.3	I-M	MERIDIAN, MS		

	SOUTHEA		C (YORK/LIVINGSTON, A	AL)				SYSTEM I 21
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	?) it can ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					

Accounting Perio	od: 2022/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC	(YORK/LIVIN	IGSTON, AL)				2177
	SUBSTITUTE CARRIAG	E: SPECI		NT AND PROGRAM LC)G			
	In General: In space I, ident	-	-			tion. that v	our cable svst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	ust be included	in this log, see page (v) of t	he general in	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any noni	network te	levision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram zog	Note: If your analysis "No	" loovotha	reat of this no	an blank. If your analyzer i	- "Vee " veu	must som		
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, you i	nust com	plete the prog	ram
	log in block 2.		AM0					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if	their meaning	ı is
	clear. If you need more spa					0001010, 11		<i>j</i> 10
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			ciball. List speelile progre		sxumpic,	I LOVE LUDy	
				er "Yes." Otherwise enter				
		0		asting the substitute prog				:
	the case of Mexican or Car			the community to which the community with which the			the FCC or,	IN
				stem carried the substitute			als, with the m	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.r	n. should be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming that	vour svst	em was <i>requ</i>	ired
	to delete under FCC rules a	and regulat	ions in effect d	uring the accounting perio	od; enter the	etter "P" if	f the listed pro	
	was substituted for program	•	your system w	as permitted to delete und	ter FCC rules	and regu	lations in	
	effect on October 19, 1976							
					WHE	N SUBST	TUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?			5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)			S	YSTEM ID# 2177
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	ystem's se on of how t	econdary transm o compute this a	ission service amount, see	2,670.76
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 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than nformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				<u> </u>
	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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	152,670.76		
	3. Subtract line 2 from line 1	\$	111,129.24		
	4. Enter the amount of gross receipts from space K		\$	152,670.76	
	5. Enter the amount from line 3		. \$	111,129.24	
	6. Subtract line 5 from line 4		\$	41,541.52	
	7. Multiply line 6 by .005 (enter figure here)			\$	207.71
	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		\$	207.71
	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	\$	263,800.00		
	- 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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	207.71	
Due	2. 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			\$	227.71
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)		SYSTEM ID# 2177
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activated. 1. Enter the total number of channels on which the cable system carried television broadcast stations	ted channels during the accounting period.	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.)	IS NEEDED (Identify an individual to whom	
for Further Information	Name Kenneth J. Kohrs	Telephone 845-443-2762	
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)		
	Email Copyrights@mediacomcc.com	Fax (optional)	
O Certification	X (Agent of owner other than corporation or partnership) in line 1 of space B and that the owner is not a corporation (Officer or partner) I am an officer (if a corporation) or a in line 1 of space B. • I have examined the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] Image: true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] Image: true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] Image: true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] Image: true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] Image: true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] Image: true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C.] Image: true of true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C.] Image: true of true of the statement of account and hereby declare unde are true, complete, and correct to the best of my knowledge, informat [18 U.S.C.] Image:	ne boxes.) owner of the cable system as identified in line 1 of space B; or () I am the duly authorized agent of the owner of the cable system as identified tion or partnership; or partner (if a partnership) of the legal entity identified as owner of the cable system r penalty of law that all statements of fact contained herein ion, and belief, and are made in good faith. neth J. Kohrs th J. Kohrs t, Financial Reporting	n
	Date:	2/6/2023	

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 fing, a determination that would be made by a court of law.

ccounting Period: 2022/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	2177
 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." 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
X - Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please 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 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	

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