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				
2-26-24	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		20232 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					
		CABLE ONE, INC.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)					
		PHOENIX, AZ 85225 (City, town, state, zip)					
_	INST	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 B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		SPARKLIGHT					
	MAILING ADDRESS OF CABLE SYSTEM:						
	2	2600 DAVIS BLVD (Number, street, rural route, apartment, or suite number)					
		JOPLIN, MO 64804					
	1	(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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2							
		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CABLE ONE, INC.	10481						
	Instructions: List each separate community served by the cable system. A "community"							
D	separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve							
	community." Please use it as the first community on all future filings.	as a form of system identification hereafter known as the first						
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	e narks should be reported in parentheses below the identified						
Area	city.	e parte stroute de reported in parentinesses dellon tire ruentined						
Served								
	CITY OR TOWN	STATE						
First	INDEPENDENCE	KS						
Community	MONTGOMERY COUNTY	KS						
	NEODESHA	KS						
Add Rows as Necessary								

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CARLE ONE INC.

10481

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CABLE ONE, INC.

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	365	42.00	IPTV	57	54.00	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	37	42.00	IPTV	1	79.95	
Converter						
Residential	365	2.75-15.00				
Non-residential	37	2.75-21.00				

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	10.99-19.00	Motel, hotel		Standard Cable	67.75
 Pay cable—add'l channel 		Commercial	50.00-200.00	Standard IPTV	67.75
 Fire protection 		Pay cable		Digital Value Pack	16.00
 Burglar protection 		Pay cable-add'l channel		Hispanic Tier	6.00
Installation: Residential	90	Fire protection			
First set		Burglar protection			
 Additional set(s) 	60.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	90.00		
		Move to new address	90.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10481

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

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
KDOR	36	I	BARTLESVILLE, OK/INDEPENDENCE
KJRH	8	N	TULSA, OK/INDEPENDENCE
KMYT-1	34	I	TULSA, OK/INDEPENDENCE
KJRH-SIMUL	8	N	TULSA/OK/INDEPENDENCE
KOKI-1	22	l	TULSA, OK/INDEPENDENCE
KOTV-3	26.3	I-M	TULSA, OK/INDEPENDENCE
KQCW	20	l	MUSKOGEE, OK/INDEPENDENCE
KTUL-1	10	N	TULSA, OK/INDEPENDENCE
KTWU	11	E	TOPEKA, KS/NEODESHA
KTUL-3	10.3	I-M	TULSA, OK/INDEPENDENCE
KTUL-4	10.4	I-M	TULSA, OK/INDEPENDENCE
KTUL-2	10.2	I-M	TULSA, OK/INDEPENDENCE
KMYT-2	34.2	I-M	TULSA, OK
KSNF-1	17	N	JOPLIN, MO/NEODESHA
KODE	23	N	JOPLIN, MO/NEODESHA
KSNF-2	17.2	I-M	JOPLIN, MO/NEODESHA
KOKI-SIMUL	22	I	TULSA, OK/INDEPENDENCE
KOTV-SIMUL	26	N	TULSA, OK/INDEPENDENCE
KTUL-SIMUL	10	N	TULSA, OK/INDEPENDENCE
KTWU-SIMUL	11	E	TOPEKA, KS/NEODESHA
KQCW-SIMUL	20	1	MUSKOGEE, OK/INDEPENDENCE

	2023/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER O	SYSTEM ID#						
Name	CABLE ONE, INC.	10481						
	PRIMARY TRANSMITTERS: TELEVISION							
G			translator stations and low power telev (1) stations carried only on a part-time					
•			ne carriage of certain network programs					
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain station	s carried on a				
Television			arried by your cable system on a substi	tute program				
		lles, regulations, or authorizations:	he Special Statement and Program Log	\—if the				
	station was carried only on	a substitute basis.		,				
			d both on a substitute basis and also or see page (v) of the general instructions					
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ESPN,	etc. Identify each				
	multicast stream associated "WETA-2" as the same on the		e-air designation. For example, report r	nultistream				
	Column 2: Give the channel	el number the FCC assigned to the tele	evision station for broadcasting over the	air in its community				
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a no	ncommercial				
			(for network multicast), "I" (for independ					
	,,	"E" (for noncommercial educational), or rms, see page (iv) of the general instru	or "E-M" (for noncommercial educationa actions in the paper SA1-2 form.	I multicast).				
	Column 4: Give the location	n of each station. For U.S. stations, list	t the community to which the station is I	<u> </u>				
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	he community with which the station is	dentified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
dd Dawr a Name								
dd Rows as Necessary								

Accounting Period: 2023/2	FORM SA1-2E. PAGE 4
---------------------------	---------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 10481

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.

Н

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.

Primary Transmitters: Radio

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

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							10481
	CURCUITUTE CARRIACE	. CDECIAI	CTATEMEN	T AND DEOCRAM LOC				
1	SUBSTITUTE CARRIAGE In General: In space I, identif				distant station	n that valu	ır aabla avatam	a carried on a
•	substitute basis during the ac							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute basis	s, any nonnet	work telev	/ <u>ision</u> prograr	n
Program Log	broadcast by a distant stat	ion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st comple	te the progra	m
	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			ows to the tables. sion program ("substitute p	rogram") that	t during th	he accounting	,
	period, was broadcast by a							
	under certain FCC rules, reg							
	Do not use general categori "NBA Basketball: 76ers vs. I		vies" or "baske	tball." List specific program	ititles, for exa	ample, "I L	Love Lucy" or	
			lcast live, enter	"Yes." Otherwise enter "N	o."			
				sting the substitute program				
	Column 4: Give the broathe case of Mexican or Cana			e community to which the			ne FCC or, in	
				em carried the substitute p			, with the mo	nth
	first. Example: for May 7 giv	e "5/7."						
				gram was carried by your o	•			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	⊏хапіріе. а	program came	ed by a system nom 6.01.1	5 p.m. to 6.20	o.30 p.111.	Siloulu be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a	•		0.				ram
	was substituted for program effect on October 19, 1976.	iriling triat y	oui systeiii wa	s permitted to delete under	roc rules a	nu regulai	uons m	
	c	I IDOTITI IT	E PROGRAM			N SUBST	TITUTE CURRED	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
								"
							_	
							_	
							_	

Accounting Period:	2023/2			FORM SA	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			S	YSTEM ID# 10481			
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 of 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, see 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. (Amount of gross receipts)							
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 bt Use block 3 if the amount of gross receipts in space K is more than \$263,800 bt See page (vi) of the general instructions located in the paper SA1-2 form for more information.	ut less than formation.	n \$527,600	63,800				
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is \$52.00	fee that you	ı must pay for th	is six-month				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 1 and 2		· · · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	100)				
	Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K	\$	190,409.24					
	3. Subtract line 2 from line 1	\$	73,390.76					
	4. Enter the amount of gross receipts from space K		\$ 1	190,409.24				
	5. Enter the amount from line 3		\$	73,390.76				
	6. Subtract line 5 from line 4		\$ 1	117,018.48				
	7. Multiply line 6 by .005 (enter figure here)			\$	585.09			
	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 a	and 8		\$	585.09			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but I	ess than \$527	,600)				
	Enter the amount of gross receipts from space K							
	<u>-</u>		263,800.00					
	2. Base amount under statutory formula	Ψ	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)	•						
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		¢	585.09				
Total Remittance 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			\$	605.09			
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				nts!			

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.			
Name	CABLE ONE, II	OWNER OF CABLE SYSTEM: NC.				SYSTEM ID# 10481			
M Channels	to its subscribe	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.							
						21			
	,								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.								
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of accordance		ORMATION IS NEEDED (Identify an in	ndividual to whom				
for Further	Name	JENAE HECK			Telephone	602-364-6092			
Information									
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart		uite number)					
		PHOENIX, AZ 85012	2-2626						
		(City, town, state, zip)							
	Email	JENAE.HECK@	@CABLE	ONE.BIZ	Fax (optional 602-364-602	13			
	CERTIFICATION	(This statement of account m	nust be ce	ertified and signed in accordance with C	Copyright Office regulations)				
O Certification	• I, the undersigne	ed, hereby certify that (Check c	one, <i>but or</i>	nly one, of the boxes.)					
	(Owne	r other than corporation or p	oartnershi	ip) I am the owner of the cable system a	s identified in line 1 of space	B; or			
	(Agent			partnership) I am the duly authorized age s not a corporation or partnership; or	ent of the owner of the cable s	system as identified			
	X (Offic	er or partner) I am an officer (in line 1 of space B.	(if a corpo	oration) or a partner (if a partnership) of th	ne legal entity identified as ow	ner of the cable system			
		ete, and correct to the best of m	-	eclare under penalty of law that all statem dge, information, and belief, and are mad					
	I		X	/s/ QUYNH TRAN		-			
				electronic signature on the line above to c gnature using an "/s/ signature" (e.g., /s/ Jo	•				
		Typed or printed	d name:	QUYNH TRAN					
		Title:		PRESIDENT & TREASURER al position held in corporation or partnership)					
		Date:			February 26, 2024				

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.

ccounting Period: 2023/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	10481
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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	
Accounting period	

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.