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
02/28/2018	\$ 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))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20172 Barcode Data Filing Period (optional - see instructions)
Accounting 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
		NUSHAGAK ELECTRIC & TELEPHONE COOP INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 350 (Number, street, rural route, apartment, or suite number)
		DILLINGHAM, AK 99576 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	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 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.

Accounting Period:	2017/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NUSHAGAK ELECTRIC & TELEPHONE COOP INC	39057
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
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	Dillingham	Alaska
Community		
Add Davis as Nassassas		
Add Rows as Necessary		

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

39057

E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**NUSHAGAK ELECTRIC & TELEPHONE COOP INC** 

**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	<b>&lt;</b> 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	320	100.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
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: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### NUSHAGAK ELECTRIC & TELEPHONE COOP INC

39057

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
KUAC	9	E	FAIRBANKS, AK
WGN	239	l	CHICAGO, IL
KTVA	2	N	ANCHORAGE, AK
KYES	14	N	ANCHORAGE, AK
ARCS	7	1	ANCHORAGE, AK
KIMO	7030	N	ANCHORAGE, AK
KTVA	7031	N	ANCHORAGE, AK
KTVV	7032	N	ANCHORAGE, AK
КТВҮ	7033	N	ANCHORAGE, AK
KYES	7035	N	ANCHORAGE, AK
KAKM	7036	E	ANCHORAGE, AK
KDMD	7038	E	ANCHORAGE, AK
ALAKA	7040	E	ANCHORAGE, AK

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **NUSHAGAK ELECTRIC & TELEPHONE COOP INC**

39057

### 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  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  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  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  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  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  CALL SIGN AM or FM S/D LOCATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF STATION OF STATION OF STATION  CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF ON NUSHAGAK ELECTRIC			OP INC				SYSTEM ID# 39057
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri- broadcast by a distant stat Note: If your answer is "No"	y every nor counting peng that must CONCER od, did your ion?	nnetwork televis eriod, under spe at be included in ENING SUBST r cable system	sion program, broadcast lecific present and former lethis log, see page (v) of rITUTE CARRIAGE carry, on a substitute ba	by a distant stated FCC rules, reguthe general instractions	lations, or au ructions in the etwork televi	uthorizations. le paper SA1 sion progran YES	For a further -2 form.
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mont first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. Is stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute progra te, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad distant statio distant statio distant statio distant statio distant statio distant day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televition and that your authorizations vies" or "basked cast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute program carried listed program ons in effect du	rows to the tables. Ision program ("substitut ur cable system substitut ur cable system substitut ur cable system substitut ur cable system substitut so. See page (v) of the getball." List specific program "Yes." Otherwise enter usting the substitute program which the community with which the carried the substitut urgram was carried by you and by a system from 6:0 was substituted for progring the accounting perior	e program") that ted for the program titles, for ex "No." aram. he station is lice e program. Use ur cable system 1:15 p.m. to 6:2 gramming that yod; enter the less ted for the less than the less than the less than the program.	ensed by the ensed by the ensed by the entified). Enumerals, List the time 28:30 p.m. so your system tter "P" if the	e accounting another state information ove Lucy" or e FCC or, in with the mornes accurate hould be was require a listed progr	tion n. nth ly
	SI  1. TITLE OF PROGRAM		E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH			7. REASON FOR DELETION

Accounting Period:	2017/2			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NUSHAGAK ELECTRIC & TELEPHONE COOP INC			S	YSTEM ID 3905
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 of	system's ion of how	secondary tran	nsmission servionis amount, see	2,331.00
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less informati	than \$527,600 on.		
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that	you must pay fo	or this six-month	
	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 lin	nes 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	nore than \$137	7,100)	
	Base amount under statutory formula	\$	263,800.00	<u>.</u>	
	Enter amount of gross receipts from space K	\$	192,331.00	<u> </u>	
	3. Subtract line 2 from line 1	\$	71,469.00	<u>.</u>	
	Enter the amount of gross receipts from space K		\$	192,331.00	
	5. Enter the amount from line 3		\$	71,469.00	
	6. Subtract line 5 from line 4		\$	120,862.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	604.31
	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		\$	604.31
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$52	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			<del>_</del> ,	
	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)				
	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	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	604.31	
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			\$	624.31
	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 CABLE NUSHAGAK ELECTRIC & TEL		SYSTEM ID# 39057
M Channels	to its subscribers, and (2) the cable  1. Enter the total number of chann system carried television broadca  2. Enter the total number of activat on which the cable system carried	ted channels	11
N Individual to	INDIVIDUAL TO BE CONTACTED we can contact about this statemen	D IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom nt of account.)	
for Further Information	Name	Telephone	
inormation	Address (Number, street, rur	al route, apartment, or suite number)	
	(City, town, state, zi	p)	
	Email	Fax (optional)	
	CERTIFICATION (This statement of	f account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify the	nat (Check one, but only one, of the boxes.)	
	(Owner other than corpo	<b>pration or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or	
		nan corporation or partnership) I am the duly authorized agent of the owner of the cable system and that the owner is not a corporation or partnership; or	as identified
	X (Officer or partner) I am in line 1 of space B.	an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	he cable system
	I have examined the statement of a	account and hereby declare under penalty of law that all statements of fact contained herein be best of my knowledge, information, and belief, and are made in good faith.	
	K	X /s/ Robert Himschoot	
	•	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Туре	d or printed name: Robert Himschoot	
	Title:	General Manager (Title of official position held in corporation or partnership)	
	Date	February 27, 2018	

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ounting Period: 2017/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ISHAGAK ELECTRIC & TELEPHONE COOP INC	3905
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the groservice of providing secondary transmissions of primary broscribers and amounts collected from subscribers receiving  For more information on when to exclude these amounts, see the located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any armade by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below.	P ss amounts paid to the cable system for the basic padcast transmitters, the system shall not include subsecondary transmissions pursuant to section 119." Special Statement Concerning Gross Receipts Exclusion  nounts of gross receipts for secondary transmissions
Name Mailing Address	Name Mailing Address
INTEREST ASSESSMENT	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the get	
You must complete this worksheet for those royalty payments sub-	eneral instructions located in the paper SA1-2 form.
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the ge	seneral instructions located in the paper SA1-2 form.  S Interest Assessment
You must complete this worksheet for those royalty payments sub- For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment	Interest Assessment  x 1%  x 65 days
You must complete this worksheet for those royalty payments sub- For an explanation of interest assessment, see page (viii) of the ge- Line 1 Enter the amount of late payment or underpayment	Sample   Interest Assessment   Interest Assessment
You must complete this worksheet for those royalty payments sub- For an explanation of interest assessment, see page (viii) of the ge- Line 1 Enter the amount of late payment or underpayment  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 su  Line 4 Multiply line 3 by 0.00274** and enter here	Interest Assessment  x 1%  x 65 days  m here
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the get Line 1 Enter the amount of late payment or underpayment  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 sur 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 *To view the interest rate chart click on *www.copyright.gov/lice*.	Interest Assessment  x 1%  x 65 days  m here

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.

ID number

First community served Accounting period