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					
03/01/2019	\$ 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	ACCOUNTING F	PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
	2018/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		egal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate tit ary, not that of the parent corporation.	le				
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.						
	this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63657					
	LEGAL NA	ME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
	Google Fiber Georgia, LLC						
	BUSINESS N	NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
	MAILING AD	DRESS OF OWNER OF CABLE SYSTEM					
	1600 Am	phitheatre Parkway rural route, apartment, or suite number)					
		View, CA 94043					
	Li i						
С		n line 1, give any business or trade names used to identify the business and operation of the system pear in space B. In line 2, give the mailing address of the system, if different from the address given in					
System		ON OF CABLE SYSTEM:					
	1						
	MAILING ADD	RESS 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Hamo	Google Fiber Georgia, LLC	636
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile lidentified city.	nome parks should be reported in parentheses below the
ocived		
	CITY OR TOWN	STATE
First	Duluth, GA	GA GA
Community	Atlanta	GA
	Dunwoody	GA
d Rows as Necessary	Peachtree Corners	GA
	Marietta	GA
	Roswell	GA
	Sandy Springs	GA
	Clayton County	GA
	Cobb County	GA
	Dekalb County	GA
	Douglas County	GA
	Fulton County	GA
	Gwinnett County	GA
	Alpharetta	GA
	Alphaletta	

Accounting Period: 2018/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63657 Google Fiber Georgia, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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. BLOCK 1 BLOCK 2 NO. OF NO. OF RATE CATEGORY OF SERVICE **SUBSCRIBERS** RATE CATEGORY OF SERVICE **SUBSCRIBERS** Residential: · Service to first set 2,343 \$25/mo · 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 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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 		Video on demand	PP
 Pay cable—add'l channel 	PP	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: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63657

Google Fiber Georgia, LLC

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
WAGADT	27	N	Atlanta, GA
WAGADT2	27.2	N-M	Atlanta, GA
WAGADT3	27.3	N-M	Atlanta, GA
WATCDT	41	I	Atlanta, GA
WATCDT2	41.1	I-M	Atlanta, GA
WATLDT	25	I	Atlanta, GA
WATLDT2	25.2	I-M	Atlanta, GA
WATLDT3	25.3	I-M	Atlanta, GA
WGCLDT	19	N	Atlanta, GA
WGCLDT2	19.2	N-M	Atlanta, GA
WGCLDT3	19.3	N-M	Atlanta, GA
WGTVDT	8	E	Athens, GA
WHSGDT	44	I	Monroe, GA
WKTBCD2	47	N	Norcross, GA
WKTBCD3	47.2	N-M	Norcross, GA
WKTBCD4	47.3	N-M	Norcross, GA
WKTBCD5	47.4	N-M	Norcross, GA
WPBADT	21	E	Atlanta, GA
WPCHDT	20	I	Atlanta, GA
WPXADT	31	I	Rome, GA
WPXADT2	31.2	I-M	Rome, GA
WPXADT3	31.3	I-M	Rome, GA
WSBDT	14	N	Rome, GA
WSBDT2	14.2	N-M	Rome, GA

Accounting Period: 2018/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Google Fiber Georgia, LLC 63657

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WSBDT3	14.3	N-M	Rome, GA
WUPADT	43	I	Atlanta, GA
WUPADT2	43.2	I-M	Atlanta, GA
WUVGDT	17	N	Athens, GA
WUVGDT2	17.2	N-M	Athens, GA
WUVGDT3	17.3	N-M	Athens, GA
WUVGDT4	17.4	N-M	Athens, GA
WXIADT	10	N	Atlanta, GA
WXIADT2	10.2	N-M	Atlanta, GA
WXIADT3	10.3	N-M	Atlanta, GA
WXIADT4	10.4	N-M	Atlanta, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Google Fiber Georgia, LLC

63657

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
		[

Associating Dorig	.d. 2010/2					FOR	M CA4 OF DAGE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Google Fiber Georgia	, LLC					63657
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa	E: SPECI tify every no accounting p ning that mu T CONCE riod, did you ation? T', leave the E PROGR. titute prograce, please of every n	connetwork televice or included spust be included RNING SUBS our cable system e rest of this param on a separe add additiona onnetwork televice or included system in the	ision program, broadcast by becific present and former F in this log, see page (v) of the triple of triple o	y a distant sta FCC rules, reg the general in asis, any non s "Yes," you s wherever p	network television progress must complete the progressible, if their meaning that, during the account	stem carried on a ons. For a further SA1-2 form. gram X NO gram gram gram gram
	under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.						, in month rately uired
	S	UBSTITUI	ΓE PROGRAM	1	WHE CARRI	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION

Accounting Period:	2018/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber Georgia, LLC		,	63657
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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.	s secondary transmow to compute this	sission service amount, see	
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 les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	s than \$527,600	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 the accounting period is \$52.00	nat you must pay for	this six-mon	
	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 lines 1 a	nd 2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	t more than \$137,1	100)	
	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)	
	Enter the amount of gross receipts from space K	351,450.00		
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	87,650.00	-	
	4. Multiply line 3 by .01		876.50	
	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	
				0.405.50
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	10	3	2,195.50
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and				
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	2,195.50	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,215.50
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber Georgia, LLC	SYSTEM ID# 63657					
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	25					
	system carried television broadcast stations	35					
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 XiXi Tian Telephone 1600 Amphitheatre Parkway Address (Number, street, rural route, apartment, or suite number) Mountain View, CA 94043	(650) 253-0000					
	(City, town, state, zip)						
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, but only one, 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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)]						
	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: Fleur Knowsley Title: Manager - Google Fiber Georgia, LLC (Title of official position held in corporation or partnership)						
	Date: 02/28/2019						

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.

ounting Period: 2018/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ogle Fiber Georgia, LLC	63657
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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 further assistance please 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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