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						
02/27/2018	\$ 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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
7.	AGGC	CHING FERIOD GOVERED DI TING GTATEMENT. (TTTING GHOU)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20172 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
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	'	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

		FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Name	TDS Broadband Service LLC	252				
	Instructions: List each separate community served by the cable system. A "co	ommunity" is the same as a "community unit" as defined in FCC rule				
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includi					
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	at 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 fil	ings.				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r	nobile home parks should be reported in parentheses below the				
Served	identified city.					
	CITY OR TOWN	STATE				
First	TABLE MOUNTAIN	CO				
Community	ARVADA	CO				
	JEFFERSON COUNTY	СО				
d Rows as Necessary						
,						

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**TDS Broadband Service LLC** 

SYSTEM ID# 25263

# 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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	860	35.70				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	0	5.87-15.34				
Commercial						
Converter						
Residential	477	3.5-17				
Non-residential						
		T				

# 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	TEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				ΤE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	11.40-19.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
First set	29.95-39.96	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	24.95	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	24.95		
		Move to new address			

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25263

4. LOCATION OF STATION

# TDS Broadband Service LLC 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

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

11 0/122 01011	21 B ONOT OTHER REPORTED	61111261611	41 200/(1101) 01 01/(1101)
KMGH	7.1	N	Denver, CO
KMGH-DT2	7.2	N-M	Denver, CO
KCNC	4.1	N	Denver, CO
KCNC-DT2	4.2	N-M	Denver, CO
KUSA	9.1	N	Denver, CO
KUSA-DT2	9.2	N-M	Denver, CO
KDVR	31.1	N	Denver, CO
KDVR-DT2	31.2	N-M	Denver, CO
KRMA	6.1	E	Denver, CO
КРХС	59.1	<u> </u>	Aurora, CO
KTFD	14.1	<u> </u>	Denver, CO
KCEC	50.1	<u> </u>	Denver, CO
KCEC-DT2	50.2	I-M	Denver, CO
KDEN	25.1	l	Centennial, CO
KDEN-DT2	25.2	I-M	Denver, CO
KWGN	2.1	<u> </u>	Denver, CO
KWGN-DT2	2.2	I-M	Denver, CO
KWGN-DT3	2.3	I-M	Denver, CO
KTVD	20.1	<u> </u>	Denver, CO
KTVD-DT2	20.2	I-M	Denver, CO
KRMT	41.1	<u> </u>	Arvada, CO
KPJR	38.1	<u> </u>	Westminster, CO
KPJR-DT2	38.2	I-M	Westminster, CO
KPJR-DT3	38.3	I-M	Westminster, CO
KCDO	28.1	l	Aurora, CO

3. TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office

	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:
Name	TDS Broadband Servi	ice LLC		25263
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including		
J		m during the accounting period, excep	. ,	
ary		n effect on June 24, 1981, permitting telepton (2), and (4), or 76.63 (referring to 76.6		
itters:	substitute program basis, a	s explained in the next paragraph.		
sion		: With respect to any distant stations of	carried by your cable system on a sub	stitute program
		lles, regulations, or authorizations: e in space G—but do list it in space I (	the Special Statement and Program L	.oa)—if the
	station was carried only on			
		also in space I, if the station was carrie		
		on concerning substitute basis stations of call sign. Do not report origination		
		with a station according to its over-th	. •	
	"WETA-2" as the same on t			
		el number the FCC assigned to the telle RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	ne air in its community
		case whether the station is a network	station, an independent station, or a	noncommercial
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for independent of the control of th	endent), "I-M"
		"E" (for noncommercial educational),		onal multicast).
		erms, see page (iv) of the general instr n of each station. For U.S. stations, lis		s licensed by the
		dian stations, if any, give the name of	•	•
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				41 2007 (1101) 01 017 (1101)
	KETD	53.1		
	KETD	53.1	1	Denver, CO
	KETD	53.1	1	
	KETD	53.1	1	
	KETD	53.1		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **TDS Broadband Service LLC**

25263

#### 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
N/A							
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	1 0017/0								
Accounting Perio	d: 2017/2 ILEGAL NAME OF OWNER OF	CABLE SVS	TEM:				FOR	M SA1-2E. PAGE 5.	
Name	TDS Broadband Servi		I LIVI.					SYSTEM ID# 25263	
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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: Special Statement and Program Log	SPECIAL STATEMEN     During the accounting per broadcast by a distant state       Note: If your answer is "No log in block 2.     LOG OF SUBSTITUTION General: List each substitute       If you need more spate	T CONCER iod, did you tion? ", leave the  E PROGRA itute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." in was broad sign of the sadcast static adian statio in the and day we "5/7." es when the Example: a	rest of this page with the case of this page with the case of this page with the case of t	carry, on a substitute bate blank. If your answer is the line. Use abbreviations rows to the tables. It is is is program ("substitute or cable system substitutes. See page (v) of the general blank." List specific program of "Yes." Otherwise enter the straight of the substitute program of the substitute program of the substitute program of the substitute of the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01	sis, any nonners "Yes," you must be wherever possed for the program") that ed for the program instruction must titles, for example, e station is lice to station is idea to program. Use the cable system in t	etwork televisust complete essible, if their et, during the gramming of ns for furthe eample, "I Locardo ensed by the ntified). e numerals, verset the time 28:30 p.m. si	YES  the program  r meaning is e accounting another stat r information ve Lucy" or  FCC or, in with the more accounted be	NO m tion n.	
	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE								
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	1 4. STATION'S LOCATION	5. MONTH		URRED TIMES — TO	7. REASON FOR DELETION	
		<b></b>							

Accounting Period:	2017/2			FORM SA	41-2E. PAGE 6		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC			S	YSTEM ID: 2526		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's tion of how	secondary trans v to compute th	smission servicis amount, see	of ce 6,710.23		
L Copyright Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>						
	BLOCK 1: GROSS RECEIPTS OF \$137 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt	•		r this six-month			
	accounting period is \$52.00	•					
	Line 1. Royalty fee for accounting period				0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and	2	· · <u> </u>			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	nore than \$137	,100)			
	Base amount under statutory formula	\$	263,800.00	_			
	2. Enter amount of gross receipts from space K	\$	186,710.23	_			
	3. Subtract line 2 from line 1	\$	77,089.77	=			
	4. Enter the amount of gross receipts from space K			186,710.23			
	5. Enter the amount from line 3		\$	77,089.77			
	6. Subtract line 5 from line 4			109,620.46			
	7. Multiply line 6 by .005 (enter figure here)				548.10		
	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		\$	548.10		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$52	7,600)			
	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			_			
	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 DU	JF.					
	TILINOT LE TIME TOTAL REINITTANGE DE	<u>/ L</u>					
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	548.10			
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			\$	568.10		
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		jhts!		

Accounting Period:	: 2017/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF TDS Broadband Service						SYSTEM ID# 25263
M Channels	CHANNELS Instructions: You must get to its subscribers, and (2)  1. Enter the total number system carried televisio  2. Enter the total number on which the cable system and nonbroadcast servi	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast.	I number of activate cable	ited channels during th	ne accounting period.		38
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		RINFORMATION	IS NEEDED (Identify a	an individual to whom		
for Further Information	Name <b>Pegg</b>	y Smykal			Т	Telephone (802) 4	85-9748
	(Number	pot Square, Unit street, rural route, apartmen field, VT 05663 n, state, zip)					
	Email	finance@tdsteleco	om.com		Fax (optional)		
O Certification	(Agent of owner in line 1 of s	r certify that (Check one, nan corporation or partir other than corporation pace B and that the own mer) I am an officer (if a pace B.  ment of account and her rect to the best of my knight [8]  Typed or printed natir [8]	but only one, of the nership) I am the confidence is not a corporation or a precision of the corporation or a precision of the corporation of the	e boxes.)  Downer of the cable system  I am the duly authorized ion or partnership; or artner (if a partnership)  Depenalty of law that all ston, and belief, and are not be line above an "/s/ signature" (e.g.,	em as identified in line 1 d agent of the owner of the legal entity identificatements of fact contain made in good faith.	of space B; or he cable system as id ied as owner of the collect herein  nt.	

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 the 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 telephon 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 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: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DS Broadband Service LLC	25263
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
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	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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