This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/17/2023	\$ ALLOCATION NUMBER				

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))
	7000	The state of the s
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20231 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Communications Corporation of Indiana
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717 (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 salready 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:
		TDS Telecom, Inc.  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 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.

Accounting Period:	2023/01	FORM SA4 2F DACE 4b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	Communications Corporation of Indiana	63630
D Area Served	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future find Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	community" is the same as a "community unit" as defined in FCC rules: brated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
	CITY OR TOWN	STATE
First	Whitestown	IN
Community	Zionsville	IN
Add Rows as Necessary	Clayton Plainfield	IN IN
Add nows as Necessary	Amo	IN IN
	Stilesville	IN
	Coatesville	IN
	Mooresville Liberty	IN IN

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/01

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Communications Corporation of Indiana

63630

# E

## Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	966	\$25/mo			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	11	\$64/mo			
Converter					
<ul> <li>Residential</li> </ul>	966	\$8/ <b>M</b> o.			
Non-residential					
					Î

# F

## Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	\$8.00-\$15.00	<ul> <li>Motel, hotel</li> </ul>				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$50.00			
Fire protection		• Pay cable				
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		<ul> <li>Fire protection</li> </ul>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• First set	\$0-\$50.00	Burglar protection				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<ul><li>Additional set(s)</li></ul>	\$0-\$50.00	Other services:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$0-\$25.00			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Converter		Disconnect				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<ul> <li>Outlet relocation</li> </ul>	19.98-39.96			
		<ul> <li>Move to new address</li> </ul>				

Accounting Period: 2023/01 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**63630** 

## Communications Corporation of Indiana

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WRTV	6.1	N	Indianapolis, IN
WRTV-DT2	6.2	N-M	Indianapolis, IN
WRTV-DT3	6.3	N-M	Indianapolis, IN
WTTK	29.1	N	Kokomo, IN
WTTK-DT2	29.2	N-M	Kokomo, IN
WTTK-DT3	29.3	N-M	Kokomo, IN
WXIN	59.1	N	Indianapolis, IN
WXIN-DT2	59.2	N-M	Indianapolis, IN
WXIN-DT3	59.3	N-M	Indianapolis, IN
WXIN-DT4	59.4	N-M	Indianapolis, IN
WTHR	13.1	N	Indianapolis, IN
WTHR-DT2	13.2	N-M	Indianapolis, IN
WTHR-DT3	13.3	N-M	Indianapolis, IN
WTHR-DT5	13.5	N-M	Indianapolis, IN
WTHR-DT6	13.6	N-M	Indianapolis, IN
WFYI	20.1	E	Indianapolis, IN
WFYI-DT2	20.2	E-M	Indianapolis, IN
WDTI	69.1	l l	Indianapolis, IN
WHMB	40.1	I	Indianapolis, IN

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/01			FORM SA1-2E. PAGE
Nama	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID
Name	Communications Co	orporation of Indiana		6363
	PRIMARY TRANSMITTERS	: TELEVISION		
<b>G</b> Primary  Transmitters:  Television	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis,	dentify every television station (including tem during the accounting period, excepts in effect on June 24, 1981, permitting to (e)(2) and (4), or 76.63 (referring to 76.03) as explained in the next paragraph.  Inst: With respect to any distant stations of	t (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a
	• Do <i>not</i> list the station he station was carried <i>only</i> of	rules, regulations, or authorizations: ere in space G—but do list it in space I ( on a substitute basis. d also in space I, if the station was carrie		•
	basis. For further informate Column 1: List each statismulticast stream associat "WETA-2" as the same of Column 2: Give the chann of license. For example, Column 3: Indicate in each educational station, by en (for independent multicas For the meaning of these Column 4: Give the locate	tion concerning substitute basis stations on's call sign. <i>Do not</i> report origination ed with a station according to its over-th	, see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, reposition station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent station) for "E-M" (for noncommercial education in the paper SA1-2 form.	tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

63630

#### LEGAL NAME OF OWNER OF CABLE 3131EM.

**Communications Corporation of Indiana** 

## 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.

H

Primary Transmitters: Radio

**Special Instructions Concerning All-Band FM Carriage:** Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

- **Column 1:** Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
N/A							
						<b></b>	

Accounting Perio	od: 2023/01					FORM	// SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#			
Name	Communications Corp	oration o	of Indiana			63630				
•	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	3					
Substitute	substitute basis during the ad	<b>n General:</b> 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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?									
Statement and Program Log										
	ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
		, leave lile	rest of this pay	ge blatik. II your allswer is	s res, your	nust complete the prog	Iaiii			
	log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.									
	Do not use general categori									
	"NBA Basketball: 76ers vs.  Column 2: If the program  Column 3: Give the call s	Bulls." n was broad sign of the	dcast live, ente station broadca	er "Yes." Otherwise enter ' asting the substitute progr	'No." am.					
	the case of Mexican or Can Column 5: Give the mon	adian statio th and day	ons, if any, the	community with which the	station is id	entified).				
	first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	es when the					ately			
	·	nd regulation	ons in effect du		d; enter the l	etter "P" if the listed pro				
	effect off October 19, 1970.				T WHE	N SUBSTITUTE				
	SU	JBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR			
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION			
	N/A									
			·							
						_				
						_				
						_				

Accounting Period:	2023/01	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Communications Corporation of Indiana	SYSTEM ID# 63630
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service
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 \$  • 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.	263,800
	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 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	· · <u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula	
	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	
	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	275.29
	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	\$ 1,594.29
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,594.29
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	\$ 1,614.29
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

U.S. Copyright Office

Accounting Period:	2023/01					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:  ns Corporation of Indian	a			SYSTEM ID# 63630
M Channels	to its subscribers  1. Enter the total system carried to the carri	, and (2) the cable system's number of channels on whic television broadcast stations number of activated channels ble system carried television	total num th the cab s broadca		ccounting period.	19
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		DRMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	Mitchell Maier			Telephone	(608) 886-8210
	Address	525 Junction Rd (Number, street, rural route, apart Madison, WI 53593	ment, or su	uite number)		
	Email	(City, town, state, zip)  Finance@tdstelec	om.com		Fax (optional)	
	CERTIFICATION (	This statement of account m	ust be ce	ertified and signed in accordance with	Copyright Office regulations	
Certification	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but oi</i>	nly one, of the boxes.)		
	(Owner	other than corporation or p	artnersh	ip) I am the owner of the cable system	as identified in line 1 of space	B; or
		=	_	partnership) I am the duly authorized ago ot a corporation or partnership; or	gent of the owner of the cable	system as identified
	in li	ne 1 of space B.	•	ration) or a partner (if a partnership) of t	,	·
		e, and correct to the best of my	-	eclare under penalty of law that all stater ge, information, and belief, and are mad		1
			X	/s/ Sharon V. Tisdale		
				electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ signature)	-	
		Typed or printed	name:	Sharon V. Tisdale		
		Title: (Title of o		tant Treasurer on held in corporation or partnership)		
		Date:			August 11, 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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/01	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mmunications Corporation of Indiana	63630
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	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 Mailing Address Mailing Address Name 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.	Q
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	_
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@copyright.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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Accounting period