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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
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	02/23/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING 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.	60192
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEX-TECH LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		145 N MAIN (Number, street, rural route, apartment, or suite number)	
		LENORA, KS 67645 (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 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:	
		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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NEX-TECH LLC	60192
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	EDMOND	KS
Community	JENNINGS	KS
	LENORA	KS
ld Rows as Necessary	LOGAN	KS
	REXFORD	KS
	SELDEN	KS
	การและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการแ	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM II
Name	NEX-TECH LLC	ADEL OTOTEM.						010	6019
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							harless	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for advance	payment.			·		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					the count ur	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					rvice that are	different fr	om those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-hand l	block. A two-	or three-	word descript	ion of the se	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF			OATE			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS F	RATE	CATE	SORY OF SE	RVICE	SUBSCRIBERS	RA
	Service to first set		346	30.00 D	ELUXE			284	58.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	IS: RATES					
E	In General: Space F calls for rat	te (not subscrib	er) informati	on with respe					
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur	nit in which it is							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cabla sve	tom for each	of the an	olicable servi	cae lietad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				ed. List th	ese other ser	vices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the rate fo	r each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVIO		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services: Pay cable	88.00	• Motel, h	: Non-reside	ential		Sports	& Entertain.	13.
	• Pay cable—add'l channel	00.00	Comme				Cinema		11.
	Fire protection		Pay cab		ļ.		HBO		17.
	•Burglar protection		,	le-add'l chan	nel			ne & TMC	10.
	Installation: Residential		• Fire prot				Starz! E		12.
	• First set	99.00	• Burglar	protection			NFL Re	dZone	49.
	 Additional set(s) 	130.00	Other servi	ces:					
	• FM radio (if separate rate)		Reconne	ect		30.00			
	, , ,				Jm				
	• Converter		Disconn						
	, , ,		• Outlet re			130.00 99.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	NEX-TECH LLC			60
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: 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:	entify every television station (including tra- m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(s explained in the next paragraph. : With respect to any distant stations car	 (1) stations carried only on a part- e carriage of certain network progr (e)(2) and (4))]; and (2) certain state 	-time basis under rams [sections ations carried on a
	• Do not list the station here station was carried only on			
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th	also in space I, if the station was carried I on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a the form. el number the FCC assigned to the televi	see page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rep	tions. PN, etc. Identify each port multistream
	of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	RC is channel 4 in Washington, D.C. a case whether the station is a network st gring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruct	tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat stions in the paper SA1-2 form.	a noncommercial pendent), "I-M" tional multicast).
	FCC. For Mexican or Canad	n of each station. For U.S. stations, list the dian stations, if any, give the name of the	e community with which the station	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	2	Ν	GREAT BEND, KS
	KLNE	3	E	LEXINGTON, NE
Rows as Necessary	KBSH	7	N	HAYS, KS
	KSNK	8	Ν	McCOOK, NE
	KOOD	9	E	HAYS, KS
	KAKE	10	N	WICHITA, KS
	KGIN	11	N	GRAND ISLAND, NE
	KHGI	13	N	KEARNEY, NE
	KSAS-DT2	17	N-M	WICHITA, KS
	KSCW	23	l	
				WICHITA, KS
	KSAS	24	N	WICHITA, KS
	KSAS KWCH-DT2	innu innu		
		24	N	WICHITA, KS
	KWCH-DT2	24 110	N N-M	WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2	24 110 180	N N-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2	24 110 180 181	N N-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	24 110 180 181 182	N N-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	24 110 180 181 182 183	N N-M N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	24 110 180 181 182 183 184	N N-M N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	24 110 180 181 182 183 183 184 185 186	N N-M N-M I-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4	24 110 180 181 182 183 184 185 186 187	N N-M N-M I-M I-M E-M I-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	24 110 180 181 182 183 184 185 186 187 189	N N-M N-M I-M I-M E-M I-M N-M I-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	24 110 180 181 182 183 184 185 186 187 189 190	N N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	24 110 180 181 182 183 184 185 186 187 189	N N-M N-M I-M I-M E-M I-M N-M I-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS

-	Period: 2022						FURI	I SA1-2E. PAGE
	F OWNER OF C	ABLE S	YSTEM:					SYSTEM II
NEX-TECH	LLC							601
	ANSMITTERS:							н
			arried on a separate and discr nerally receivable by your cab					п
	-	-						
			II-Band FM Carriage: Under (Primary
			stem whenever it is received a					Transmitters Radio
			ived at the headend, with the sopyright Office regulations on t					Radio
aper SA1-2 fc			spynght office regulations of		ge (v) of the g	jonorar i		
•		sign of	each station carried.					
			on is AM or FM.					
			nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
			k mark in the "S/D" column.			0	41	
			on (the community to which th the community with which the			C or, in	the case of	
	naulan stations	s, ii aliy,		station is identifi	leu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQY	FM		HILL CITY, KS					
KDT	FM		BURDETT, KS					
(QMA	FM		PHILLIPSBURG, KS					
	1							
	_							
	_							
	_							
	+							
	+							
	+							
	+							
	+							
	+							
	+							
	+							
	1							
	_							
	_							
	+							
	+							
	+							
	+							
	+							
	+							
	1							
	<u> </u>							
	<u> </u>							
	_							
	_							
	_							
	+							
	+							
	+							

Accounting Perio	od: 2022/2						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							60192
	SUBSTITUTE CARRIAGE							
	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the p	baper SA1-	2 torm.
Carriage:	1. SPECIAL STATEMENT							
Special Statement and	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	leave the	rest of this nad	e blank. If your answer is '		ist complete th	ne program	
		, leave the	rescor this pag	e blank. Il your answer is	res, you me	ist complete ti	ie program	1
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations	wherever nos	sible if their n	nooning is	
	clear. If you need more spa				wherever pos		icaning is	
				sion program ("substitute	program") tha	t, during the a	ccounting	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of ar	nother stat	
	under certain FCC rules, re							I.
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian statio	ons, if any, the o	community with which the	station is iden	tified).		
			when your syst	tem carried the substitute	orogram. Use	numerals, wit	th the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your				У
	stated as "6:00–6:30 p.m."		i piogram came		15 p.m. to 0.2	0.50 p.m. sno		
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as <i>required</i>	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
						N SUBSTITU	ITE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
1	l							

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	YSTEM ID# 60192
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission servic is amount, see	e 5,110.32
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 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 accounting period is \$52.00	this 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		
	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	-
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross 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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME O NEX-TECH L	DF OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 60192
M Channels	to its subscrib	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	25
	system carri	ried television broadcast stations	25
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	331
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	Scott Roe Telephone 74	85-625-7070
mormation	Address	2418 Vine Street (Number, street, rural route, apartment, or suite number)	
		Hays, KS 67601 (City, town, state, zip)	
	Email	sroe@nex-tech.com Fax (optional)	
Ο	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersig	igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ow	wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	r
		gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	X (01	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.	of the cable system
	are true, comp	ined the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ection 1001(1986)]	
		X /s/ Rhonda S. Goddard	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Rhonda S. Goddard	
		Title: Chief Financial Officer (Title of official position held in corporation or partnership)	

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 the 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 telephoi 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 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 t 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 lave

	FORM SA1-2E. PAG
	SYSTEM 60
-TECH LLC	60
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 Stateme Concerning Gros
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 Exclusi
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 Name 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 Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment Interest Assessment Int
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 - x - x - x - x - x - x - x - x - x - x - 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 x - (interest charge) * 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@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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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 th 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.