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				
08/27/2020	\$ ALLOCATION NUMBER				

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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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 CHANGE WALLING ADDRESS OF CARLE OVERTIME
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		INTERSTATE CABLEVISION COMPANY
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		FMTC-SWT, INC d/b/a OMNITEL COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 229 (Number, street, rural route, apartment, or suite number)
		TRURO, IA 50257-0229 (City, town, state, zip)
		(city, town, state, zp)
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		IDENTIFICATION OF CABLE SYSTEM:
System:	1	
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	INTERSTATE CABLEVISION COMPANY	629
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated communication discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	munities within unincorporated areas and including single will serve as a form of system identification hereafter kno
Area		the parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	EMERSON	IA
ommunity	HENDERSON	iA
	IMOGENE	IA
ows as Necessary	CARSON	IA

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

INTERSTATE CABLEVISION COMPANY

8YSTEM ID# 62917

E

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		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	110	99.95	ESSENTIAL PACKAGE	25	36.95
 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			
 Pay cable—add'l channel 		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: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62917

INTERSTATE CABLEVISION COMPANY

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
KMTV-DT3	2	N	OMAHA, NE
KMTV-DT3	3	N	OMAHA, NE
KMTV-HD	4	N	OMAHA, NE
KMTV-DT2	5	N	OMAHA, NE
WOWT	6	N	OMAHA, NE
WOWT-HD	7	N	OMAHA, NE
WOWT-DT2	8	N	OMAHA, NE
WOWT-DT3	9	N	DES MOINES, IA
KDIN	11	E	DES MOINES, IA
KDIN-HD	12	E	DES MOINES, IA
KDIN-DT2	13	E	DES MOINES, IA
KDIN-DT2	14	E	OMAHA, NE
KXVO	15	1	OMAHA, NE
KXVO-HD	16	<u> </u>	OMAHA, NE
KXVO-DT2	17	<u> </u>	OMAHA, NE
KPTM	18	N	OMAHA, NE
KPTM-DT	19	N	OMAHA, NE
KPTM-DT2	20	N	OMAHA, NE
KETV	21	N	OMAHA, NE
KETV HD	22	N	OMAHA, NE
KETV-DT2	23	N	OMAHA, NE
KDIN-DT3	24	E	DES MOINES, IA
KDIN-DT4	25	E	DES MOINES, IA

counting Period:	2020/1			FORM SA1-2E	. PAGE 3					
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYST	EM ID#					
Name	INTERSTATE CABLE	/ISION COMPANY			62917					
	PRIMARY TRANSMITTERS: TELEVISION									
G	In General: In space G, identify every television station (including translator stations and low power television stations)									
0		carried by your cable system during the accounting period, <i>except</i> (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 Transmitters:	(// / / / /	(2) and (4), or 76.63 (referring to 76.63) explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain sta	tions carried on a						
Television	1 0	s explained in the next paragraph. With respect to any distant stations of	carried by your cable system on a su	bstitute 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								
	Column 3: Indicate in each	f license. For example, WRC is channel 4 in Washington, D.C. olumn 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 te	or 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						
	KXVO-DT3	26	<u> </u>	OMAHA, NE						
	KXVO-DT4	27	l	OMAHA, NE						
Add Rows as Necessary	KPTM-DT3	28	I I	OMAHA, NE						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

INTERSTATE CABLEVISION COMPANY

62917

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
	 						
	 						
	 						
	 						
							
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

A	4. 2020/1						FORM	4044 OF BAOF 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				FURI	SYSTEM ID#
Name	INTERSTATE CABLE							62917
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN* • During the accounting per broadcast by a distant state Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car	E: SPECIA ify every no. ccounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant star gulations, or ries like "mo Bulls." m was broa sign of the adcast statin adian statin	AL STATEME nnetwork telev. eriod, under syst be included RNING SUBS ur cable system e rest of this pa AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the	ision program, broadcast by becific present and former Frin this log, see page (v) of the triple of triple of the triple of triple of triple of the triple of	a distant sta CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the d for the proper all instruct am titles, for each	ulations, of structions network temust com ossible, if hat, during ogrammin ions for fuexample, 'censed by entified).	representation of the paper S elevision progentation pro	tem carried on a ns. For a further A1-2 form. ram X NO gram g is ing station tion. or
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	es when the Example: a er "R" if the and regulation in that y	a program car e listed prograr ions in effect d your system w	m was substituted for progr luring the accounting perio as permitted to delete und	:15 p.m. to 6 ramming that d; enter the I ler FCC rules WHE	t your systetter "P" is and regu	m. should be tem was <i>requ</i> f the listed pro ulations in	iired
	5			TE PROGRAM		CARRIAGE OCCURRED 5 MONTH 6. TIMES		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: INTERSTATE CABLEVISION COMPANY	SY	STEM ID# 62917
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 transr (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.	mission service amount, se	,391.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	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 \$100.00 the second of 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.	\$263,80(
	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 the accounting period is \$52.00	his 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 \$137,1)	00)	
	1. Base amount under statutory formula		
	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
	o. Interest charge. Enter the amount from line 4, space Q, page o		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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due		52.00	
	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 Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name	INTERSTATE CABI	ER OF CABLE SYSTEM: LEVISION COMPANY		SYSTEM ID# 62917
M Channels	to its subscribers, and The subscribers, and Subscribers, and	d (2) the cable system's total nuber of channels on which the clision broadcast stations		26
		system carried television broad ervices	cast stations	268
N Individual to Be Contacted		CONTACTED IF FURTHER IN this statement of account.)	IFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name JE	NNIFER GARRELS	Telephone 64*	1-765-4401
	(Nur	5 N WEST ST., PO BO) mber, street, rural route, apartment, or RURO, IA 50257 //, town, state, zip)	r suite number)	
	Email	jgarrels@omnitel.biz	Fax (optional)	
O Certification	I, the undersigned, he (Owner oth (Agent of o	ereby certify that (Check one, but the corporation or partner other than corporation or partner other	certified and signed in accordance with Copyright Office regulations) It only one, of the boxes.) In the owner of the cable system as identified in line 1 of space B; of the partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or	
		partner) I am an officer (if a co of space B.	rporation) or a partner (if a partnership) of the legal entity identified as owner	of the cable system
		d correct to the best of my know	y declare under penalty of law that all statements of fact contained herein ledge, information, and belief, and are made in good faith.	
			/s/ Josh Hveem The an electronic signature on the line above to certify this statement. The signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed nam	e: Josh Hveem	поминичникования поличникования поминичникования поминичникования
			ef Operating Officer sition held in corporation or partnership)	
		Date:	August 27, 2020	

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.

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TERSTATE CABLEVISION COMPANY	62917
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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\$	
Name	
Name Mailing Address Mailing Address	
NATIONAL ACCOUNTS	
INTEREST ASSESSMENT Volument complete this worksheet for these revelts necessary and provide deep result of a late necessary and annument	_
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	
x days	
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	
(interest charge)	_
* 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@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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