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	FOR COPYRIGHT OFFICE USE ONLY		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
General instructions are located in the first tab of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	1	
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	Barcode Data Filing Period (optional - s	see instructions)		
Accounting Period				
Instructions:				

	2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	MEDIACOM MINNESOTA LLC
	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)
INS	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	nes 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	IDENTIFICATION OF CABLE SYSTEM:
	MEDIACOM MINNESOTA LLC
	MAILING ADDRESS OF CABLE SYSTEM:
2	1504 2nd Street SE, P.O. Box 110
	- (Number, street, rural route, apartment, or suite number) Waseca, MN 56093
	(City, town, state, zip code)
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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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		274
	MEDIACOM MINNESOTA LLC	
П	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PAYNESVILLE	MN
Community	PAYNESVILLE TOWNSHIP	MN
	ATWATER	MN
Add Rows as Necessary	GROVE CITY	MN
	CLARA CITY	MN
	MAYNARD	MN
	COSMOS	MN
	GRANITE FALLS	MN
	······································	
	านการการการการการการการการการการการการการก	

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM ID 2746
	MEDIACOM MINNESOT	ALLC							2/40
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ao and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc								
	Block 1: In the left-hand block					ondary 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								
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descript	tion of the	service is	
		DCK 1					BLOCH	(2	
		NO. OF		DATE	0.0.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		863	29.99-74.49					
	Service to additional set(s)		000	23.33-14.43					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.99-74.49					
	Converter		v	23.33-14.43					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions:	Block 1: Give the standard rat							i wana mat	
Rates	Block 2: List any services that listed in block 1 and for which 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.								
	· · ·	BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	####
	 Pay cable—add'l channel 	PP	• Co	mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	, y cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	109.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-49.00		services:					
	• FM radio (if separate rate)		•Re	connect		49.00			
	(in separate rate)								
	• Converter	10.50	• Dis	sconnect					
		10.50		sconnect tlet relocation		15.00-49.00			
		10.50	۰Ou		ess	15.00-49.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM MINNESO	TA LLC		27
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	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 :	tify every television station (including a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting ti (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c es, regulations, or authorizations:	t (1) stations carried only on a part- he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st	time basis under rams [sections ations carried on a
	Do not list the station here station was carried only on a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast),	in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie a concerning substitute basis stations, s call sign. <i>Do not</i> report origination p with a station according to its over-the te form. In umber the FCC assigned to the tele 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), of	d both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education)	so on some other stions. PN, etc. Identify each port multistream r the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the location	ms, see page (iv) of the general instru of each station. For U.S. stations, list	t the community to which the station	
	FCC. For Mexican or Canad	ian stations, if any, give the name of t	he community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE/KARE(HD) NBC	11	N	Minneapolis, MN
	KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
dd Rows as Necessary	KARE-DT3 True Crime Netwo	11.3	I-M	Minneapolis, MN
,	KMSP/KMSP(HD) FOX	9	I	Minneapolis, MN
	KMSP-DT4 BUZZR	9.2	I-M	Minneapolis, MN
	KPXM/KPXM (ION) HD	40	I	ST CLOUD, MN
	KPXM-DT2 Bounce TV	40.2	I-M	ST CLOUD, MN
	KPXM-DT3 Grit	40.3	I-M	ST CLOUD, MN
	KSTC/KSTC(HD) IND	45	I	MINNEAPOLIS,MN
	KSTC-DT2 MeTV	45.2	i-M	MINNEAPOLIS,MN
	KSTC-DT3 getTV	45.3	I-M	MINNEAPOLIS,MN
	KSTC-DT4 ThisTV	45.4	I-M	MINNEAPOLIS,MN
	KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
	KSTP-DT2 Heroes&lcons	35.2	I-M _	St. Paul, MN
	KTCA-DT/KTCA PBS TPT 2 (34	E 	St. Paul, MN
	KTCA-DT2 PBS Kids (HD)	34.2	E-M	St. Paul, MN
	KTCI PBS TPT Life	23		St. Paul, MN
	KWCM/KWCM(HD) PBS	10	E	
	KWCM-DT2 PBS Create	10.2	E-M	APPLETON, MN
	KWCM-DT3 PBS MN Channe	10.3	E-M	APPLETON, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World	10.3 10.4	E-M E-M	APPLETON, MN APPLETON, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World WCCO/WCCO(HD) CBS	10.3 10.4 32	E-M E-M N	APPLETON, MN APPLETON, MN Minneapolis, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World WCCO/WCCO(HD) CBS WCCO-DT2 Start TV	10.3 10.4 32 32.2	E-M E-M N	APPLETON, MN APPLETON, MN Minneapolis, MN Minneapolis, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World WCCO/WCCO(HD) CBS	10.3 10.4 32	E-M E-M N	APPLETON, MN APPLETON, MN Minneapolis, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World WCCO/WCCO(HD) CBS WCCO-DT2 Start TV	10.3 10.4 32 32.2	E-M E-M N I-M I	APPLETON, MN APPLETON, MN Minneapolis, MN Minneapolis, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World WCCO/WCCO(HD) CBS WCCO-DT2 Start TV WCCO-DT3 DABL	10.3 10.4 32 32.2 32.3	E-M E-M N I-M	APPLETON, MN APPLETON, MN Minneapolis, MN Minneapolis, MN MINNEAPOLIS, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World WCCO/WCCO(HD) CBS WCCO-DT2 Start TV WCCO-DT3 DABL WFTC/WFTC (HD) (MyNET)	10.3 10.4 32 32.2 32.3 29	E-M E-M N I-M I	APPLETON, MN APPLETON, MN Minneapolis, MN Minneapolis, MN MINNEAPOLIS, MN Minneapolis, MN
	KWCM-DT3 PBS MN Channe KWCM-DT4 PBS World WCCO/WCCO(HD) CBS WCCO-DT2 Start TV WCCO-DT3 DABL WFTC/WFTC (HD) (MyNET) WFTC-DT3 Movies	10.3 10.4 32 32.2 32.3 29 29.3	E-M E-M N I-M I	APPLETON, MN APPLETON, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN

all-band basis who Special Instruction receivable if (1) it is on the basis of mo- For detailed inform- paper SA1-2 form. Column 1: Iden Column 2: State Column 3: If the signal, indicate this Column 4: Given Mexican or Canad	very radio sta ose signals w ons Concern is carried by t	ation ca rere ger	rried on a separate and discre					
eceivable if (1) it i on the basis of mo For detailed inform paper SA1-2 form. Column 1: Iden Column 2: State Column 3: If the signal, indicate this Column 4: Give Mexican or Canad	is carried by t		nerally receivable by your cab					Н
CALL SIGN /	nation about t tify the call s te whether the e radio statio s by placing a e the station's	the syst e receiv the Co ign of e e statio n's sigr a check s locatio	H-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s pyright Office regulations on t 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	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	A 1 4 6 = =
Name	LEGAL NAME OF OWNER OF MEDIACOM MINNESO		EM:					SYSTEM ID 2746
								2/40
	SUBSTITUTE CARRIAG	-	-					
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	-	r cable syster	n carry, on a substitute b	asis, any noni	network tele	vision prog	
Program Log	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "No	o", leave the re	rest of this pa	ige blank. If your answer	is "Yes," you i	must comple	ete the pro	gram
	 LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title 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 broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. 	stitute program ace, please ac of every nonia distant static egulations, or ries like "movi . Bulls." m was broadc sign of the st adcast station nadian station nth and day w ive "5/7."	m on a separ- add additional anetwork telev on and that ye- authorization vies" or "bask cast live, enter tation broade n's location (t ns, if any, the when your sys- substitute pro-	I rows to the tables. vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter sasting the substitute pro- the community to which the stem carried the substitu ogram was carried by yo	te program") t uted for the pro eneral instruct ram titles, for e r "No." gram. he station is lid he station is lid te program. U ur cable syste	hat, during t ogramming ions for furt example, "I censed by t entified). se numerals m. List the t	the accoun of another her informa Love Lucy' he FCC or, s, with the imes accu	ting station ation. or in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the li and regulatior mming that yo	ons in effect d	uring the accounting per	iod; enter the	letter "P" if t	, he listed p	
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Accounting Period:	2022/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC			Ş	8YSTEM ID# 27464
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and t all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation of 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	tem's sec of how to	condary transmi compute this a	ssion service mount, see	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less tha ormation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that yo	ou must pay for t	his six-mon	
	Line 1. Royalty fee for accounting period				
	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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	re than \$137,1	00)	
	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 ar	nd 8	······.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	6	346,243.78		
	2. Base amount under statutory formula	5	263,800.00		
	3. Subtract line 2 from line 1	5	82,443.78		
	4. Multiply line 3 by .01	· · · · · · · · · · ·	\$	824.44	
	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	i, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	2,143.44
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing For and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · .	\$	2,143.44	
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			\$	2,163.44
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 27464
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	tions
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Tele	phone 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 (This statement of account must be certified and signed in accordance with Copyright Office regula I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the 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 identifier in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Kenneth J. Kohrs Typed or printed name: Kenneth J. Kohrs Title: Vice President, Financial Reporting (Title of official position herd in corporation or partnership) 	space B; or cable system as identified d as owner of the cable system
	Date: 2/7/2023	

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.

L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
DIACOM MINNESOTA LLC	2746
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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