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	
STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	3/8/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	1			
2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
20232	Barcode Data Filing Period (optiona	II - see instructions)		
Accounting Period				
B Instructions: Give the full legal name of the owner of the title of the subsidiary, not that of the pare		osidiary of another corporation, give the full co	orporate	
Owner List any other name or names under whic	ch the owner conducts the business of	f the cable system.		
If there were different owners during the single statement of account and royalty fe		n the last day of the accounting period should Inting period.	submit a	
Check here if this is the system's first filin	g. If not, enter the system's ID numbe	er assigned by the Licensing Division.	62975	
LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	M		
NEX-TECH LLC				
BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	IT)		
MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
145 N MAIN (Number, street, rural route, apartment, or suite nu	umber)			
LENORA, KS 67645 (City, town, state, zjp)				

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.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

Number, street, rural route, apartment, or suite number)

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM II 6297				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 kno as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First Community	DOWNS	KS				
Add Rows as Necessary						

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	NEX-TECH LLC		•					0.0	6297
					ATE0				
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable	
	system, that is, the retransmission	on of television	and rac	dio broadcasts	by your sy	/stem to subscri	bers. Give	information	
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondar	•					-		
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	e number c	of persons or org	ganizations		
	separately for the particular serv					•	,	na and the	
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				any standa				
	Block 1: In the left-hand block	in space E, th	e form li	ists the catego					
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			•		•			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system								
	printed in block 1 (for example, t					,		, 0	
	sufficient.	umber of subscribers and rates, in the right-hand block. A two- or three-word description of the service is							
	BLC	DCK 1			BLOCK 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:						-		
	Service to first set		120	30.00	DELUX	E		84	60
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with re	espect to a	ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	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						were not		
Rates	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			ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RA
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	90.00	• Mot	tel, hotel				& Entertain.	13.
	<ul> <li>Pay cable—add'l channel</li> </ul>			mmercial			Cinema	ix	11.
	Fire protection		-	/ cable			НВО		17.
	•Burglar protection		-	/ cable-add'l cł	nannel			me & TMC	10.
	Installation: Residential			e protection			Starz! E		12.
	• First set	99.00		glar protection			NFL Re	azone	49.
	Additional set(s)	130.00		services:		20.00			
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect					
				let vele +! -		400.00			
			_	let relocation ve to new addr		130.00 99.00			

Name		F CABLE SYSTEM:		SYSTE		
	NEX-TECH LLC					
G Primary ansmitters: Felevision	<ul> <li>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.</li> <li>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:</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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</li></ul>					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	KSNC	2	N	GREAT BEND, KS		
	KBSH	7	N	HAYS, KS		
Rows as Necessary	KOOD	9	E	HAYS, KS		
	KAKE	10	N	WICHITA, KS		
	KSAS-DT2	17	N-M	WICHITA, KS		
	KSCW	23	<b>I</b>	WICHITA, KS		
		23 24	I	WICHITA, KS WICHITA, KS		
	KSCW					
	KSCW KSAS	24	N	WICHITA, KS		
	KSCW KSAS KWCH-DT2	24 110	N N-M	WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2	24 110 180	N N-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2	24 110 180 181	N N-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	24 110 180 181 182	N N-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3	24 110 180 181 182 183	N N-M N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2	24 110 180 181 182 183 183 184	N N-M N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3	24 110 180 181 182 183 183 184 185	N N-M N-M I-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3	24 110 180 181 182 183 183 184 185 186	N N-M N-M I-M I-M E-M I-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4	24 110 180 181 182 183 183 184 185 186 187	N N-M N-M I-M I-M E-M I-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT3 KMTW-DT4 KOOD-DT2	24 110 180 181 182 183 183 184 185 186 187 189	N N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4	24 110 180 181 182 183 183 184 185 186 186 187 189 190	N N-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS		
	KSCW KSAS KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT3 KSCW-DT2 KSAS-DT3 KMTW-DT4 KOOD-DT2 KSCW-DT4 KWCH-DT4	24 110 180 181 182 183 184 185 186 186 187 189 190 192	N N-M N-M I-M I-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS		

LEGAL NAME O								SYSTEM 629
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	) it is carried by monitoring, to ormation abou rm. dentify the call state whether t f the radio stat this by placing Give the station	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 pay ed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can l ertain st eneral ir parate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/D	LOCATION OF STATION	
(VSV	FM		BELOIT, KS					
KDT	FM		BURDETT, KS					
		<u> </u>						
		<b></b>						
		<u> </u>						
		+						
		<b>†</b>						

	od: 2023/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							62975
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion that y	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syster	n carry, on a substitute bas	sis, any nonr	network te	levision prog	am
Statement and	broadcast by a distant sta	-	,				YES	× NO
Program Log					<b>(1)</b>		-	
	<b>Note:</b> If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	"Yes," you r	nust com	plete the prog	ram
	log in block 2. 2. LOG OF SUBSTITUT		MS					
	In General: List each subs			ate line. Use abbreviations	wherever p	ossible, if	their meaning	ı is
	clear. If you need more spa				·	,	· · · ·	
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego	egulations, o	or authorization	ns. See page (v) of the ger	neral instruct	ions for fu	irther informa	tion. or
	"NBA Basketball: 76ers vs.		JVIES OF DASK	elball. List specific progra		stample,	I LOVE LUCY	0I
			dcast live, ent	er "Yes." Otherwise enter "	No."			
				asting the substitute progr				
				the community to which the			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			als with the n	onth
	first. Example: for May 7 gi	•	when your by		program. O			lonar
			e substitute pr	ogram was carried by your	cable syste	n. List the	e times accura	ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00–6:30 p.m."							ine el
	to delete under FCC rules			n was substituted for progr				
	was substituted for program							Sgram
	effect on October 19, 1976					Ū		
								7. REASON FOR
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
1								
					·			

Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	S	62975 62975
K 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.	ission service amount, see	2,898.00
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 \$2 • 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	this six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		ghts!

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:		SYSTEM ID# 62975
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's number of channels on whice television broadcast stations number of activated channer able system carried television	s	ons 21 324
N Individual to Be Contacted		BE CONTACTED IF FURT	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name	Scott Roe	Teleph	none 785-625-7070
	Address	2418 Vine Street (Number, street, rural route, apar Hays, KS 67601 (City, town, state, zip)	rtment, or suite number)	
	Email	sroe@nex-tec	h.com Fax (optional)	
O Certification	I, the undersigned     (Ownee)     (Agentian in l     X     (Offician l     I have examined	ed, hereby certify that (Check or other than corporation or t of owner other than corpo line 1 of space B and that the er or partner) I am an officer line 1 of space B. d the statement of account an e, and correct to the best of m on 1001(1986)]	nust be certified and signed in accordance with Copyright Office regulation one, but only one, of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of sp ration or partnership) I am the duly authorized agent of the owner of the ca- owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified a d hereby declare under penalty of law that all statements of fact contained h hy knowledge, information, and belief, and are made in good faith. X /s/ Rhonda S. Goddard Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) ed name: Rhonda S. Goddard Chief Financial Officer official position held in corporation or partnership)	bace B; or able system as identified as owner of the cable system
		Date:	02/22/2024	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
K-TECH LLC	6297
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."	P Special Statement Concerning Gross
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.	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	
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
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	\$
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
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 \$	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
<ul> <li>(interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
<ul> <li>(interest charge)</li> <li>* 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.</li> </ul>	
<ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> </ul>	
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