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

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 8/21/2018 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 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	
		Black Earth Telephone Company, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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: TDS Telecom, Inc.	
		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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Black Earth Telephone Company, LLC	63439
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
	CITY OR TOWN	STATE
First	Black Earth	WI
Community		
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6343
	Black Earth Telephone	Company, L	LC						0040
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND R	ATES				
E	In General: The information in s								
Casandami	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						inose existi	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							ie and the	
	unit in which it is generally billed								
	category, but do not include disc				ny standai		o within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate catego	ories for	secondary trai	nsmission				
	printed in block 1 (for example, t						<i>,</i> ·		
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	vo- or three	e-word descript	ion of the s	ervice is	
		OCK 1					BLOCK	< 2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		165	20.00/mo					
	Service to additional set(s)		100	20.00/1110					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		165	0-8.00/mo					
	Non-residential		105	0-0.00/1110					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat								
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Fransmissions:	Block 1: Give the standard rat							woro not	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	14-19.99/mo	• Mo	tel, hotel					
	• Pay cable—add'l channel		۰Co	mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection			, y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	First set			rglar protection					
	 Additional set(s) 	0-49.95		services:					
	• FM radio (if separate rate)		• Re	connect					
	• Converter			sconnect					
				tlet relocation					
			• IVIC	ve to new addr	ess				

ounting Period: 2	LEGAL NAME OF OWNER OF			FORM SA1-2E. PAC
Name	Black Earth Telephon			634
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. :: With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	g translator stations and low power tele <i>pt</i> (1) stations carried only on a part-tin the carriage of certain network prograr .61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subse (the Special Statement and Program Low ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, report levision station for broadcasting over the k station, an independent station, or a ration ' (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is the community is the commun	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKOW	27.1		Madison, WI
	WKOW-DT2		N-M	Madison, WI
	WKOW-DT2		N-M	Madison, WI
	wisc	3.1		Madison, WI
Rows as Necessary	WISC-DT2		N-M	Madison, WI
(UW3 83 MCCC338,)	WMSN	47.1		Madison, WI
	WMSN-DT2		N-M	Madison, WI
	WMTV	15.1		Madison, WI
	WMTV-DT2		N-M	Madison, WI
	WMTV-DT3		N-M	Madison, WI
	WMTV-DT4		N-M	Madison, WI
	WHA	21.1		Madison, WI
	WHA-DT2		E-M	Madison, WI
	WHA-DT3		E-M	Madison, WI
	WHA-DT4		E-M	Madison, WI
	WIFS	57.1		Janesville, WI

Accounting P	eriod: 2018	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
Black Earth	Telephone	Comp	any, LLC					6343
all-band basis w Special Instruc	t every radio s /hose signals c tions Conce	station ca were ge rning Al	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (stem whenever it is received a	le system during Copyright Office r	the accountin regulations, ar	ng perioo n FM sig	l. nal is generally	H Primary Transmitters:
on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	monitoring, to prmation abourn. Identify the call tate whether the radio stat this by placing tive the station	be recein the Co l sign of the the static tion's sig g a check n's locati	ived at the headend, with the spyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the term of t	system's FM ante this point, see pa ed by the cable s ne station is licens	enna, during c ge (v) of the g system as a se sed by the FC	ertain st leneral i eparate	ated intervals. nstructions in the. and discrete	Radio
		-				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
1/A								
			1					

Accounting Perio	od: 2018/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Black Earth Telephone	Compan	y, LLC					63439
	SUBSTITUTE CARRIAGI				6			
I								
I I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				- J	p		
Special	During the accounting per				is any nonne	twork televisio	n program	
Statement and	broadcast by a distant star	•		ourly, on a substitute bas			- · ·	X NO
Program Log	, , , , , , , , , , , , , , , , , , ,						YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne progran	า
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa			ision program ("substitute	program") tha	t during the a	ccounting	
	period, was broadcast by a							ion
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	nformation	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		logat live onto	r "Yes." Otherwise enter "N	lo."			
				isting the substitute progra				
				ne community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is ider	tified).		
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		aubatituta pro	arom was corriad by your	achla avatam	List the times	accuratel	.,
	to the nearest five minutes.			gram was carried by your				у
	stated as "6:00–6:30 p.m."		program carne		15 p.m. to 0.2	0.50 p.m. sho		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	sin	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	-	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
					-			
					-			
					-			
						_		
						_		
					-			
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Black Earth Telephone Company, LLC	S	YSTEM ID# 63439
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	of e 3,461.24
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.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Telephone Company, LLC				SYSTEM ID# 63439
M Channels	to its subscribe1. Enter the tota system carried2. Enter the tota	rs, and (2) the cable system's to al number of channels on which	total number of h the cable	which the cable system carried television broadd activated channels during the accounting period	ı. Г	16
	and nonbroad	Icast services				
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of account		TION IS NEEDED (Identify an individual to whor	n	
for Further Information	Name	Peggy Smykal			Telephone	(802) 485-9748
	Address	24 Depot Square, Un (Number, street, rural route, apartr	hit 2 tment, or suite nun	nber)		
		Northfield, VT 05663 (City, town, state, zip)				
	Email	finance@tdstele	lecom.com	Fax (optiona	I)	
	CERTIFICATION	I (This statement of account mu	nust be certified	and signed in accordance with Copyright Office	regulations)	
O Certification		ned, hereby certify that (Check or	-	, of the boxes.) n the owner of the cable system as identified in line	e 1 of space B;	or
	ir X (Offi	n line 1 of space B and that the or	owner is not a co	ship) I am the duly authorized agent of the owner rporation or partnership; or or a partner (if a partnership) of the legal entity ide	-	
		ete, and correct to the best of my		under penalty of law that all statements of fact cont ormation, and belief, and are made in good faith.	tained herein	
			Enter an electi	Sharon V. Tisdale ronic signature on the line above to certify this state e using an "/s/ signature" (e.g., /s/ John Smith)	ment.	
		Typed or printed	d name: St	aron V. Tisdale		
		Title: (Title of o	Assistant official position hel	Treasurer d in corporation or partnership)		
		Date:		21 August 2	2018	

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unting Period: 2018/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
k Earth Telephone Company, LLC		634
 SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gro- service of providing secondary transmissions of primary be scribers 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 a made by satellite carriers to satellite dish owners? X NO 	111(d)(1)(A), of the Copyright Act by adding the fol- oss amounts paid to the cable system for the basic roadcast transmitters, the system shall not include sub- secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	·	
Name Mailing Address	Name Mailing Address	
You must complete this worksheet for those royalty payments sub	where the second s	
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment	eneral instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g	peneral instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment	peneral instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment	e	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	eneral instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g 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	eneral instructions located in the paper SA1-2 form. x x x x x x x x x x x x x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the g 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block * To view the interest rate chart click on <i>www.copyright.gov/lide</i> 	general instructions located in the paper SA1-2 form. x x e x days um here x x x days um here x x x x x um here x x x um here x x 0.00274 s (interest charge) censing/interest-rate.pdf. For further assistance please g@loc.gov.	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the g 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing 	general instructions located in the paper SA1-2 form. x x a	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the g 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 sum 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 <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest 	general instructions located in the paper SA1-2 form. x x a	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the g 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of acc 	general instructions located in the paper SA1-2 form. x x a	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of acc list below the owner, address, first community served, ID number, Owner Address	general instructions located in the paper SA1-2 form. x x a	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block * To view the interest rate chart click on <i>www.copyright.gov/lic</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of acc list below the owner, address, first community served, ID number Owner Address	general instructions located in the paper SA1-2 form. x x a	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the g 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block * To view the interest rate chart click on <i>www.copyright.gov/lid</i> contact the Licensing Division at (202) 707-8150 or licensing ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of acc list below the owner, address, first community served, ID number, Owner Address	general instructions located in the paper SA1-2 form. x x a	Q Interest Assessme

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