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	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	ems (Short Form) uctions are located o of this workbook	03/27/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	'YYY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
	Instructions:			
В			sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	ich the owner conducts the business o	f the cable system.	
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period should inting period.	d submit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	er assigned by the Licensing Division.	62605
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTE	И	
	Harmony Telephone Company			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)	
	Harmony Cable			
	MAILING ADDRESS OF OWNER C	F CABLE SYSTEM		
	PO Box 308 (Number, street, rural route, apartment, or suite	number)		
	Harmony, MN 55939	,		
	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to id	entify the business and operation of t	he system unless these
C	names already appear in space B. In lin			
System	1			
	MAILING ADDRESS OF CABLE SYSTE	М:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Privacy Act Noti	ce: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect t	ne personally identifying information (PII) reque	ested on this

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Harmony Telephone Company	62
	Instructions: List each separate community served by the cable system. A "co	ommunity" is the same as a "community unit" as defined in FCC rul
D	"a separate and distinct community or municipal entity (including unincorport discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including sing it you list will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	
	CITY OR TOWN	STATE
First	Harmony	MN
Community		
ld Rows as Necessary		
iu Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM	YSTE	
Name			:					3	-	626
	Harmony Telephone Co	ompany								
F	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES					
E	In General: The information in s			-		•				
Secondary	system, that is, the retransmission about other services (including p									
Secondary ransmission	last day of the accounting period						LIIUSE EXIS			
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ble system	n, broken		
scribers and	down by categories of secondary									
Rates	each category by counting the n		0	0,0			<i>,</i>	s charged		
	separately for the particular serv Rate: Give the standard rate c					•	,	ae and the		
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· ·	,				is within a			
	Block 1: In the left-hand block					condary transmis	ssion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca									
	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-h	and block. A t	wo- or thre	ee-word descript	tion of the	service is		
	sufficient.	DCK 1					BLOCK	()		
		NO. OF					BLOOI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBER	S	RA
	Residential:									~~
	Service to first set		122	66.95	Lifeline	e/Lite		2	4	29
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel		1	339.25						
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
F	In General: Space F calls for rate	te (not subscri	ber) info	rmation with re	espect to a	all your cable sys	stem's ser	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,					· · J· ··· · · · · · · · · · · · · · ·		
ansmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that				•	•	•			
	listed in block 1 and for which a brief (two- or three-word) description	• •			isnea. Lisi	inese other ser	vices in th	e lorm of a		
								BLOCK 2		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	DRY OF SERVI		RA ⁻
	Continuing Services:		Installa	tion: Non-res	idential					
	• Pay cable	5.00	• Mot	el, hotel						
	Pay cable—add'l channel		• Con	nmercial					Î	
			• Pav	cable						
	Fire protection		· ~,				ſ		·····	
			-	cable-add'l cl	nannel					
	Fire protection		• Pay	cable-add'l cl protection	nannel					
	Fire protection Burglar protection	25.00	• Pay • Fire							
	Fire protection Burglar protection Installation: Residential	25.00	• Pay • Fire • Bure	protection						
	Fire protection Burglar protection Installation: Residential First set	25.00	• Pay • Fire • Burg Other s	protection glar protection		25.00				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	25.00	• Pay • Fire • Bury Other s • Rec	protection glar protection ervices:		25.00				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	25.00	• Pay • Fire • Burg • Burg • Rec • Disc	protection glar protection services: connect		25.00				

LEGAL NAME OF OWNER OF Harmony Telephone C PRIMARY TRANSMITTERS:	Company		SYSTEM I 626
PRIMART IRANOWITTERO.			
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 rul • 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 Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WM Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th ()(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa loctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
КІМТ	3	N	Mason City, IA
кттс	10	N	Rochester, MN
KAAL	6	N	Austin, MN
KYIN	24	Ν	Mason City, IA
KXLT	47		Rochester, MN
KSMQ	15	Ν	Austin, MN
KTTC-2	10.2	N-M	Rochester, MN
KXLT-2	47.2	N-M	Rochester, MN
KIMT-2			Mason City, IA
			Austin, MN
	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • 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 Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KIMT KTTC KAAL KYIN KXLT KSMQ KTTC-2	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations catabasis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried basis. For further information concerning substitute basis stations, Column 1: List each station's call sign. Do not report origination prulticast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), or For the meaning of these terms, see page (iv) of the general instruction at the location of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the station and comparison of the station as a term of the station attain and the station attain attain attain attain attain a station attain a	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a stations survey station here in space G—but do list it in space I (the Special Statement and Program 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 albasis. For further information concerning substitute basis stations, see page (v) of the general instruc Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ES multicast stream associated with a station according to its over-the-air designation. For example, reg "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over 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 educational station, by entering the letter 'N' (for network), "N-M" (for network multicast), "I" (for indee (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educations 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 FCC. For Mexican or Canadian stations, if any, give the name of the community with which the static static static as a result of the static static static state and station and station of the static static state and static state and station and stations and stations, if any, give the name of the community to which the static FCC. For Mexican or Canadian stations, if any, give the name of the community with which the static static state and and stations and station and static state and static state and static state and static station state and static state and static state

EGAL NAME O								SYSTEM I 626
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recein to the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process < 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 this point, see par the by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate 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	
		+				t		

Name Substitute Carriage: Special Statement and	LEGAL NAME OF OWNER OF Harmony Telephone C SUBSTITUTE CARRIAGI In General: In space I, ident							SYSTEM ID	
Substitute Carriage: Special Statement and	In General: In space I, ident							6260	
Substitute Carriage: Special Statement and		E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
Substitute Carriage: Special Statement and	substitute basis during the a			<i>sion program,</i> broadcast by becific present and former F					
Special Statement and	explanation of the programm								
Statement and	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	levision prog	ram	
Program Log	broadcast by a distant sta	tion?					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 log in block 2.								
I C F L C F L C T C C C C C C C C C C C C C C C C C	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	titute progra ace, please of every no o distant sta egulations, o ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nath and day ve "5/7." es when th . Example: ter "R" if the and regulati	am on a separ add additional onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the v when your sy e substitute pri a program carr e listed program ions in effect d	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter ' casting the substitute progra the community to which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progra	program") the ed for the pro- neral instructi m titles, for e No." am. e station is lide station is lide program. Us cable system :15 p.m. to 6 ramming that d; enter the l	nat, during ogramming ions for fu example, " censed by entified). se numera n. List the :28:30 p.n your syst etter "P" if	the account of another rther informa I Love Lucy" the FCC or, als, with the n times accura n. should be em was <i>requ</i> the listed pro-	ing station tion. or in nonth ately	
_	effect on October 19, 1976. SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE/			
-	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH			7. REASON FO DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
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Accounting Period:	2022/2 FORM SA1-20	E. PAGE 6.
Name		rem ID#
Name	Harmony Telephone Company	62605
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	
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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	
	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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 26NFLCK9	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Harmony Telephone Company	SYSTEM ID# 62605
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	10
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Marsha LaFreniere Telephone	507-886-2525
	Address 35 First Ave NE, PO Box 308 (Number, street, rural route, apartment, or suite number) Harmony, MN 55939 (City, town, state, zip)	
	Email Fax (optional) 507-886-25	00
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (Is U.S.C., Section 1001(1986)] 	B; or system as identified wner of the cable system
	Typed or printed name: Jill Huffman Title: Chief Operating Officer (Title of official position held in corporation or partnership)	
	Date: March 23, 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 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
rmony Telephone Company		6260
 SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners? 	n 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below	v	
Name Mailing Address	Name Mailing Address	
You must complete this worksheet for those royalty payments su	bmitted as a result of a late payment or underpayment. general instructions located in the paper SA1-2 form.	Q
		Interest Assessmen
Line 1 Enter the amount of late payment or underpayment		Interest Assessmen
		Interest Assessmen
	x	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	x re	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	x re	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	x re	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s	x re	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the s Line 4 Multiply line 3 by 0.00274** and enter here	x	Interest Assessmen
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