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					
2/24/25	\$					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting	20242 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 85012-2626 (City, town, state, zip)									
	Transfer and trans									
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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									
System	IDENTIFICATION OF CABLE SYSTEM:									
	SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM:									
	7501 NITA PLACE NE									
	2 7901 NITA PLACE NE (Number, street, rural route, apartment, or suite number)									
	RIO RANCHO, NM 87144 (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.

	T	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM 38						
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 Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First Community	RIO RANCHO SANDOVAL COUNTY	NM NM						
Rows as Necessary								
Rows as Necessary								

Accounting Period: 2024/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3838

CABLE ONE, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	857	54.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	7	84.95				
Converter						
 Residential 	857	10.50				
Non-residential						
		†			·····	

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 			
 Pay cable—add'l channel 		 Commercial 		Standard IPTV	77.75
Fire protection		• Pay cable		Digital Value Pack	16.00
Burglar protection		 Pay cable-add'l channel 		Hispanic Tier	6.00
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
Additional set(s)		Other services:			
• FM radio (if separate rate)		 Reconnect 			
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

CABLE ONE, INC.

SYSTEM ID# 3838

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KASY	36	<u> </u>	ALBUQUERQUE, NM
KASY-2	36.2	I-M	ALBUQUERQUE, NM
KASY-3	36.3	I-M	ALBUQUERQUE, NM
KASY-4	36.4	I-M	ALBUQUERQUE, NM
KASY-5	36.5	I-M	ALBUQUERQUE, NM
KNAT	24	<u> </u>	ALBUQUERQUE, NM
KAZQ	17	E	ALBUQUERQUE, NM
KCHF	10	<u> </u>	SANTA FE, NM
KNME	35	E	ALBUQUERQUE, NM
KNME-4	35.4	E-M	ALBUQUERQUE, NM
KOAT-1	7	N	ALBUQUERQUE, NM
KOAT-2	7.2	I-M	ALBUQUERQUE, NM
KOAT-3	7.3	I-M	ALBUQUERQUE, NM
KOB	26	N	ALBUQUERQUE, NM
KOB-2	26.2	I-M	ALBUQUERQUE, NM
KOB-3	26.3	I-M	ALBUQUERQUE, NM
KRQE	13	N	ALBUQUERQUE, NM
KRQE-2	13.2	I-M	ALBUQUERQUE, NM
KRQE-3	13.2	I-M	ALBUQUERQUE, NM

Accounting Period: 2024/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| CABLE ONE, INC. 3838

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KWBQ 29 ALBUQUERQUE, NM KWBQ-2 29.2 I-M ALBUQUERQUE, NM KWBQ-3 29.3 I-M ALBUQUERQUE, NM HOBBS, NM **KUPT** 29 **KRTN** 33 **DURANGO, CO** 27 **KASA** SANTA FE, NM

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 3838

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 CALL SIGN AM OR FM S/D LOCATION OF STATION OF								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

ccounting Boris	nd: 2024/2						EOD	M SA1-2E BACE F
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FUR	M SA1-2E. PAGE 5 SYSTEM ID#
Name	CABLE ONE, INC.							3838
ı				NT AND PROGRAM LO	-			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Substitute Carriage:					ne general ins	structions in	i the paper s	A 1-2 IOIIII.
Special	1. SPECIAL STATEMEN			n carry, on a substitute ba	cic any nonr	otwork tol	ovicion prod	rom
Statement and	•		ai cable syster	in carry, orr a substitute ba	sis, arry florii	ietwork ten		
Program Log	broadcast by a distant standard Note: If your answer is "Note:		rest of this pa	age blank. If your answer is	s "Yes." vou r	L nust comp	YES lete the prod	X NO
	log in block 2.	,		,	, ,		' '	,
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
		ace, please of every no	add additional nnetwork tele	l rows to the tables. vision program ("substitute	program") th	nat, during	the accoun	ting
	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 instructi	ions for fur	ther informa	ition.
		m was broa		er "Yes." Otherwise enter "				
	Column 4: Give the bro	adcast stati	on's location (casting the substitute progrethe community to which the	e station is lic		the FCC or,	in
		nth and day	, , ,	e community with which the stem carried the substitute		,	ls, with the r	month
	first. Example: for May 7 g Column 6: State the tim		e substitute pr	ogram was carried by your	cable syster	m. List the	times accur	atelv
	to the nearest five minutes	. Example:						,
	stated as "6:00–6:30 p.m."		listed program	n was substituted for progr	amming that	vour evete	am was rea	iired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete und	er FCC rules	and regul	ations in	
	effect on October 19, 1976	j.		,				
	s	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	07 II (I (I) (OE 0000) (I (EB		
	1. THEE OF TROOTOWN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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ccounting Period:			SA1-2E. PAGI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	,	38						
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.		76,898.96 ross 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.		. ,						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon							
	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 lines 1 and 2	·							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)							
	1. Base amount under statutory formula	_							
	2. Enter amount of gross receipts from space K	_							
	3. Subtract line 2 from line 1	=							
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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	7,600)							
	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	- 2,130.99							
	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	\$	3,449.99						
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Foe and									
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,449.99							
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	\$	3,469.99						
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		ghts!						

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.	
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM:				SYSTEM ID# 3838	
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations on number of activated channels able system carried television ast services	otal number of activated ch h the cable s s broadcast stations	annels during the a	ccounting period.	211	
N Individual to Be Contacted		BE CONTACTED IF FURTH		EDED (Identify an ir	ndividual to whom		
for Further Information	Name	JENAE HECK			Telephone	602-364-6092	
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartr PHOENIX, AZ 85012 (City, town, state, zip) JENAE.HECK	ment, or suite number)		Fax (optional) 602-364-601	3	
	2				(opasial)		
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, but only one, 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 identified 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 cable system 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)]						
		Typed or printed	X /s/ Christoph Enter an electronic signature Enter signature using an "/s/ I name: CHRISTOPH SR VICE PRESIDEN	on the line above to signature" (e.g., /s/	•		
		Title: (Title of of	fficial position held in corporation				
		Date:			February 24, 2025		

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.

counting Period: 2024/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	3838
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic clude sub- Special Statement
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 transmade by satellite carriers to satellite dish owners?	missions
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 under	navment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Zino i Zino ano amount or lato paymont of another paymont	
*	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	274
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 of	charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please
** 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 Offic list below the owner, address, first community served, ID number, and accounting period as given in the original	
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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

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