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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.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))
23	700	
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 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.
		T
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MidlandsNet LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 330
		(Number, street, rural route, apartment, or suite number) Remsen, IA 51050
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MidlandsNet LLC dba WesTel Systems MaiLing address of cable system:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

7/31/2023

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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	MidlandsNet LLC	614
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, c	"community" is the same as a "community unit" as defined in FCC rules: " rated communities within unincorporated areas and including single, discr list will serve as a form of system identification hereafter known as the "h
Area Served	city.	
	CITY OR TOWN	STATE
First	Anita	IA
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	MidlandsNet LLC	ADLE SYSTEMI						515	6143
F	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	•		•					
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondany transmis	ssion son	ice that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	ider "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A tv	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOCI	()	
	BLU	NO. OF	:				BLUCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		• • •		-				
	Service to first set		240	24.95	Retrans	smission Fee	9		23.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;				
E	In General: Space F calls for rate	•	'		•				
F	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services	•			•		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•					
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-resi	idential				
	• Pay cable		• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Co	mmercial					
	Fire protection		• Pa	y cable					
	 Burglar protection 		• Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	25.00	• Bu	rglar protection					
	 Additional set(s) 		Other	services:					
	.,		. Do			25.00			
	• FM radio (if separate rate)		• Re	connect		25.00			
	• FM radio (if separate rate) • Converter			connect connect		25.00			
			• Dis			25.00			

G Primary Television FC Television FC FC FC FC FC FC FC FC FC FC FC FC FC	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 <i>not</i> list the station here station was carried <i>only</i> on List the station here, and a basis. For further information	entify every television station (including tra m during the accounting period, <i>except</i> (1 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 carr ules, regulations, or authorizations: e in space G—but do list it in space I (the	1) stations carried only on a part-tir carriage of certain network progra (e)(2) and (4))]; and (2) certain stat	ime basis under ams [sections ations carried on a
G In ca F(Primary ransmitters: Television Su ba • [st • 1 ba • 1 ba • 1 ba • 1 v • 1 v · 1 v · · · · · · · · · · · · · · · · · ·	n General: In space G, iden 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	entify every television station (including tra m during the accounting period, <i>except</i> (1 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 carr ules, regulations, or authorizations: e in space G—but do list it in space I (the	1) stations carried only on a part-tir carriage of certain network progra (e)(2) and (4))]; and (2) certain stat	ime basis under ams [sections ations carried on a
G ca F(Primary 76 ransmitters: su Television Si • I st • 1 ba • 1 v v v v v v	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 <i>not</i> list the station here station was carried <i>only</i> on List the station here, and a basis. For further information	m during the accounting period, <i>except</i> (1 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 carr ules, regulations, or authorizations: e in space G—but do list it in space I (the	1) stations carried only on a part-tir carriage of certain network progra (e)(2) and (4))]; and (2) certain stat	ime basis under ams [sections ations carried on a
F(Primary 76 ransmitters: su Television Si • [st • 1 ba Ci m "V	CC 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 <i>not</i> list the station here station was carried <i>only</i> on a List the station here, and a basis. For further information	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 carr ules, regulations, or authorizations: e in space G—but do list it in space I (the	e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat	ams [sections ations carried on a
ransmitters: su Television Si ba • [st •] ba Ca m "V	Substitute program basis, as Substitute Basis Stations: basis under specific FCC ru Do not list the station here station was carried only on a List the station here, and a basis. For further information	s explained in the next paragraph. With respect to any distant stations carr ules, regulations, or authorizations: e in space G—but do list it in space I (the		
ba • I • I ba Co m "V	basis under specific FCC ru Do <i>not</i> list the station here station was carried <i>only</i> on a List the station here, and a basis. For further information	ules, regulations, or authorizations: e in space G—but do list it in space I (the	ried by your cable system on a su	
• [st • ba Cr m "V	Do <i>not</i> list the station here station was carried <i>only</i> on a List the station here, and a basis. For further information	e in space G—but do list it in space I (the		ostitute program
• ba Cu m "V	List the station here, and a basis. For further information	a suusuuute oraaa	Special Statement and Program I	Log)—if the
Ci m "V		also in space I, if the station was carried b		
"V		on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ESP	PN, etc. Identify each
	WETA-2" as the same on the		C	
of	Column 2: Give the channe	el number the FCC assigned to the televis /RC is channel 4 in Washington, D.C.	sion station for broadcasting over	the air in its community
C	Column 3: Indicate in each	n case whether the station is a network sta	, , ,	
	· · ·	ring the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or		
Fo	For the meaning of these ter	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th	tions in the paper SA1-2 form.	,
		dian stations, if any, give the name of the	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
ĸ	KMTV-S	3.1	Ν	OMAHA, NE
к	KMTV-2	3.2	N-M	OMAHA, NE
Rows as Necessary	KMTV-3	3.3	N-M	OMAHA, NE
к	KMTV-4	3.4	N-M	OMAHA, NE
к	KMTV-5	3.5	N-M	OMAHA, NE
N	WOWT-S	6.1	Ν	OMAHA, NE
N	NOWT-2	6.2	N-M	OMAHA, NE
N	WOWT-3	6.3	N-M	OMAHA, NE
N	NOWT-5	6.5	N-M	OMAHA, NE
к	KETV-S	7.1	Ν	OMAHA, NE
К	KETV-2	7.2	N-M	OMAHA, NE
к	KDIN-S	11.1	E	DES MOINES, IA
К	KDIN-2	11.2	E-M	DES MOINES, IA
к	KDIN-3	11.3	E-M	DES MOINES, IA
K	KDIN-4	11.4	E-M	DES MOINES, IA
	KXVO-S	15.1	N-M	OMAHA, NE
К	KXVO-2	15.2	N-M	OMAHA, NE
ĸ	KXVO-3	15.3	N-M	OMAHA, NE
К	KDSM-S	17.1	Ν	DES MOINES, IA
к	KDSM-2	17.2	N-M	DES MOINES, IA
к	KDSM-3	17.3	N-M	DES MOINES, IA
к	KDSM-4	17.4	N-M	DES MOINES, IA

unting Period:	2023/1			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Nume	MidlandsNet LLC			614
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including in during the accounting period, <i>except</i>	(1) stations carried only on a part-time	e basis under
Primary		n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6		
ransmitters:		explained in the next paragraph.		
Television	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a subst	itute program
		les, regulations, or authorizations:		\
	 Do not list the station here station was carried only on a 	in space G—but do list it in space I (the substitute basis	ie Special Statement and Program Log	g)—If the
		Iso in space I, if the station was carried	both on a substitute basis and also o	n some other
		n concerning substitute basis stations,		
		's call sign. <i>Do not</i> report origination p		
		with a station according to its over-the	-air designation. For example, report	multistream
	"WETA-2" as the same on the	ne form. I number the FCC assigned to the tele	vision station for broadcasting over the	a air in ita communitu
		RC is channel 4 in Washington, D.C.	VISION Station for broadcasting over the	
		case whether the station is a network	station, an independent station, or a no	oncommercial
	educational station, by enter	ing the letter "N" (for network), "N-M" (for network multicast), "I" (for indepen	dent), "I-M"
		"E" (for noncommercial educational), c		al multicast).
		rms, see page (iv) of the general instru n of each station. For U.S. stations, list		line and have the
		lian stations, if any, give the name of th	,	5
		ian stations, if any, give the name of t		identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Midlandelle		0, 1222 0						SYSTEM I
MidlandsNe								614
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourts m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pag ed by the cable s le station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a sep red by the FCC) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0				5,0		

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5
Norma	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MidlandsNet LLC							61433
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi							
Substitute	substitute basis during the ac explanation of the programm	•••	•	•				
Carriage:	1. SPECIAL STATEMENT	-			J		<u></u>	
Special	 During the accounting per 				is. anv nonne	twork telev	ision prograr/	n
Statement and Program Log	broadcast by a distant sta	-	,				YES	× NO
r rogram Log	,				«\/ "			
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust comple	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	5
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.	-		-	
	Column 1: Give the title period, was broadcast by a			sion program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or	
		n was broad		"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		ncod by th	e ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	ith and day		em carried the substitute			, with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	rom was carried by your	aabla avatam	list the ti	moo oogurata	
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ery
	stated as "6:00-6:30 p.m."							
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							ani
	effect on October 19, 1976.		-			-		
	s	UBSTITUT	TE PROGRAM			EN SUBST		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		TIMES — TO	DELETION
		103 01 140	OALL OIGH		AND DAT	TROM	10	
					·{			
							_	
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					.			
							_	
							_	+
			<u> </u>] [_	
							_	
							_	

Accounting Period:	2023/1	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MidlandsNet LLC	SYSTEM ID 6143
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (viii) 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.	r the total of ssion service
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 \$26 • 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 thi accounting period is \$52.00 Line 1. Royalty fee for accounting period 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
	7. Multiply line 6 by .005 (enter figure here)	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 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		<u>52.00</u> 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00
	EFT Trace # or TRANSACTION ID # 276TNIBK/76468230028 Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more tables.	

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C MidlandsNet L	WNER OF CABLE SYSTEM: LC				SYSTEM ID# 61433
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's I number of channels on whic	total num	els on which the cable system carried te ber of activated channels during the ac	counting period.	29
		cable system carried televisio				47
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name	Robert Gannon			Telephone	712-786-1181
	Address	PO Box 330 (Number, street, rural route, apartr Remsen, IA 51050 (City, town, state, zip)	ment, or su	te number)		
	Email	bgannon@west	telsysten	is.com	Fax (optional 712-786-240	0
0	CERTIFICATION	(This statement of account mu	ust be ce	tified and signed in accordance with Co	opyright Office regulations)	
Certification		ed, hereby certify that (Check or r other than corporation or p		<i>ly one</i> , of the boxes.) p) I am the owner of the cable system as	identified in line 1 of space B	; or
		in line 1 of space B and that th	e owner is	artnership) I am the duly authorized ager s not a corporation or partnership; or ration) or a partner (if a partnership) of the		
	I have examined	te, and correct to the best of m	-	clare under penalty of law that all stateme ge, information, and belief, and are made		
			X	/s/ Robert Gannon		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	I name:	Robert Gannon		
		Title: (Tit	CEO tle of officia	I position held in corporation or partnership)		
		Date:			7/31/23	

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.

	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
dlandsNet LLC	6143
 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? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
	Q 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	
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	LINTEREST 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	
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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.