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		
8/28/2019	\$ ALLOCATION NUMBER		
	ALEGORITON NOMBER		

Return completed workbook by email to:

#### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20191  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						
		CEQUEL COMMUNICATIONS LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		SUDDENLINK COMMUNICATIONS					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)					
		TYLER, TX 75701 (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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	<u> </u>	NOCONA, TX					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, fown, 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.

ccounting Period:	2019/1	FORM SA1-2E. PAGE 1
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	01419
	Instructions: List each separate community served by the cable system. A "o	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	orated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know illings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	NOCONA	TX
Community		
dd Rows as Necessary		

Accounting Period: 2019/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014199

#### E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	142	34.99			
<ul> <li>Service to additional set(s)</li> </ul>	110	0			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	11	34.99			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
					l

#### 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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 014199

#### **CEQUEL COMMUNICATIONS LLC**

G

**Primary** Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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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:

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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.

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Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAUZ-1	6	N	WICHITA FALLS, TX
KAUZ-2	6.2	I-M	WICHITA FALLS, TX
KERA-1	13	E	DALLAS, TX
KFDX-1	3	N	WICHITA FALLS, TX
KJBO-1	3	l	WICHITA FALLS, TX
KJTL-1	18	l	WICHITA FALLS, TX
KSWO-1	7	N	LAWTON, OK
KXII-1	12	N	SHERMAN, TX
L			L

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 014199

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 014199

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 014199

# CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2019/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 014199 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: substitute program basis, as explained in the next paragraph. Television 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **CEQUEL COMMUNICATIONS LLC**

014199

## 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).

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Accounting Perio	d: 2019/1 LEGAL NAME OF OWNER OF	^ARI E 8V97	ΓΕM·				FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	CEQUEL COMMUNICA							014199
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identification in the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m." Column 7: Enter the letter	iy every nor counting peng that must CONCER od, did you ion? I leave the PROGRA tute prograce, please a of every nor distant statigulations, o es like "mor Bulls." I was broad sign of the side day a station thand day e "5/7." Is when the Example: a	AL STATEMEI  Innetwork televis eriod, under spec to be included in  ENING SUBST  r cable system  rest of this pag  AMS  m on a separa add additional r nnetwork televit ion and that yo r authorizations vies" or "baske  dicast live, enter estation broadca on's location (the ones, if any, the of when your system established the system estation program carrier  estation program carrier  estation program carrier	sion program, broadcast to ecific present and former for this log, see page (v) of the program, on a substitute base le blank. If your answer in the line. Use abbreviation rows to the tables. Ision program ("substitute ur cable system substitute ur cable system substitute. See page (v) of the getball." List specific program "Yes." Otherwise enter usting the substitute program community with which the community with which the tem carried the substitute gram was carried by you and the program was carried by you and by a system from 6:0.	by a distant stare. Technical content of the general instants asis, any nonness "Yes," you must be program") that defor the program titles, for example estation is lice estation is lice estation is ide to program. Use the program of the program of the program of the program. Use the program of the program	ust complete ssible, if their at, during the gramming of ons for furthe cample, "I Lo ensed by the ntified). e numerals, value is the time 28:30 p.m. sh	thorizations. e paper SA1  sion program  YES the program  accounting another star information ye Lucy" or  FCC or, in with the more accounted be	em carried on a For a further -2 form.  NO m tion n.
		ming that y		s permitted to delete und	der FCC rules :	and regulation	ns in	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			— ТО —	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	Sì	(STEM ID# 014199
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	ission service amount, see	670.67
	during the accounting period	\$ 35 (Amount of gros	5,679.67 ss receipts)
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 \$2  • 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-mon	
	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
	1. Base amount under statutory formula	00)	
	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		
	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
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period	: 2019/1																																																																															F	OI	R	M	S	A	1-	-2	Ē.	. F	À	١G	3E	Ξ	7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA																																																																						_	_	_	_	_	_	_				_				S	Ϋ́	<b>'</b> S			EN 14				
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system and nonbroadcast services.	the cable system's told of channels on which is broadcast stations of activated channels are carried television by	tal numb	mber able	ber le 	le 	le 	le st	bi le	b le	e	e	e	er		r	ta	o	of at	f	a:		tiv	Vā	at	te	9		d				r			n	n	e		d	u	ri	n			tł							ır	nt	ti	ir	n	ıg	ļ	Э	eri	oc	d.			atio		. [											8													]		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORI	ORM	RI	DR	F	F	) I	F	R	2	. [	٨	M	1	1/	Α	۸.	т	ıc	10	N	ı	S	3		١	N	N	E	E	E	=1	D	Ε	:C	(	d	е	n	ıti	if	fy	/ 6	ar	ı ir	nc	div	vi	ic	dı	u	ıa	al	al	to	0	W	νh	or	m																															_
for Further Information	Name SARA	H BOGUE							•••		•••		•••												•••																				•••							•••												Te	ele	ph	on	e	(9	0	3	) 5	57	79	)-;	31	12	21	<u> </u>															
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		<b>R, TX 75701</b> n, state, zip)							•••		•••		•••			••••		••••							•••																	•••		•••	•••	••••				••••		•••					••••																																					
	Email	SARAH.BOGUE	@ALTI	TICE	ICE	CE	IC	C	C	(	<u></u>	)		E		E	ι	L	ر	JS	S	Α	(	2	C	וכ	١	/	/													•••		•••							ı	F	а	3)	X	( )	(	(0	p	tic	on	nal	l) <u>.</u>																														_	
O Certification	CERTIFICATION (This start I, the undersigned, hereby  (Owner other the		e, but onl	only d	nly o	ly d	ıly	ly	ly	/y	'n	/	,	c	0	OI	r	n	ne	е	٠,	of	ft	th	ie	•	b	)(	oc	):	×	<(	е	s	S.,	)															-					-								-					or	ſ																								
	in line 1 of s	ment of account and he rect to the best of my ki	ner is no a corpora ereby dec	not a oration	ot a ratio eclar	ot a	ot at	ot at	a	a	ot at	t t	ti	ic	a	a o	r	n e	1)	:o )	o o ur	pc or a	a de	p	ti a	o ar	e e	r	n n	16	o e	er elt	r r	p (i	if	ar ar	tr a	pa a	rs ir	h n	p ei	; rs	a	or ni	r ip	o)	o ta	f ti	he m	e l er	le	ts	ga	а	al o	l e	e f f	en fa	nti	ty:	o io	de	nti	ifie	ed	as	ov	/ne										ter	m															
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

ccounting Period: 2019/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	014199
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	interest Assessment
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.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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