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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
3/16/2023	\$
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	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
	Shenandoah Cable Television, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 459
	(Number, street, rural route, apartment, or suite number)
	Edinburg, VA 22834 (City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	Roanoke FTTH-Glo Fiber  MAILING ADDRESS OF CABLE SYSTEM:
	Same As Above [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.

Accounting Period:	2022/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Shenandoah Cable Television, LLC	63871
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commu unincorporated 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 is a form of system identification hereafter known as the "first
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the identified
Area	city.	
Served		
	CITY OR TOWN	STATE
First	Roanoke	VA
Community	Blacksburg	VA
Add Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

63871

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>			Locals TV	161	\$45
<ul> <li>Service to additional set(s)</li> </ul>			Entertain TV	493	\$110
<ul> <li>FM radio (if separate rate)</li> </ul>			Delight TV	52	\$145
Motel, hotel			Indulge TV	33	\$185
Commercial					
Converter					
Residential					
Non-residential					
		1			

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
• Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Shenandoah Cable Television, LLC

63871

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WZBJ	24	l	Danville, VA
WZBJ-2	24.2	I-M	Danville, VA
WSLS	10	N	Roanoke, VA
WSLS-2	10.2	I-M	Roanoke, VA
WSLS-3	10.3	I-M	Roanoke, VA
WWCW-3	21.3	I-M	Lynchburg, VA
WWCW-4	21.4	I-M	Lynchburg, VA
WSET	13	N	Lynchburg, VA
WSET-2	13.2	I-M	Lynchburg, VA
WSET-3	13.3	I-M	Lynchburg, VA
WSET-4	13.4	I-M	Lynchburg, VA
WDBJ	7	N	Roanoke, VA
WDBJ-2	7.2	I-M	Roanoke, VA
WDBJ-3	7.3	I-M	Roanoke, VA
WDBJ-4	7.4	I-M	Roanoke, VA
WFXR	27	N	Roanoke, VA
WFXR-3	27.3	I-M	Roanoke, VA
WFXR-4	27.4	I-M	Roanoke, VA

Add Rows as Necessary

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63871 Shenandoah Cable Television, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** Transmitters: 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 Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Shenandoah Cable Television, LLC

63871

### 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
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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	ccounting Period: 2022/2 FORM SA1-2E. PAGE 5.								
Accounting Perio								F	
Name	Shenandoah Cable Tel								SYSTEM ID# 63871
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every noni	network televisi	on program, broadcast	by a c				
Substitute	explanation of the programmi	_			the g	eneral instru	uctions in th	ne paper SA	\1-2 form.
Carriage: Special	<ul><li>1. SPECIAL STATEMENT</li><li>During the accounting period</li></ul>				oocic	any nanna	twork tolox	vicion prog	rom
Statement and Program Log	broadcast by a distant stat	•	cable system	carry, orr a substitute b	Jasis,	arry norme	twork telev	YES	V
Frogram Log	<b>Note:</b> If your answer is "No,"		oct of this pag	o blank If your answer	ric "V	oc " vou mi	ist complo		
	log in block 2.	leave the i	est of this pay	e bialik. II your aliswei	15 1	es, you iii	ast comple	te the prog	gram
	2. LOG OF SUBSTITUTE In General: List each substitclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call se Column 4: Give the broat the case of Mexican or Cana Column 5: Give the monifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	tute progrance, please a of every nor distant station gulations, or es like "moves like "moves broad sign of the sed doast station at and day we "5/7." Is when the Example: a per "R" if the land regulation of the land regulation at a station that and day we "5/7."	m on a separated additional responsibilities on and that you authorizations ries" or "baske" cast live, enter tation broadcan's location (the his, if any, the content of the program carries isted program ins in effect duite in the did and the second second in the second seco	ows to the tables. sion program ("substituur cable system substituur cable system substituur cable system substitus. See page (v) of the gitball." List specific program 'Yes." Otherwise entesting the substitute programmunity to which the community with which them carried the substituur gram was carried by your ded by a system from 6:00 was substituted for progring the accounting per	ute privated in the state privated in the state private privat	ogram") that for the program instruction titles, for extending the form of the following that yenter the let	at, during the content of the conten	ne account of another a er informa cove Lucy"  ee FCC or, , with the r mes accur should be n was requ ee listed pro	ing station tion. or in month ately
	effect on October 19, 1976.								
	S	UBSTITUT	E PROGRAM				EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	ON	5. MONTH AND DAY	6. FROM	TIMES  — TO	DELETION
								_	
								_	

Accounting Period: 2	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC			S	YSTEM ID# 63871
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 sr (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 to	condary transm compute this a	ission service amount, see	9,340.00
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 or less.  Use block 3 if the amount of gross receipts in space K is more than \$263,800 or less block 3 if the amount of gross receipts in space K is more than \$263,800 or less page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha		263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00.  Line 1. Royalty fee for accounting period			nis six-month	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but me	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	Enter amount of gross receipts from space K	\$	189,340.00	_	
	3. Subtract line 2 from line 1	\$	74,460.00	_	
	Enter the amount of gross receipts from space K			- 189,340.00	
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				574.40
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.24
	o. Interest charge. Enter the amount from the 4, space Q, page o			Ψ	0.24
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	574.64
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but	less than \$527	,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)				
	Interest charge. Enter the amount from line 4, space Q, page 8				
	FILING FEE AND TOTAL REMITTANCE DU	F			
	TIERRO LE MAD TOTAL NEIWIT PANOL DO	_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	574.64	
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			\$	594.64
	EFT Trace # or TRANSACTION ID #			]	
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: able Television, LLC					SYSTEM ID# 63871
M Channels	to its subscriber	fou must give (1) the number of s, and (2) the cable system's all number of channels on whice the television broadcast stations.	total num	ber of activated channels duri	ing the ac	counting period.	31
	on which the	al number of activated channe cable system carried televisio dcast services	on broadca				193
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Iden	ntify an ind	ividual	
for Further Information	Name	Petra R. O'Neill				Telephone	(561) 801-8668
	Address 	500 Shentel Way (Number, street, rural route, apartru Edinburgh, VA 22824 (City, town, state, zip)		te number)			
	Email	petra.o'neill@en	mp.shent	el.com		Fax (optional	
0	CERTIFICATION	(This statement of account mu	ust be cer	tified and signed in accordance	ce with Co	pyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but oni</i>	ly one, of the boxes.)			
	(Owne	r other than corporation or pa	oartnershi <sub>l</sub>	<b>p)</b> I am the owner of the cable s	system as	identified in line 1 of space	B; or
	(Agent	of owner other than corpora in line 1 of space B and that the				nt of the owner of the cable s	system as identified
	X (Offic	er or partner) I am an officer (i in line 1 of space B.	if a corpor	ation) or a partner (if a partners	ship) of the	legal entity identified as ow	ner of the cable system
		the statement of account and hete, and correct to the best of myion 1001(1986)]					
	I		X	/s/ Derek Reiger			
				electronic signature on the line a nature using an "/s/ signature" (e			
		Typed or printed	I name:	Derek Rieger			
		Title:		resident Legal/Genera position held in corporation or partn		sel	
		Date:				March 16, 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.

counting Period: 2022/2		FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
enandoah Cable Television, LLC	+	63871
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11.  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.	sic de sub-	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below	sions	
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
INTEREST ASSESSIMENT		
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for		Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay		Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm.	Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	574.40	Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	574.40 1%	Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	574.40 1% 5.74	Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	574.40 1% 5.74 15 days 86.16	Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	574.40 1% 5.74 15 days 86.16	Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	574.40 1% 5.74 15 days 86.16 4 0.24	Q Interest Assessment
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