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

Return completed workbook by email to:

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
8/25/2023
\$
ALLOCATION NUMBER

Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
Fenou			
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.	11842
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665	
		(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915	
		(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 un a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	· · ·	Zito Media - Carrier Mills	
		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 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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Zito Midwest LLC	11842							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
001100									
	CITY OR TOWN	STATE							
First Community	Carrier Mills Saline County								
-	cuine county								
Add Rows as Necessary									

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							SA1-2E. PAGE
Name	Zito Midwest LLC							-	1184
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sy system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity s	bace E should on of television ay cable) in sp (June 30 or D blocks in space transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an in	cover all and radi ace F, n ecember ce E call service. gs in that indicated h catego 20/mth"). for advar e form lis ribers. G dividual o	categories of so o broadcasts by ot here. All the f 31, as the case for the number of the number category (the nu- mot the numb ry of service. In Summarize any nee payment. to the categorie ive the number or organization is	econdary your systematics you acts you may be of subsci- can compute umber of er of sets clude bot standard s of secco of subsc s receivin	stem to subscrib state must be th but ibers to the cab pute the number persons or orga receiving servi h the amount of d rate variations ondary transmiss ribers and rate for g service that fa	ers. Give lose existi le system, of subscri- nizations ce). the charg within a p sion servic or each lis alls under	information ng on the broken ibers in charged e and the articular rate e that cable ted category different	
	subscriber who pays extra for cal first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services	additiona er "Servi ories for s that inc	I sets would be ce to additional secondary trans lude one or more	ncluded set(s)." mission s	in the count unc service that are ary transmission	er "Servic different fr ns), list the	e to the om those em, together	
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		30	84.28					
	Service to additional set(s) FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services e two exceptio or facilities furr it in which it is rate column. e charged by th your cable sys separate charg tion and includ	ber) inform that are in ns: you contrished to usually to the cable stem furm the was m the the rat	mation with resp not offered in co lo not need to gi nonsubscribers billed. If any rate system for each ished or offered ade or establish	mbinatio ve rate in . Rate in s are cha n of the a during t	n with any secon nformation conc formation should arged on a varia pplicable service ne accounting p	ndary trans erning (1) I include b ble per-pro es listed. eriod that	smission services ooth the ogram basis, were not form of a	
		BLO			05	DATE	0.1750	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVI tion: Non-resid		RATE	CATEG	ORY OF SERVIC	E RATI
	Pay cable			el, hotel					
	Pay cable—add'l channel		• Con	nmercial					
	 Fire protection 		• Pay	cable					
	•Burglar protection		-	cable-add'l cha	nnel				
	Installation: Residential			protection					
	• First set	30.00		glar protection					
	Additional set(s)	20.00	-	ervices:		20.00			
	 FM radio (if separate rate) Converter 		-	onnect		30.00			
	- Conventer		-	connect		30.00			
				et relocation		30.00			
			• 1/0	e to new addres	e	30.00			

ounting Period:	-			FORM SA1-2E						
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYST	EM II 118					
C	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)									
G		arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61)								
Fransmitters: Television	Substitute Basis Stations	as explained in the next paragraph. : With respect to any distant stations car	ried by your cable system on a sul	ostitute program						
		ules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	Log)—if the						
	station was carried only or	n a substitute basis. also in space I, if the station was carried	both on a substitute basis and als	a an agma other						
		on concerning substitute basis stations, s								
		on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-								
	"WETA-2" as the same on	the form.								
		el number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	ision station for broadcasting over	the air in its community						
		h case whether the station is a network st	ation, an independent station, or a	noncommercial						
		ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or								
	· · ·	erms, see page (iv) of the general instruc		onal muticast).						
		on of each station. For U.S. stations, list t		2						
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the station	is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KBSI KFVS	23.1	N N	Cape Girardeau MO						
			N .	Cape Girardeau MO						
	WDKA	49.1	I	Paducah KY						
	WPSD	6.1	N	Paducah KY						
	WSIL	3.1	N	Harrisburgh IL						
	WSIU	8.1	E	Carbondale IL						
	WTOT	27.1	<u>_</u>							
	WTCT	27.1	<u> </u>	Marion IL						
	WQWQ	12.2	I	Marion IL Paducah KY						
			I							
d Rows as Necessary			I							
d Rows as Necessary			I I							
d Rows as Necessary			I							
d Rows as Necessary			I							
d Rows as Necessary			I I							
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ccounting Period:	2023/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID				
Name	Zito Midwest LLC	1184						
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tim	e basis under				
Primary Transmitters: Television	76.59(d)(2) and (4) , 76.61 substitute program basis,	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c	51(e)(2) and (4))]; and (2) certain statio	ns carried on a				
		rules, regulations, or authorizations: re in space G—but do list it in space I (t n a substitute basis.	the Special Statement and Program Lo	pg)—if the				
	basis. For further informati	also in space I, if the station was carrie ion concerning substitute basis stations pairs call sign. Do not report origination I	, see page (v) of the general instruction	ns.				
	Column 1: List each station's call sign. <i>Do not</i> 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				

Accounting P			YSTEM:					SYSTEM II
Zito Midwes								118
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.								
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s a station is licens	adend, and (2 enna, during ce ge (v) of the ge system as a se sed by the FC0) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the. Ind discrete	Primary Transmitters Radio
	1		the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	Zito Midwest LLC							11842			
	SUBSTITUTE CARRIAGE										
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute 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 period, did your cable system carry, on a substitute basis, any nonnetwork television program 										
Statement and Program Log	broadcast by a distant station?										
r rogram 20g	broadcast by a distant station? YES YES NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
		, leave the	rest of this pay	je blatik. Il your allswer is	res, you mu	ist comple	te the program				
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each subst 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 categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv 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	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day re "5/7." s when the Example: a er "R" if the nd regulatid	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro- program carrie listed program ons in effect du	rows to the tables. ision program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra ne community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period;	brogram") that d for the prog- eral instruction in titles, for exa- lo." m. station is lice station is iden brogram. Use cable system. 15 p.m. to 6:2 mming that y ; enter the lett	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals List the tin 8:30 p.m. our systen ter "P" if th	he accounting of another state ar information ove Lucy" or e FCC or, in , with the more mes accurate should be m was <i>require</i> he listed progr	tion n. hth ly			
	was substituted for program										
	effect on October 19, 1976.										
	SUBSTITUTE PROGRAM CARRIAGE O										
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION			
								+			
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	L		l				—				

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										
K Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servid (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts 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. (Amount.) 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										
L Instructions: To compute the royalty fee you owe: Copyright • Complete block 1, block 2, or block 3. Royalty Fee • Use block 1 if the amount of gross receipts in space K is \$137,100 or less	20,678.23 of gross receipts)									
 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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. 										
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 this six-month accounting period is \$52.00										
Line 1. Royalty fee for accounting period	52.00									
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8									
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	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 \$ 263,800.00										
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	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)										
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) \$ 1,319.0	<u>)</u>									
6. Interest charge. Enter the amount from line 4, space Q, page 8	<u>)</u>									
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6										
FILING FEE AND TOTAL REMITTANCE DUE										
Filing Fee and 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above))									
Total Remittance Total Remittance 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 Register of Copy See page i of the general instructions in the paper SA1-2 form for more information.	rights!									

Accounting Period:	2023/1							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Zito Midwest LLO	NER OF CABLE SYSTEM: C						SYSTEM ID# 11842
M Channels	to its subscribers, 1. Enter the total r system carried 2. Enter the total r on which the ca	and (2) the cable system's number of channels on wh television broadcast statio number of activated chann able system carried televis	s total num ich the cal ns els ion broado	able	on which the cable system car r of activated channels during stations	the accounti	ng period.	8 78
N Individual to		BE CONTACTED IF FUR		FOR	MATION IS NEEDED (Identify	an individua	I to whom	
Be Contacted for Further Information	Name	Teri McMullen					Telephone 8	14-260-0434
		PO Box 665 Number, street, rural route, apa Coudersport PA 169 City, town, state, zip)		suite i	umber)			
	Email	teri.mcmullen@) zitomed	dia.d	om	Fax	(optional	
O Certification	 I, the undersigned, (Owner of the second secon	hereby certify that (Check o other than corporation or of owner other than corpor line 1 of space B and that the or partner) I am an officer line 1 of space B. he statement of account and and correct to the best of r	partnersh partnersh he owner i (if a corpo	only o hip) part is no orati decla	ed and signed in accordance w one, of the boxes.) am the owner of the cable sys nership) I am the duly authorize of a corporation or partnership; of a corporation or partnership; on) or a partner (if a partnership re under penalty of law that all s information, and belief, and are	tem as identii ed agent of th or)) of the legal :tatements of	fied in line 1 of space B; of the owner of the cable system entity identified as owner fact contained herein	tem as identified
		Typed or printe Title:	Enter sig od name: Presi u	ide	s/James Rigas ctronic signature on the line abour ure using an "/s/ signature" (e.g. James Rigas nt sitton held in corporation or partners	, /s/ John Smi		

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

unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Midwest LLC	11842
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on 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 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	

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