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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/28/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT · (YY	VV/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 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.	62738
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Western Broadband LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 9666 E Riggs Road Ste 108	
		(Number, street, rural route, apartment, or suite number) Sun Lakes, AZ 85248-7410	
		(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in a	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Western Broadband LLC	62738
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorr discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Robson Ranch	AZ
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Western Broadband LL								6273
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc	SERVICE: SU bace E should on of television ay cable) in sp (June 30 or Du blocks in space transmission umber of billing ice at the rate i harged for each (Example: "\$2 ounts allowed for	cover al and rad ace F, n ecember ce E call service. s in that ndicated h catego 20/mth"). for adva	I categories of se io broadcasts by ot here. All the fa r 31, as the case for the number of In general, you of category (the nu- d-not the number ory of service. Inco Summarize any nce payment.	econdary your system acts you may be of subsc can com umber of set of sets clude bot standar	stem to subscril state must be t). ribers to the cat pute the numbe persons or org s receiving serv th the amount o d rate variations	bers. Give hose exist ole system r of subsc anizations ice). f the charg s within a p	information ing on the ribers in charged ge and the particular rate	
	Block 1: In the left-hand block 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 o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	to their subscr Where an inc should be cour ble service to a nce again und nas rate catego ers of services nd rates, in the	ribers. G dividual o additiona er "Servi ories for that inc	sive the number of or organization is a subscriber in ea al sets would be i de to additional secondary transr lude one or more	of subsc s receivin ach appl included set(s)." mission e second	ribers and rate ing service that f icable category in the count un service that are lary transmissic	for each lis falls under Example: der "Servin different f ns), list th on of the s	sted category different a residential ce to the rom those em, together service is	
	BLC	DCK 1 NO. OF	r				BLOCI	K 2 NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		182	36.55					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ished to usually b ne cable stem furr e was m	mation with resp not offered in cor do not need to gi nonsubscribers. billed. If any rate system for each hished or offered hade or established	mbinatio ve rate i Rate in s are ch of the a during t	n with any seco nformation com formation shoul arged on a varia pplicable servic he accounting p	ndary tran cerning (1) d include I able per-pr ces listed. period that	ismission) services both the rogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	18.95		tion: Non-reside el, hotel	ennal				
	Pay cable—add'l channel			nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l char	nnel				
	Installation: Residential			protection					
	First set	29.95		glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter		 Disc 	connect					1
				lot role ti					
				let relocation ve to new addres	c				

me	LEGAL NAME OF OWNER OF Western Broadband L			SYSTEM ID# 62738
	PRIMARY TRANSMITTERS:			
Anary nitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: 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 enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	ime basis under ims [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктук	3		
		v		Phoenix, AZ
	КРНО	5	N	Phoenix, AZ Phoenix, AZ
lecessary			N I	
ecessary	КРНО	5		Phoenix, AZ
ecessary	KPHO KPAZ	5 21	<u>l</u>	Phoenix, AZ Phoenix, AZ
ecessary	KPHO KPAZ KAET	5 21 8	l E	Phoenix, AZ Phoenix, AZ Phoenix, AZ
ecessary	KPHO KPAZ KAET KUTP	5 21 8 45	l E N	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
ecessary	KPHO KPAZ KAET KUTP KSAZ	5 21 8 45 10	l E N	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
Vecessary	KPHO KPAZ KAET KUTP KSAZ KASW	5 21 8 45 10 61	I E N N I N	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
Vecessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX	5 21 8 45 10 61 12	I E N N I	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
Vecessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT	5 21 8 45 10 61 12 7.1 51	I E N N I N	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
; Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
s Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX	5 21 8 45 10 61 12 7.1 51	I E N N I N I-M I	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
s Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
s Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
s Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZ Phoenix, AZ
Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
s Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
s Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
s Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ
IS Necessary	KPHO KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	5 21 8 45 10 61 12 7.1 51 15	I E N N I N I-M I	Phoenix, AZPhoenix, AZ

Western Bro	FOWNER OF (STEM:					SYSTEM I 627
								02
	t every radio	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Give the station	y the sys be recein at the Co l sign of the static tion's sig g a check n's locati	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
							l	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Western Broadband L	LC						62738
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM I O	3			
I I	In General: In space I, identi					ion that your ca	able syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	twork televisior	n program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete th	e progran	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their m	eaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute	program") tha	t during the ac	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re							1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love	Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	ith
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	5 p.m. to 6:2	8:30 p.m. snou	lid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	FCC rules a	no regulations	in	
								Г
						N SUBSTITU		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCUR 6. TIME		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Western Broadband LLC		62738
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 service s amount, see	e 1,390.07
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		
	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 \$ 263,800.00		
	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:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Broadband LLC	SYSTEM ID# 62738
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	12 404
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Cara Baumeister Telephone	(240) 420-3660
	Address 1000 Willow Circle (Number, street, rural route, apartment, or suite number) Hagerstown, MD 21740 (City, town, state, zip)	
	Email cbaumeister@schurz.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/John Schruz Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: John Schruz	stem as identified
	Title: President & General Manager (Title of official position held in corporation or partnership)	
	Date: 2/24/19	

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 t 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 lave

		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
stern Broadband LLC		627
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable sys service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuan For more information on when to exclude these amounts, see the note on page (vii) of the general in located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?	tem for the basic shall not include sub- nt to section 119." instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payme For an explanation of interest assessment, see page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (viii) of the general instructions located in the page (vii		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessme
X		
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x Line 2 Multiply line 1 by the interest rate* and enter the sum here		
x	days	
x Line 3 Multiply line 2 by the number of days late and enter the sum here	days t 0.00274	
x Line 3 Multiply line 2 by the number of days late and enter the sum here		
x Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
x Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
x 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furth contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	x 0.00274	
x Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 - (interest charge) er assistance please	
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	x 0.00274 - (interest charge) er assistance please	
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	x 0.00274 - (interest charge) er assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 - (interest charge) er assistance please	
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x Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274 - (interest charge) er assistance please	

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