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
08/28/20	\$
	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		
_	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
_ B		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
		MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	•	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918
		(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System		IDENTIFICATION OF CABLE SYSTEM:
	1	MEDIACOM SOUTHEAST LLC
	-	MAILING ADDRESS OF CABLE SYSTEM:
		5973 HWY. 90 W.
		(Number, street, rural route, apartment, or suite number)
		THEODORE, AL 36582 (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.

Accounting Period:	·	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)	2177
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or many condominiums.	ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	tobile nome parks should be reported in parentheses below the
-	CITY OR TOWN LIVINGSTON	STATE
First Community		AL AL
Community	YORK	AL
Add Rows as Necessary		

Accounting Period: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

2177

MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	666	40.49-65.60			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	1	40.49-65.60			
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	82.99
 Pay cable—add'l channel 	PP	Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
 Additional set(s) 	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		 Outlet relocation 	15.00-49.00		
		 Move to new address 			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)

2177

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
WABM-DT2 ABC	36.2	N-M	Birmingham, AL
WBIH IND	29	<u>l</u>	SELMA, AL
WGBC-DT/WGBC-DT (HD) FOX	31.2	I-M	CHICAGO, IL
WGBC/WGBC NBC (HD)	31	N	MERIDIAN, MS
WIIQ/WIIQ(HD) PBS	19	E	DEMOPOLIS, AL
WIIQ-DT2 PBS Kids	19.2	E-M	DEMOPOLIS, AL
WIIQ-DT3 PBS Create	19.3	E-M	DEMOPOLIS, AL
WIIQ-DT4 PBS World	19.4	E-M	DEMOPOLIS, AL
WMDN/WMDN(HD) CBS	24	N	MERIDIAN, MS
WMDN-DT2 Bounce	24.2	I-M	MERIDIAN, MS
WMDN-DT3 Cozi TV	24.3	I-M	MERIDIAN, MS
WTOK/WTOK(HD) ABC	11	N	MERIDIAN, MS
WTOK-DT2 MyNet	11.2	I-M	MERIDIAN, MS
WTOK-DT3 (CW)	11.3	I-M	MERIDIAN, MS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM SOUTHEAST LLC (YORK/LIVINGSTON, AL)

2177

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).

0411 010::		0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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ccounting Perio	od: 2020/1							FORM	I SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			IGSTON, AL)					SYSTEM ID
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 "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subs clear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call	E: SPECIAL tify every nonner accounting perioning that must be triod, did your of ation? D'', leave the re E PROGRAM stitute program ace, please ad the of every nonner agulations, or a tries like "movie". Bulls." m was broadca sign of the sta	STATEME etwork televi iod, under sp be included i lING SUBS cable syster est of this pa IS n on a separ dd additional network tele n and that y authorization es" or "bask east live, ente ation broadc 's location (f	NT AND PROGRAM LO sion program, broadcast by ecific present and former Fn this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute based at a line. Use abbreviation rows to the tables. Vision program ("substitute but cable system substitute our cable system substitute as the system of the general system of the general system. Otherwise enter asting the substitute progue the community to which the	y a distant star CC rules, reg he general ins asis, any nonr s "Yes," you r s wherever po e program") the ted for the proeral instruct am titles, for e "No." ram. he station is lice	network te must com possible, if mat, during pogrammin ions for fu example, '	plete their n	on programme pro	tem carried on a ns. For a further A1-2 form. Tam X NO gram g is ing station tion. or
	first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let	ive "5/7." nes when the s . Example: a p	substitute pro program cari	• •	r cable systei 1:15 p.m. to 6	m. List the :28:30 p.i	e times m. sho	accura uld be	ately
	was substituted for prograteffect on October 19, 1976	and regulation mming that you S.	ns in effect d ur system w	uring the accounting perions as permitted to delete und	od; enter the I der FCC rules WHE	etter "P" i and regu	f the lisulations	sted prosing	ogram
	was substituted for prograteffect on October 19, 1976	and regulation mming that you S.	ns in effect d ur system w PROGRAM	uring the accounting perions as permitted to delete und	od; enter the I der FCC rules WHE CARRI	etter "P" i and regu N SUBST	f the lisulations	sted prosing	
	was substituted for prograteffect on October 19, 1976	and regulation mming that you. S. SUBSTITUTE F 2. LIVE? 3.	ns in effect d ur system w	uring the accounting perions as permitted to delete und	od; enter the I der FCC rules WHE	etter "P" i and regu N SUBST	f the lisulations	sted prosing	ogram 7. REASON FO
	was substituted for prograt effect on October 19, 1976	and regulation mming that you. S. SUBSTITUTE F 2. LIVE? 3.	ns in effect dur system w PROGRAM STATION'S	uring the accounting perions as permitted to delete und	od; enter the I der FCC rules WHE CARRI. 5. MONTH	etter "P" i and regu N SUBST AGE OC	f the lisulations	sted prosing	ogran 7. F

counting Period:						A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (YO	RK/LIVINGSTON, AL)			\$	SYSTEM ID 217
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this sp all amounts (gross receipts) paid to your ca (as identified in space E) during the accour page (vii) of the general instructions locate Gross receipts from subscribers for se	able system by subscribers for the nting period. For a further explana d in the paper SA1-2 form. condary transmission service(s)	system's s tion of how	secondary transr to compute this	mission service amount, see	
	during the accounting period IMPORTANT: You must complete a statem				-	55,807.56 ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts Use block 2 if the amount of gross receipts Use block 3 if the amount of gross receipts See page (vi) of the general instructions locate	in space K is \$137,100 or less in space K is more than \$137,100 in space K is more than \$263,800	0 but less t	han \$527,600	\$263,800	
	BLOC	K 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS		
	Instructions: As a cable system with gross reaccounting period is \$52.00	ceipts of \$137,100 or less, the roya	alty fee that	you must pay fo	r this six-mon	
	•					
	Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount fro					0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE F	OR ACCOUNTING PERIOD. Add	lines 1 and	12		
	BLOCK 2: GROSS	RECEIPTS OF \$263,800 OR LE	ESS (but n	nore than \$137,	100)	
	Base amount under statutory formula		. \$	263,800.00		
	2. Enter amount of gross receipts from space	э К	\$	155,807.56	<u>.</u>	
	3. Subtract line 2 from line 1		\$	107,992.44	 _	
	4. Enter the amount of gross receipts from s	pace K		\$	155,807.56	
	5. Enter the amount from line 3			\$	107,992.44	
	6. Subtract line 5 from line 4			\$	47,815.12	
	7. Multiply line 6 by .005 (enter figure here) .				\$	239.08
	8. Interest charge. Enter the amount from lin	ne 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR	ACCOUNTING PERIOD. Add lines	7 and 8		\$	239.08
	BLOCK 3: GROSS F	RECEIPTS OF MORE THAN \$26	63,800 (bu	it less than \$52	7,600)	
	Enter the amount of gross receipts from s	pace K				
	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 lir	ne 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR	ACCOUNTING PERIOD. Add lines	4, 5, and 6	S		
	FII ING FFI	E AND TOTAL REMITTANCE D	UF			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Perio	d (from Block 1, 2, or 3, above)		\$	239.08	
Due	2. Filing Fee (See the instructions for more in	nformation on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNT!	NG PERIOD. Add lines 2 and 3.			\$	259.08
		=			<u> </u>	_55.00

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (YORK/LIVINGSTON, AL)	SYSTEM ID# 2177
M Channels	to its subscribers, 1. Enter the total r	u must give (1) the number of channels on which the cable system carried television broadcast stations, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations.	19
	on which the cal	number of activated channels ble system carried television broadcast stations ast services	70
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.)	
for Further Information	Address	Kenneth J. Kohrs Telephone 845-4 One Mediacom Way	!43-2762
		(Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email	Copyrights@mediacomcc.com Fax (optional)	
O Certification	I, the undersigned (Owner	This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, but only one, of the boxes.) The other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system ine 1 of space B and that the owner is not a corporation or partnership; or or 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 lir	the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	case space
		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: Kenneth J. Kohrs	
		Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
		Date: 8/12/2020	

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SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copylowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts 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 Name Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions located time 1. Enter the amount of late payment or underpayment.	right Act by adding the fol- cable system for the basic system shall not include sub- s pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copylowing sentence: "In determining the total number of subscribers and the gross amounts paid to the conservice of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts 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 Name Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions located.	right Act by adding the fol- cable system for the basic system shall not include sub- s pursuant to section 119."	P Special Statement Concerning Gross
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Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions located.		
Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions located to the second of the second		
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You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions located		
For an explanation of interest assessment, see page (viii) of the general instructions locate	e navment or undernavment	
Line 1 Enter the amount of late payment or underpayment		Q
		Interest Assessment
	v	
	^	
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		
	x 0.00274	
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	\$ -	
in space 2, (page 5) steek 1, into 2, or steek 2 into 6, or steek 6 into 6	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	For further assistance please	
** 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 list below the owner, address, first community served, ID number, and accounting period a		
Owner		
Owner Address		
ID number		
First community served Accounting period		

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