This form is effectiv	e beginning with the	January 1 to June 30	0, 2017 accounting period (2017/1	)
If you are filing for a p	prior accounting period,	contact the Licensing	g Division for the correct form.	

## SA1-2E Short Form

				Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	ems (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202)
in the first tab	of this workbook	2/28/2025	ALLOCATION NUMBER	707-8150
Α	ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY/(F	Period))	
	2024/02	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202	42 Barcode Data Filing Period (optional - s	see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent corporation		another corporation, give the full corporate title	of the
Owner	List any other name or names under which	the owner conducts the business of the cable	e system.	
	If there were different owners during the ac of account and royalty fee payment coverin		day of the accounting period should submit a sing	le statement
	Check here if this is the system's first filing.	If not, enter the system's ID number assigne	d by the Licensing Division.	63982
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	TDS Metrocom, LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF C			
	(Number, street, rural route, apartment, or suite nu	mber)		

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.

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 filing, a determination that would be made by a court of law.

Madison, WI 53717

TDS Telecom, Inc.

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

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

С

System

1

2

Accounting Period: 2	024/02	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	TDS Metrocom, LLC	63982
D Area Served	Instructions: List each separate community served by the cable system. A "community 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 serv "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	" is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the
	CITY OR TOWN	STATE
First Community	Mineral Point	WI
Add Rows as Necessary		
Add Rows as Necessary		

Accounting Period:	2024/02								FC	RM SA1	I-2E. PAGE 2
	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:							10		
Name	TDS Metrocom. LLC										63982
E Secondary Transmission Service: Sub- scribers and Rates	TDS Metrocom, LLC SECONDARY TRANSMISSION SE In General: The information in spar system, that is, the retransmission about other services (including pay last day of the accounting period (J Number of Subscribers: Both b down by categories of secondary tr each category by counting the num separately for the particular service Rate: Give the standard rate cha unit in which it is generally billed. (E category, but do not include discou Block 1: In the left-hand block in systems most commonly provide to that applies to your system. Note: N categories, that person or entity sh- subscriber who pays extra for cable first set" and would be counted once	ce E should covo of television and cable) in space une 30 or Decer locks in space E ansmission serv ber of billings in at the rate indic rged for each ca example: "\$20/m nts allowed for a space E, the for their subscriber Where an indivic puld be counted service to addit e again under "\$	er all cate radio br F, not he nber 31, call for t ice. In ge that cate ated—not tegory o th"). Sun dvance p m lists th 's. Give t lual or or sa s sub ional set Service to	egories of secon oadcasts by you ere. All the facts as the case may the number of su eneral, you can c egory (the number of the number of f service. Include marize any stan oayment. he categories of the number of su ganization is rec socriber in each a s would be include o additional set(s	r system to you state n / be). bscribers to compute the er of persor sets receive both the a dard rate v secondary bscribers a eiving serv applicable of ded in the o )."	o subscribers. Gir nust be those ex o the cable syste e number of sub- ns or organization ving service). amount of the ch variations within a transmission set and rate for each ice that falls und category. Examp count under "Ser	ve info sting constribution scribution scribution scribution arge a partion vice the listed er diffo e: a re- vice to	rmation on the oken rs in rrged nd the cular ra nat cabl catego erent esidentio	te e ry		63982
	Block 2: If your cable system has printed in block 1 (for example, tiers with the number of subscribers and sufficient.	s of services tha rates, in the rigl	t include	one or more sec	condary tra	nsmissions), list	them, servi	togethe ce is			
	BL	OCK 1					В	LOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE		NO. OF SUBSCRIBE	RS	RATE
	Residential: • Service to first set • Service to additional set(s)		65	\$30/mo							
	• FM radio (if separate rate) Motel, hotel Commercial										
	Converter										
	Residential		65	\$6/Mo.							
	Non-residential										
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECON In General: Space F calls for rate ( not covered in space E, that is, tho service for a single fee. There are t furnished at cost or (2) services or amount of the charge and the unit i enter only the letters "PP" in the rat Block 1: Give the standard rate of Block 2: List any services that you listed in block 1 and for which a sep brief (two- or three-word) description	not subscriber) i se services that wo exceptions: y facilities furnishe n which it is usu e column. charged by the cour cable system parate charge wa	nformationare not of you do not do to non ally billed able system furnishe as made	on with respect to offered in combin ot need to give ra subscribers. Rat d. If any rates are tem for each of t ed or offered duri or established. L	ation with a ate informati e informati e charged c he applicat ng the acc	any secondary tr tion concerning ( on should includ on a variable per- ole services liste ounting period th	ansmi 1) ser e both progra d. at wer	ssion vices the am basi re not			
		BLO							BLOCK		
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVIO		RATE	C	ATEGO	ORY OF SERV	ICE	RATE
	Pay cable	\$8.00-\$15.00		el, hotel							
	• Pay cable—add'l channel		• Con	nmercial		\$0 - \$50.00					
	Fire protection		• Pay	cable							
	•Burglar protection		• Pay	cable-add'l chai	nnel						
	Installation: Residential		• Fire	protection							
	• First set	\$0-\$49.95	• Burg	glar protection							
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95									
	• FM radio (if separate rate)			connect		\$0-\$25.00					
	• Converter			connect		10.00					
			-	let relocation		19.98-39.96					
			• IVIO\	/e to new addres	5						

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM II
Name	TDS Metrocom, LLC			6398
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary	carried by your cable system of FCC rules and regulations in e 76.59(d)(2) and (4), 76.61(e)(2	fy every television station (including trans luring the accounting period, <i>except</i> (1) s iffect on June 24, 1981, permitting the ca 2) and (4), or 76.63 (referring to 76.61(e)(	stations carried only on a part-time basi rriage of certain network programs [sec	s under ́
Transmitters: Television	Substitute Basis Stations: W basis under specific FCC rules	xplained in the next paragraph. /ith respect to any distant stations carried s, regulations, or authorizations: a space G—but do list it in space I (the Sp substitute basis.		
	List the station here, and also basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the	o in space I, if the station was carried bot concerning substitute basis stations, see call sign. <i>Do not</i> report origination progra ith a station according to its over-the-air	page (v) of the general instructions. am services such as HBO, ESPN, etc. designation. For example, report multis	Identify each stream
	of license. For example, WRC <b>Column 3:</b> Indicate in each ca educational station, by enterin (for independent multicast), "E For the meaning of these terr <b>Column 4:</b> Give the location of	is channel 4 in Washington, D.C. ise whether the station is a network static g the letter "N" (for network), "N-M" (for n " (for noncommercial educational), or "E- is, see page (iv) of the general instructior f each station. For U.S. stations, list the 4 n stations, if any, give the name of the cc	on, an independent station, or a noncon etwork multicast), "I" (for independent), M" (for noncommercial educational mul s in the paper SA1-2 form. community to which the station is licens	nmercial "I-M" ticast). sed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. LOCATION OF STATION
			3. TYPE OF STATION	
	WISN	12.1	N	Milwaukee, WI
	WISN-DT2	12.2	N-M	Milwaukee, WI
dd Rows as Necessary	WISN - DT4	12.4	N-M	Milwaukee, WI
	WISN - DT6	12.6	N-M	Milwaukee, WI
	WDJT	58.1	N	Milwaukee, WI
	WBME-CD	58.2	1	Milwaukee, WI
	WITI	6.1	N	Milwaukee, WI
	WITI-DT2	6.2	N-M	Milwaukee, WI
	WTMJ	4.1	N	Milwaukee, WI
	WTMJ-DT2	4.2	N-M	Milwaukee, WI
	WTMJ-DT3	4.3	N-M	Milwaukee, WI
	WTMJ-DT4	4.4	N-M	Milwaukee, WI
	WTMJ-DT5	4.5	N-M	Milwaukee, WI
	WMLW	49.1	I	Racine, WI
	WMLW-DT2	49.2	I-M	Racine, WI
	WMLW-DT3	49.3	I-M	Racine, WI
	WMLW-DT4	49.4	I-M	Racine, WI
	WVTV	18.1	1	Milwaukee, WI
	WVTV-DT2	24.1	I-M	Milwaukee, WI
	WVTV-DT3	24.2	I-M	Milwaukee, WI
	WVTV-DT4	24.3	I-M	Milwaukee, WI
	WYTU	63.1	I	Milwaukee, WI
	WYTU-DT2	63.2	I-M	Milwaukee, WI
	WPXE	55.1	I	Kenosha, WI
	WMVS	10.1	E	Milwaukee, WI
	WMVS-DT2	10.2	E-M	Milwaukee, WI
	WMVT	36.1	E	Milwaukee, WI
		36.2	E-M	Milwaukee, WI
	WMVT-DT2	36.2 30.1	E-M	Milwaukee, WI Milwaukee, WI

	2024/02			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM ID
Name	TDS Metrocom, LLC			6398
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)( substitute <b>Basis Stations</b> : A <b>Substitute Basis Stations</b> : A basis under specific FCC rule • Do <i>not</i> list the station here in station was carried <i>only</i> on a • List the station here, and als basis. For further information <b>Column 1:</b> List each station's multicast stream associated w "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WR <b>Column 3:</b> Indicate in each c educational station, by enterin (for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location	to in space I, if the station was carried bot concerning substitute basis stations, see call sign. <i>Do not</i> report origination progra with a station according to its over-the-air	stations carried only on a part-time basis rriage of certain network programs [secti 2) and (4))]; and (2) certain stations carr by your cable system on a substitute pr becial Statement and Program Log)—if th h on a substitute basis and also on some page (v) of the general instructions. am services such as HBO, ESPN, etc. Ic designation. For example, report multist in station for broadcasting over the air in on, an independent station, or a noncommetwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form.	under ons ied on a ogram ne e other dentify each ream its community nercial I-M" cast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Pe			EW					FU	RM SA1-2E. PAGE
TDS Metroco			EIVI.						SYSTEM II 639
	, 220								
	every radio stat	tion carrie	d on a separate and discrete ba illy receivable by your cable sys				ed on an		н
eceivable if (1) it n the basis of m for detailed infor aper SA1-2 forn Column 1: Ide Column 2: Sta Column 3: If th	t is carried by the toto on toto on toto on toto on the toto on toto o	he system e received he Copyri gn of each e station is n's signal v	was electronically processed by	syst n's oint	em's headend, a FM antenna, dui , see page (v) of	and (2) it can be ring certain stat the general ins	e expecte ed interv structions	d, als. in the.	Primary Transmitters: Radio
Column 4: Giv	ve the station's	location (	ark in the "S/D" column. the community to which the stat community with which the static			ne FCC or, in th	e case o	f	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
J/A									
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
		1							

Accounting Period							FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	TDS Metrocom, LLC							63982
l Och-state	SUBSTITUTE CARRIAGE: In General: In space I, identify basis during the accounting p programming that must be inc	y every nonnet eriod, under sp	<i>twork television p</i> pecific present ar	p <i>rogram,</i> broadcast by a <i>dista</i> nd former FCC rules, regulatic	ons, or authoriz	ations. For a furth		
Substitute Carriage: Special	1. SPECIAL STATEMENT		• • • • • •					
Statement and	During the accounting period	-		-	nonnetwork te	levision program		
Program Log	broadcast by a distant station	•	ble system can	y, on a substitute basis, any				XNO
	2						YES	NO
	Note: If your answer is "No",	leave the rest	t of this page bla	ank. If your answer is "Yes," y	you must com	plete the program	I	
	period, was broadcast by a d under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call si Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m."	ute program c e, please add f every nonne listant station ulations, or au es like "movies bulls." was broadcas gn of the stati lcast station's dian station's dian stations, n and day when e "5/7." s when the sul example: a pro- "R" if the liste ad regulations	on a separate lin additional rows twork television and that your ca uthorizations. See s' or "basketball. st live, enter "Yee on broadcasting location (the co if any, the comre on your system of bostitute program bogram carried by ed program was in effect during	to the tables. program ("substitute program ble system substituted for the page (v) of the general ins "List specific program titles, s." Otherwise enter "No." the substitute program. mmunity to which the station nunity with which the station carried the substitute program was carried by your cable st / a system from 6:01:15 p.m. substituted for programming the accounting period; enter	n") that, during e programmin structions for fu- for example, is licensed by is identified). n. Use numera ystem. List the to 6:28:30 p.1 that your sys the letter "P"	g the accounting g of another statio urther information "I Love Lucy" or the FCC or, in als, with the month times accurately n. should be tem was <i>required</i> if the listed progra	h	
							RIAGE	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH	OCCURRED 6. TIMES		7. REASON FOR DELETION
	N1/A	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
	N/A							
						_		
						_		
			<u> </u>					
						_		
						_		
						_		
			<b> </b>					

Accounting Period: 2	024/02	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	SYSTEM ID: 63982
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (viii) 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.	ice	1,530.48
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 \$263,800 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 this six-mon accounting period is \$52.00	nth	
	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 \$137,100)		
	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 \$527,600	))	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Remittance 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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i		

Accounting Period: 2	024/02				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: LC			SYSTEM ID# 63982
M Channels	to its subscribers, 1. Enter the total n system carried 2. Enter the total n on which the ca	and (2) the cable system's tota umber of channels on which the	l number e cable		30 
N Individual to		BE CONTACTED IF FURTHER out this statement of account.)		IATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Mitchell Maier		Teleph	one (608) 886-8210
	(	525 Junction Rd Number, street, rural route, apartmen Madison, WI 53593 (City, town, state, zip)	t, or suite n	umber)	
	Email	Finance@tdstelecon	<u>1.com</u>	Fax (optional)	
O Certification	I, the undersigned, h     (Owner of     (Agent of     X     (Officer     I have examined the	hereby certify that (Check one, b other than corporation or partne f owner other than corporation in line 1 of space B and that the or partner) I am an officer (if a c in line 1 of space B. e statement of account and herel and correct to the best of my kn	ut only on ership)   ; or partne owner is   corporation by declare owledge,	am the owner of the cable system as identified in line 1 of space B; or <b>ership)</b> I am the duly authorized agent of the owner of the cable system not a corporation or partnership; or n) or a partner (if a partnership) of the legal entity identified as owner of under penalty of law that all statements of fact contained herein information, and belief, and are made in good faith.	
				/s/ Thomas Bader electronic signature on the line above to certify this statement. inature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed r	ame:	Thomas Bader	
		Title:		ant Treasurer ial position held in corporation or partnership)	
		Date:		February 12, 2025	
Deleter Ant Notice	0			inht Office to collect the personally identifying information (PII) requested or	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

unting Period: 2024/02	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Metrocom, LLC	6398
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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
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         Line 2       Multiply line 1 by the interest rate* and enter the sum here         x	Q Interest Assessment
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
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 Assessmen
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

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.