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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbool by email to:								
or Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov							
eneral instru	ems (Short Form) uctions are located of this workbook	8/28/2023	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150								
Α											
A) BY THIS STATEMENT: (YY	YY/(Period))								
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optiona	I - see instructions)								
Accounting Period											
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	orate title of							
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										
		e accounting period, only the owner on the yment covering the entire accounting per		omit a single							
	Check here if this is the system's first fil	ing. If not, enter the system's ID number a	assigned by the Licensing Division.	3000							
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM									
	MCC Georgia, LLC (Bainbridge, GA) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
	(;)										
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)										
	MEDIACOM PARK, NY 10918 (City, town, state, zip)										
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In lin										
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	MAILING ADDRESS OF CABLE SYSTE	EM:									
	2 (Number, street, rural route, apartment, or suit	e number)									

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.

Return completed workbor

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MCC Georgia, LLC (Bainbridge, GA)	3860
D Area Served	Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
First	CITY OR TOWN Bainbridge	STATE GA
Community	Decatur	GA
	Donalsonville	GA
Add Rows as Necessary	Seminole	GA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM IC				
Name	MCC Georgia, LLC (Bair	nbridge, GA)						386				
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES								
E	In General: The information in s					rtransmission s	ervice of th	ne cable					
	system, that is, the retransmission												
Secondary Transmission	about other services (including p last day of the accounting period						hose existii	ng on the					
Service: Sub-							le system	broken					
scribers and	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												
Rates	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												
	0 j	· · ·	,		y Stanuar		wiunin a pe						
	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												
	that applies to your system. Note			0		•							
	categories, that person or entity						•						
	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												
		nd rates, in the	the right-hand block. A two- or three-word description of the service is										
	sufficient.		BLOCK	< 2									
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE				
	Residential:	CODOCIMD			0.111			000001100					
	Service to first set		1,073	29.95-51.54									
	 Service to additional set(s) 								1				
	• FM radio (if separate rate)								1				
	Motel, hotel								1				
	Commercial		1	29.95-51.54					1				
	Converter								1				
	Residential								1				
	Non-residential												
	SERVICES OTHER THAN SEC		NSMISS	SIONS: RATES									
F	In General: Space F calls for rat	•	'		•								
•	not covered in space E, that is, the service for a single fee. There are												
Services	furnished at cost or (2) services	•	-		5		0 ()						
Other Than	amount of the charge and the un												
Secondary	enter only the letters "PP" in the												
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							vere not					
Rates	listed in block 1 and for which a s	• •			-	÷ ·							
	brief (two- or three-word) descrip												
		BLO	CK 1					BLOCK 2					
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE CATEGOR		ORY OF SERVICE	RATE				
	Continuing Services:		Install	ation: Non-resi	dential								
	• Pay cable	PP	• Mo	tel, hotel			Family	Cable	105.0				
	 Pay cable—add'l channel 	PP	•Co	mmercial									
	Fire protection		•Pa	y cable									
	•Burglar protection		•Pa	y cable-add'l ch	annel								
	Installation: Residential			e protection									
	• First set	109.99		rglar protection									
	 Additional set(s) 	49.00		services:									
			• Po	econnect		49.00							
	• FM radio (if separate rate)		• 1.6	connect		+5.00							
	• FM radio (if separate rate) • Converter	10.50		connect sconnect		-5.00							
	,	10.50	• Dis			49.00							

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID							
Name	MCC Georgia, LLC (Bainbridge, GA)										
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	In General: In space G, ider 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: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on ti Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	 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, <i>except</i> (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 <i>only</i> 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. <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: Cive 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, station, an independent station, or a noncommercial educational station, by entering the letter "N" (for									
	1. CALL SIGN	4. LOCATION OF STATION									
	WABW/WABW(HD) PBS	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	Pelham, GA							
		6.2		Pelham, GA							
	WABW-DT2 PBS Create	6.3	E-M E-M	Pelham, GA							
d Rows as Necessary	WABW-DT3 PBS Knowledge WABW-DT4 PBS KIDS	6.4	E-M	Pelham, GA							
	WALB/WALB(HD) NBC	10	N	Albany, GA							
	WALB-DT3 BounceTV	10.3	I-M	Albany, GA							
	WCTV/WCTV(HD) CBS	46	N	Tallahassee, FL							
	WCTV-DT2 MY NET	46.2	I-M	Tallahassee, FL							
	WCTV-DT3 Circle	46.3	I-M	Tallahassee, FL							
	WETV-DTS CITCLE	32	E	Tallahassee, FL							
	WFSU-DT2 The FL Channel	32.2	E-M	Tallahassee, FL							
	WFSU-DT3 CREATE	32.3	E-M	Tallahassee, FL							
	WFSU-DT4 PBS Kids	32.4									
			F-M	Tallahassee Fl							
	WTI H DT/MTI H (ארט עפט)		<u> </u>	Tallahassee, FL Bainbridge, GA							
	WTLH DT/WTLH (HD) H&I	50	1	Bainbridge, GA							
	WTLH-DT2 CW/WTLH-DT2(H	50 50.2	l I-M	Bainbridge, GA Bainbridge, GA							
	WTLH-DT2 CW/WTLH-DT2(HI WTLH-DT3 COMET	50 50.2 50.3	I I-M I-M	Bainbridge, GA Bainbridge, GA Bainbridge, GA							
	WTLH-DT2 CW/WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC	50 50.2 50.3 40	I I-M I-M N	Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL							
	WTLH-DT2 CW/WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F	50 50.2 50.3 40 40.2	I I-M I-M N I-M	Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL							
	WTLH-DT2 CW/WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge!	50 50.2 50.3 40 40.2 40.3	I I-M I-M I-M I-M	Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL							
	WTLH-DT2 CW/WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge! WTXL/WTXL(HD) ABC	50 50.2 50.3 40 40.2 40.3 27	I I-M I-M N I-M I-M N	Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL							
	WTLH-DT2 CW/WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge! WTXL/WTXL(HD) ABC WTXL-DT2 BOUNCE TV	50 50.2 50.3 40 40.2 40.3 27 27.2	I I-M I-M I-M I-M I-M I-M	Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL							
	WTLH-DT2 CW/WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge! WTXL/WTXL(HD) ABC WTXL-DT2 BOUNCE TV WTXL-DT3 Grit	50 50.2 50.3 40 40.2 40.3 27 27.2 27.3	i I-M I-M I-M I-M I-M I-M I-M	Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL							
	WTLH-DT2 CW/WTLH-DT2(H WTLH-DT3 COMET WTWC/WTWC(HD) NBC WTWC-DT2/WTWC-DT2(HD)F WTWC-DT3 Charge! WTXL/WTXL(HD) ABC WTXL-DT2 BOUNCE TV	50 50.2 50.3 40 40.2 40.3 27 27.2	I I-M I-M I-M I-M I-M I-M	Bainbridge, GA Bainbridge, GA Bainbridge, GA Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL Tallahassee, FL							

Accounting F			YSTEM [.]				7.014	M SA1-2E. PAGE 4	
MCC Georgi								3860 3860	
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.									
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 fo Column 1: k Column 2: S Column 3: lf	rm. dentify the call state whether t the radio stati	sign of e he statio ion's sigr	each station carried. n is AM or FM. nal was electronically process						
Column 4: G	Give the station	n's locatio	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of		
	1		1	1	r				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
	+	<u> </u>	+	h			t		

Accounting Perio	od: 2023/1					FOF	RM SA1-2E. PAGE 5.						
	LEGAL NAME OF OWNER OF	CABLE SYS1	FEM:				SYSTEM ID#						
Name	MCC Georgia, LLC (Ba	inbridge,	GA)				3860						
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG	6								
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authorizations.	For a further						
Carriage:		-											
Special		 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 											
Statement and Program Log													
r rogram Log					"Maa"								
	Note: If your answer is "No' log in block 2.	, leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust complete the progra	im						
	2. LOG OF SUBSTITUTE	PROGRA	MS										
	In General: List each subst clear. If you need more spa	itute progra ce, please	am on a separa add additional i	ows to the tables.									
	Column 1: Give the title												
	period, was broadcast by a under certain FCC rules, re												
	Do not use general categor												
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broa	dcast live, ente	r "Yes." Otherwise enter "	No."								
	Column 3: Give the call : Column 4: Give the broa					need by the ECC or in							
	the case of Mexican or Can												
	Column 5: Give the mon	th and day				,	nth						
	first. Example: for May 7 giv		aubatituta ara		aabla avatam	List the times assured							
	Column 6: State the time to the nearest five minutes.						ery						
	stated as "6:00–6:30 p.m."												
	Column 7: Enter the lette												
	to delete under FCC rules a was substituted for program						ram						
	effect on October 19, 1976.												
	s	UBSTITUT	TE PROGRAM		EN SUBSTITUTE	7. REASON FOR							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION						
			0/122 0/011			_							
					-	_							
					-	_							
						_							
					-								
						_							
					-								
					-								

Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Georgia, LLC (Bainbridge, GA)				SYSTEM ID# 3860
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (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	system's see	condary transmi compute this a	ssion service mount, see \$5	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in DOCK 1: CROCE DECEDED OF 642	but less than formation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE				
	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			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	513,278.86		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	249,478.86		
	4. Multiply line 3 by .01		\$	2,494.79	
	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 .		\$	3,813.79
-					
	FILING FEE AND TOTAL REMITTANCE DU				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	3,813.79	
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			\$	3,833.79
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				yhts!

Accounting Period:	2023/1										FC	ORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: C (Bainbridge, GA)										SYSTEM ID# 3860
M Channels	to its subscribers, a 1. Enter the total nu system carried to 2. Enter the total nu on which the cat	must give (1) the numbe and (2) the cable system' umber of channels on wh elevision broadcast static umber of activated chanr ble system carried televis st services	's total num nich the cat ons nels sion broadc	umber able 	er of activated	d channels di	uring the a	accounting per	iod.		34 68	
N Individual to Be Contacted		E CONTACTED IF FUR but this statement of acco		FORM	RMATION IS I	NEEDED (Ide	entify an ir	ndividual to wh	om			
for Further Information	Name K	enneth J. Kohrs							Telephone	845-443	3-2762	
		one Mediacom Way umber, street, rural route, apa lediacom Park, NY ity, town, state, zip)	artment, or su		number)							
	Email	Copyrights@n	nediacomo	mcc.c	.com			Fax (optio	nal			
	CERTIFICATION (Th	is statement of account r	must be ce	certifie	ied and signe	ed in accorda	nce with C	Copyright Offic	e regulations)			
O Certification		nereby certify that (Check					e system a	as identified in I	ine 1 of space I	3; or		
		owner other than corpo ine 1 of space B and that						ent of the owne	er of the cable s	ystem as id	entified	
	in I I have examined the	or partner) I am an officer ine 1 of space B. e statement of account and and correct to the best of 1001(1986)]	d hereby de	declare	are under pen	alty of law tha	t all staten	nents of fact co	ntained herein	ner of the ca	able system	
			X Enter an	- ,-	/s/ Kennet			certify this state	ement.	-		
		Typed or printe			ture using an '		" (e.g., /s/ .	John Smith)				
		Title:	Group	up V	Vice Presi	dent, Fina		Reporting				
		Date:						8/3/20	23			

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.

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
C Georgia, LLC (Bainbridge, GA)	3860
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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q 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	
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 Accounting period	

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