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

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8/25/2023 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		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.	05					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		Zito West Holding LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		Zito Media						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 665						
	(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915 (City, town, state, zip)							
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	these					
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space						
System	4	IDENTIFICATION OF CABLE SYSTEM:						
	1	Zito Media - Lake Sinclair GA						
		MAILING ADDRESS OF CABLE SYSTEM:						
	0							
	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:	2023/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Zito West Holding LLC 63805							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.							
Served								
F 1	CITY OR TOWN	GA STATE						
First Community	Baldwin County Hancock County	GA						
	Putnam County	GA						
Add Rows as Necessary								
had nows as necessary								

	FORM LEGAL NAME OF OWNER OF CABLE SYSTEM: S								
Name	Zito West Holding LLC								6380
E Secondary	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								
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	blocks in space transmission umber of billing ice at the rate in harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc o: Where an inc	ce E call for service. In s in that condicated h category 0/mth"). S for advance form lists ribers. Giv dividual or	or the number of general, you of ategory (the nu- not the number of service. Inco- summarize any se payment. s the categories re the number of organization is	of subscr can comp umber of er of sets clude bot standard s of secc of subscr s receivir	ibers to the cab pute the number persons or orga s receiving servi h the amount of d rate variations andary transmiss ribers and rate f ng service that f	of subscr anizations ce). the charg within a p sion servic or each lis alls under	ibers in charged e and the articular rate e that cable ted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego iers of services nd rates, in the	additional er "Service ories for se that inclu	sets would be i e to additional s econdary transi de one or more	ncluded set(s)." mission s e second	in the count und service that are ary transmissio	der "Servic different fr ns), list the on of the se	e to the om those em, together ervice is	
	BLOCK 1						BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		196	25.14					
	Service to additional set(s) FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	• Residential • Non-residential								
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services e two exceptio or facilities furr it in which it is rate column. e charged by tl your cable sys separate charg tion and includ	er) inform that are non ns: you do nished to r usually bil he cable s stem furnis e was ma e the rate	ation with resp ot offered in coo not need to gi ionsubscribers led. If any rate ystem for each shed or offered de or establishe	mbinatio ve rate in . Rate inf s are cha a of the a during th	n with any secon formation conc formation should arged on a varia pplicable servic ne accounting p	ndary trans erning (1) d include b ble per-pro es listed. eriod that	smission services ooth the ogram basis, were not form of a	
		BLO		RY OF SERVI	<u> </u>	RATE	CATEC	BLOCK 2 ORY OF SERVICE	DAT
	CATEGORY OF SERVICE Continuing Services:	RATE		on: Non-resid		RATE	CATEG	UNT OF SERVICE	RAT
	• Pay cable	17.95	• Mote	, hotel					
	• Pay cable—add'l channel		• Comr	nercial					
	Fire protection		• Pay o						
	•Burglar protection		r i	able-add'l chai	nnel				
	Installation: Residential	20.00		rotection					
	 First set Additional set(s) 	30.00 20.00	• Burgi Other se	ar protection					
		20.00							+
			 Reco 	nnect		30.00			
	FM radio (if separate rate) Converter		Reco Disco			30.00			
	• FM radio (if separate rate)		• Disco			30.00 30.00			

				FORM SA1-2E. PAGE					
ame	LEGAL NAME OF OWNER O			SYSTEM IE 6380					
	Zito West Holding LLC 6380								
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac	TELEVISION entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a	elevision stations) ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial					
	(for independent multicast) For the meaning of these t Column 4: Give the location), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of th	r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WGXA	24.2	Ν	Macon, GA					
				, , , , , , , , , , , , , , , , , , ,					
	WGXA	24.1	Ν	Macon, GA					
Necessary	WGXA WMAZ	24.1 13.1	N N						
Necessary				Macon, GA					
ecessary	WMAZ	13.1		Macon, GA Macon, GA					
lecessary	WMAZ WMAZ	13.1 13.2	N I	Macon, GA Macon, GA Macon, GA					
lecessary	WMAZ WMAZ WMAZ	13.1 13.2 13.3	N I N-M	Macon, GA Macon, GA Macon, GA Macon, GA					
ecessary	WMAZ WMAZ WMAZ WMGT	13.1 13.2 13.3 41.1	N I N-M N	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2	N I N-M N-M	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					
as Necessary	WMAZ WMAZ WMAZ WMGT WMGT WMUM	13.1 13.2 13.3 41.1 41.2 29.1	N I N-M N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA					

EGAL NAME OF	OWNER OF O	CABLE S	YSTEM:					SYSTEM II
ito West Ho	olding LLC							638
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a check	-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 processe (mark in the "S/D" column.	the system's heasystem's heasystem's FM ante his point, see page his by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a sep	it can b rtain sta neral in parate a	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
			on (the community to which th the community with which the			, or, in t	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·								

Accounting Perio	d: 2023/1						FORM SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#			
Name	Zito West Holding LLC						63805			
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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:										
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	broadcast by a distant stat									
r rogram zog	,		root of this nor	a blank. If your anowar is	"Voo " vou mi	·				
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete the	program			
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their me	aning is			
	clear. If you need more space Column 1: Give the title				program") tha	t during the ac	counting			
	period, was broadcast by a									
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for further inf	ormation.			
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	n titles, for ex	ample, "I Love L	₋ucy" or			
	Column 2: If the program		lcast live, enter	r "Yes." Otherwise enter "I	No."					
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.					
	Column 4: Give the broat the case of Mexican or Cana						C or, in			
	Column 5: Give the mon						the month			
	first. Example: for May 7 giv	e "5/7."								
	Column 6: State the time to the nearest five minutes.									
	stated as "6:00–6:30 p.m."		piografii carne	ed by a system nom 0.01.	15 p.m. to 0.2	.o.50 p.m. snoui	u be			
	Column 7: Enter the lette									
	to delete under FCC rules a was substituted for program									
	effect on October 19, 1976.	inning that y	our system wa			ind regulations i				
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA				
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО			
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
					-					
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					-					
					-					
					-					
					.					

Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63805					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission service s amount, see	5,471.28 oss 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 • 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 fo accounting period is \$52.00	r this six-month						
	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 \$13	7,100)						
	1. Base amount under statutory formula \$ 263,800.0	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 \$5	27,600)						
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula \$ 263,800.0	0						
	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	0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	····						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and								
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form for more inform		nts!					

Accounting Period:	: 2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM ID# 63805
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 which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 112
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Teri McMullen Telephone 814-20	60-0434
	Address PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email teri.mcmullen@zitomedia.com Fax (optional	
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 B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 	
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: James Rigas	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 08/28/2023	

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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
West Holding LLC	63805
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO XES. Enter the total here and list the satellite carrier(s) below. Name Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	La Interest Assessment
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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