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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form) uctions are located o of this workbook	02/28/2024	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2023/2	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 title of the subsidiary, not that of the par		idiary of another corporation, give the full co	orporate
Owner	List any other name or names under whi	ch the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should ting period.	submit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	24984
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Great Plains Cable Television			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	P. O. Box 500 (Number, street, rural route, apartment, or suite	nimber)		
	Blair, NE 68008 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:	2, 9		
	MAILING ADDRESS OF CABLE SYSTEM	Λ:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Drivaov Act Not	no: Section 111 of title 17 of the United States Code at	therizes the Convright Offen to collect the	percenally identifying information (DII)	tod on this
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code au	inionzes the Copyright Office to collect the	Personally identifying information (PII) reques	ted on this

Privacy Act Notice: Section 111 of title 1/1 of the United States Code aution/zes the Copyinght Office to collect the personally identifying information (Pil) 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. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Great Plains Cable Television	249
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rul
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	u list will serve as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	North Bend	Nebraska
Community	Dodge	Nebraska
	Snyder	Nebraska
dd Rows as Necessary	Scribner	Nebraska
	Dodge County	Nebraska
	Herman iTV	Nebraska
	Beemer iTV	Nebraska
	Omaha iTV	Nebraska
	Blair iTV	Nebraska
	Columbus iTV	Nebraska
	Fremont iTV	Nebraska
	Wisner iTV	Nebraska
	Tekamah iTV	Nebraska

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C		:					515	TEM ID 2498		
	Great Plains Cable Tele	vision							1100		
Е	SECONDARY TRANSMISSION										
E	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										
Secondary		s (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	ison last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-											
scribers and Rates	down by categories of secondary each category by counting the n										
Rates	separately for the particular serv							charged			
	Rate: Give the standard rate c					•	,	ge and the			
	unit in which it is generally billed					rd rate variation	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not							0,			
	categories, that person or entity										
	subscriber who pays extra for ca first set" and would be counted o					d in the count ur	ider "Servi	ce to the			
	Block 2: If your cable system					service that are	e different f	rom those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the s	service is			
	sufficient.	DCK 1			I		BLOCK	(2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT		
	Service to first set		725	24.95	Broade	aster Fee		725	27.5		
	Service to additional set(s)		125	24.95	Divaut	aster ree		123	21.3		
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for rat										
•	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services	•			•		• • •				
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are cl	narged on a vari	able per-p	rogram basis,			
Secondary ransmissions:	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.										
Rates	BIOCK 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.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res	idential						
	• Pay cable	16.95		itel, hotel							
	• Pay cable—add'l channel	12.95		mmercial							
	Fire protection			y cable							
	•Burglar protection			y cable-add'l ch	iannei						
		65.00		e protection							
	Additional set(s)	65.00 65.00		rglar protection services:							
	• FM radio (if separate rate)	05.00		connect		65.00					
	• Converter			sconnect		03.00					
	Convertor					05.00					
			• ()) (tlet relocation		65 00					
			-	tlet relocation	ess	65.00 65.00					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Great Plains Cable Te	levision		249				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 wutlicast), "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 th							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	кмту	3.1	N	Omaha, NE				
		3.2						
		3.2	I-IVI					
ows as Necessary			I-M I-M					
ows as Necessary	КРТМ	3.2 3.3 42.1		Omaha, NE				
ows as Necessary	КРТМ	3.3	I-M	Omaha, NE				
ows as Necessary	КРТМ	3.3 42.1	I-M N	Omaha, NE				
ows as Necessary	KPTM	3.3 42.1 42.2	I-M N I-M					
ows as Necessary		3.3 42.1 42.2 42.3 6.1	I-M N I-M I-M N	Omaha, NE Omaha, NE				
ows as Necessary		3.3 42.1 42.2 42.3 6.1 6.2	I-M N I-M I-M N I-M					
ows as Necessary	wowt	3.3 42.1 42.2 42.3 6.1 6.2 6.3	I-M N I-M I-M N I-M I-M	Omaha, NE				
ows as Necessary		3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1	I-M N I-M I-M N I-M I-M N					
ows as Necessary	wowt KETV	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2	I-M N I-M I-M I-M I-M I-M I-M	Omaha, NE Omaha, NE				
ows as Necessary	wowt KETV KXVO	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1	I-M N I-M I-M N I-M I-M N I-M N N	Omaha, NE Omaha, NE Omaha, NE				
ows as Necessary	wowt KETV	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1	I-M N I-M I-M N I-M N I-M N N E	Omaha, NE Omaha, NE				
ows as Necessary	wowt KETV KXVO	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2	I-M N I-M I-M N I-M N I-M N I-M N E E E-M	Omaha, NE Omaha, NE Omaha, NE				
ows as Necessary	wowt KETV KXVO	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2 12.3	I-M N I-M I-M N I-M I-M N I-M N E E E-M E-M	Omaha, NE Omaha, NE Omaha, NE				
ows as Necessary	wowt KETV KXVO KUON	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2 12.3 12.4	I-M N I-M I-M I-M I-M I-M I-M N I-M N E E E-M E-M E-M	Omaha, NE Omaha, NE Omaha, NE Lincoln, NE				
ows as Necessary	WOWT KETV KXVO KUON	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.1 12.2 12.3 12.4 33	I-M N I-M I-M N I-M I-M I-M N E E E E-M E-M E-M E-M E	Omaha, NE Omaha, NE Omaha, NE				
ows as Necessary	wowt KETV KXVO KUON	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.2 12.3 12.4 33 27.1	I-M N I-M I-M N I-M N I-M N E E E-M E-M E-M E-M E-M E N	Omaha, NE Omaha, NE Omaha, NE Lincoln, NE				
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ows as Necessary	WOWT KETV KXVO KUON	3.3 42.1 42.2 42.3 6.1 6.2 6.3 7.1 7.2 15.1 12.2 12.3 12.4 33 27.1	I-M N I-M I-M N I-M N I-M N E E E-M E-M E-M E-M E-M E N	Omaha, NE Omaha, NE Omaha, NE Lincoln, NE				

Great Plains	Cable Tele							SYSTEM 249
	every radio s	tation ca	rried on a separate and discronerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be receivent the Co sign of e he statio on's sign a check a's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n 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 pa ed by the cable s he station is licen	eadend, and (2 enna, during or ige (v) of the g system as a se sed by the FC	!) it can t ertain sta 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	
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counting Perio	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:								SYSTEM ID
Name	Great Plains Cable Te	levision								2498
	SUBSTITUTE CARRIAG	E: SPECIAL STA			I LOG					
	In General: In space I, iden	tifv everv nonnetwo	ork televi	sion program. broadca	ast bv a <i>dista</i>	<i>nt</i> stati	on. that v	our c	able svs	tem carried on
	substitute basis during the a	accounting period, u	under sp	ecific present and forn	ner FCC rule	s, regu	lations, o	r autl	horizatio	ns. For a furthe
Substitute	explanation of the programm	ning that must be in	ncluded i	in this log, see page (v	 of the generation 	eral inst	tructions i	in the	e paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	T CONCERNING	SUBS	TITUTE CARRIAGE						
tatement and	 During the accounting pe 	riod, did your cable	e systen	n carry, on a substitut	te basis, any	/ nonne	etwork te	levis	ion prog	
Program Log	broadcast by a distant sta								YES	X NO
	Note: If your answer is "No log in block 2.	o", leave the rest of	f this pa	ge blank. If your answ	wer is "Yes,"	you m	nust comp	plete	the prog	gram
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the time to the nearest five minutes	e of every nonnetwo a distant station and egulations, or authorises like "movies" of . Bulls." m was broadcast li sign of the station adcast station's loo nadian stations, if a nth and day when ive "5/7." mes when the subst . Example: a progr	ork telev d that yo orizatior or "bask ive, enter broadc cation (t any, the your sys- titute pro-	vision program ("subs our cable system sub ns. See page (v) of th etball." List specific pr er "Yes." Otherwise er asting the substitute p the community to whic scommunity with whic stem carried the subs ogram was carried by	estituted for t and general in rogram titles nter "No." program. ch the station ch the station stitute progra y your cable	he pro structio s, for ex n is lice am. Us system	gramming ons for fu xample, " ensed by entified). e numera n. List the	g of a irther 'I Lov ' the l als, w	another s informa ve Lucy" FCC or, vith the n	station tion. or in nonth
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	ter "R" if the listed and regulations in	effect d	uring the accounting	period; ente	r the le	etter "P" if	f the	listed pro	
	Column 7: Enter the let to delete under FCC rules	ter "R" if the listed and regulations in mming that your sy	effect d	uring the accounting	period; ente e under FCC	r the le	etter "P" if and regu	f the Ilatior	listed pro	
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Accounting Period:	2023/2 FORM SA1-2E. PA	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: Great Plains Cable Television 24	
	Great Plains Cable Television 24	984
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) 4 during the accounting period. 218,385.9 IMPORTANT: You must complete a statement in space P concerning gross receipts. 4	
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 \$363,800 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	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 218,385.98	
	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)	6
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 864.8	6
	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 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 Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 864.86	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 884.8	6
	EFT Trace # or TRANSACTION ID # 76-1316/1049	
	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:	2023/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 24984
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 .	19 205
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Ryan Lentz	402-456-6457
Information	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email rlentz@gpcom.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 (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 ov 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 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)] 	system as identified vner of the cable system
	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: Nicholas Holle Title: Corporate Counsel (Title of official position held in corporation or partnership)	
	Date: February 28, 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 fing, a determination that would be made by a court of law.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	2498
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.	P 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 Name Mailing Address Mailing Address	
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
x 1% 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 Accounting period	

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