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				
2/28/2023	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 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
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 [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 s 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:
		MONT BELVIEU, TX 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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
itamo	CEQUEL COMMUNICATIONS LLC	031253
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated communitoroporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	ne parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	MONT BELVIEU	TX
Community		
Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 031253

CEQUEL COMMUNICATIONS LLC

E

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	443	50.00					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	6	45.95					
Converter							
Residential							
Non-residential							
				l			

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	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	99.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 031253

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
KETH-1	14	l	HOUSTON, TX
KETH-HD1	14	l	HOUSTON, TX
KFTH-1	67	I	ALVIN, TX
KFTH-HD1	67	I-M	ALVIN, TX
KHOU-1	11	N	HOUSTON, TX
KHOU-2	11.2	I-M	HOUSTON, TX
KHOU-HD1	11	N-M	HOUSTON, TX
KIAH-1	39	I	HOUSTON, TX
KIAH-2	39.2	I-M	HOUSTON, TX
KIAH-3	39.3	I-M	HOUSTON, TX
KIAH-HD1	39	I-M	HOUSTON, TX
KLTJ-1	22	E	GALVESTON, TX
KPRC-1	2	N	HOUSTON, TX
KPRC-2	2.2	I-M	HOUSTON, TX
KPRC-3	2.3	I-M	HOUSTON, TX
KPRC-HD1	2	N-M	HOUSTON, TX
KPXB-1	49	I	CONROE, TX
KPXB-HD1	49	I-M	CONROE, TX
KRIV-1	26	I	HOUSTON, TX
KRIV-HD1	26	I-M	HOUSTON, TX
KTBU-1	55	l	CONROE, TX
KTBU-HD1	55	I-M	CONROE, TX
KTMD-1	47	I	GALVESTON, TX
KTMD-2	47.2	I-M	GALVESTON, TX
KTMD-HD1	47	I-M	GALVESTON, TX
KTRK-1	13	N	HOUSTON, TX
KTRK-3	13.3	I-M	HOUSTON, TX

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 031253

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.

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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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTRK-HD1	13	N-M	HOUSTON, TX
KTRK-HD2	13.2	I-M	HOUSTON, TX
KTXH-1	20	l	HOUSTON, TX
KTXH-2	20.2	I-M	HOUSTON, TX
KTXH-4	20.4	I-M	HOUSTON, TX
KTXH-HD1	20	I-M	HOUSTON, TX
KUBE-1	57	I	BAYTOWN, TX
KUHT-1	8	E	HOUSTON, TX
KUHT-2	8.2	E-M	HOUSTON, TX
KUHT-3	8.3	E-M	HOUSTON, TX
KUHT-HD1	8	E-M	HOUSTON, TX
KXLN-1	45	I	ROSENBERG, TX
KXLN-HD1	45	I-M	ROSENBERG, TX
KYAZ-1	51	I	KATY, TX
KZJL-1	61	I	HOUSTON, TX
KZJL-HD1	61	I-M	HOUSTON, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

031253

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
	 						
	 						
	 						
	 	 					
	 	 					
		 					
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Accounting Period	ing Period: 2022/2 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF O		SYSTEM ID#							
Name	CEQUEL COMMUNICA	TIONS LL	.C					031253		
ı	SUBSTITUTE CARRIAGE	_	_			ion that ver	ur aabla avat	m carried an a		
Substitute	substitute basis during the ac	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a abstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	 During the accounting peri 				isis, any nonn	etwork telev	vision progra	m		
Statement and Program Log	proadcast by a distant station?									
Frogram Log	Note: If your answer is "No."	" loove the	root of this pas	yo blank If your answer is	. "Voo." vou n	uet comple	_	_		
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
	clear. If you need more space					4		_		
	Column 1: Give the title of period, was broadcast by a	or every no distant stati	nnetwork televion	เรเดก program ("รนธรณินนิ ur cable system substitut	e program") tr ted for the pro	nat, during t parammina (ne accountin of another sta	g ation		
	under certain FCC rules, reg	gulations, o	r authorization	s. See page (v) of the ge	neral instructi	ions for furtl	her information	on.		
	Do not use general categori		vies" or "baske	etball." List specific progra	am titles, for e	xample, "I l	Love Lucy" o	r		
	"NBA Basketball: 76ers vs. I Column 2: If the program		Icast live ente	r "Yes " Otherwise enter '	"No "					
	Column 3: Give the call s									
	Column 4: Give the broa						ne FCC or, in			
	the case of Mexican or Cana Column 5: Give the mon						with the me	unth		
	first. Example: for May 7 giv		wileli your sys	tern carried the substitute	e program. Os	se numerais	s, with the mic	oriui		
	Column 6: State the time	s when the						ely		
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01	1:15 p.m. to 6	:28:30 p.m.	should be			
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for prog	ramming that	vour syster	m was <i>require</i>	ed		
	to delete under FCC rules a									
	was substituted for program	ming that y	our system wa	s permitted to delete und	ler FCC rules	and regula	tions in			
	effect on October 19, 1976.									
						EN SUBST				
	SI		E PROGRAM		1	RIAGE OCC	TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO			
							_			
							_			
							<u> </u>			
							<u> </u>			
								 		
					1					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		YSTEM 0312							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Eni all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	nission service								
	during the accounting period.	-	0,465.50							
-	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	oss receipts)							
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 \$2. 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.	263,800.								
	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 the accounting period is \$52.00.	nis six-month								
	Line 1. Royalty fee for accounting period	\$	52.00							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)								
	1. Base amount under statutory formula	_								
	2. Enter amount of gross receipts from space K	_								
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K	_								
	5. Enter the amount from line 3									
	6. Subtract line 5 from line 4									
	7. Multiply line 6 by .005 (enter figure here)									
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00							
	U.UU									
	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									
	4. Multiply line 3 by .01	1,319.00								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)									
		0.00								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00								
otal Remittance	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00								
Filing Fee and otal Remittance Due	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	52.00	67.00							

Accounting Period:	2022/2							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA							SYSTEM ID# 031253
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2) 1. Enter the total number system carried televisi 2. Enter the total number on which the cable system and nonbroadcast services.	260						
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this			DRMATION IS NEEDED (ldentify an ind			
for Further Information	Name RODN	EY HASKINS					Telephone	(903) 579-3152
		SE LOOP 323						
		street, rural route, apart R, TX 75701	ment, or sui	ite number)				
		ı, state, zip)						
	Email	RODNEY.HASI	KINS@A	LTICEUSA.COM		Fax (optional		
•	CERTIFICATION (This stat	ement of account m	ust be cer	rtified and signed in accor	dance with C	opyright Office re	egulations)	
O Certification	• I, the undersigned, hereby	certify that (Check on	ne, <i>but onl</i> y	y one, of the boxes.)				
	(Owner other th	an corporation or pa	artnership	o) I am the owner of the cab	le system as i	identified in line 1	of space B;	or
				artnership) I am the duly au not a corporation or partner		t of the owner of the	he cable sys	tem as identified
	X (Officer or parti		f a corpora	ation) or a partner (if a partn	ership) of the	legal entity identifi	ied as owner	of the cable system
		rect to the best of my		lare under penalty of law tha ge, information, and belief, a			ed herein	
				/s/ Alan Dannenba				
				electronic signature on the I nature using an "/s/ signatur			ent.	
		Typed or printed	l name:	ALAN DANNENBA	NUM			
		Title:		PROGRAMMING I position held in corporation or	partnership)			
		Date:				2/28/2023		

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

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	031253
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	·
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
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
Line 3 Multiply line 2 by the number of days late and enter the sum here	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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