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

Return completed workbook by email to:

## 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 3/1/2021 \$ ALLOCATION NUMBER

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))	
		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.	24154
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. BOX 249 (Number, street, rural route, apartment, or suite number)	
		EXCELSIOR SPRINGS, MO 64024 (City, town, state, zip code)	
	I	have a set of the set	

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	2415
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor	
	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 fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	APPLETON CITY	MO
Community		
dd Rows as Necessary		
an nons as necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID		
Name	MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)								2415		
		•		· · · · · · · · · · · · · · · · · · ·							
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of	the cable			
—	system, that is, the retransmission	•		-		•					
Secondary	about other services (including p										
Transmission	last day of the accounting period	·				,					
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar										
Rates	each category by counting the n	,		0 / 1		•					
	separately for the particular serv							, enalged			
	Rate: Give the standard rate of	-	-					-			
	unit in which it is generally billed					ard rate variation	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block					condary transmis	sion servi	ce that cable			
	systems most commonly provide	•		•							
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the			
	first set" and would be counted of Block 2: If your cable system	0			( )	service that are	different	from those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a						,				
	sufficient.										
	BLOCK 1						BLOCH	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		41	27.90-49.09							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		0	27.90-49.09							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
F	In General: Space F calls for ra	•	,		-	• •					
I	not covered in space E, that is, t					,					
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• •	,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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	BLOCK 2		
		BLOC									
	CATEGORY OF SERVICE		CATE	GORY OF SEF	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SEF ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE		
		RATE	Install			RATE	CATEGO Family		RATE 76.9		
	Continuing Services:	RATE	Install • Mo	ation: Non-res		RATE					
	Continuing Services: • Pay cable	RATE PP	Install • Mo • Co	ation: Non-res otel, hotel		RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE PP	Install • Mo • Co • Pa	ation: Non-res otel, hotel mmercial	sidential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE PP	Install • Mc • Co • Pa • Pa	ation: Non-res otel, hotel mmercial y cable	sidential	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE PP	Install • Mo • Co • Pa • Pa • Fir	<b>ation: Non-res</b> otel, hotel mmercial y cable y cable-add'l cl	<b>sidential</b> nannel	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE PP PP 49.99	Install • Mo • Co • Pa • Pa • Fin • Bu	<b>ation: Non-res</b> itel, hotel mmercial y cable y cable-add'l cl e protection	<b>sidential</b> nannel	RATE					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE PP PP 49.99	Install • Mc • Co • Pa • Pa • Fir • Bu Other	ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior	<b>sidential</b> nannel	RATE 49.00					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE PP PP 49.99	Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services:	<b>sidential</b> nannel						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE PP PP 49.99	Install • Mc • Co • Pa • Fa • Bu • Bu Other • Re • Dis	ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	<b>sidential</b> nannel						

lame	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTI					
ame	MEDIACOM SOUTH	EAST LLC (APPLETON CITY, MC	0)						
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: elevision	<ul> <li>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, <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 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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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.</li> <li>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.</li> <li>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 multicast), "I" (for independent), "I-M"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> </ul>								
	(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. <b>Column 4:</b> 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					
	KCPT PBS	18	E	KANSAS CITY, MO					
	KCWE CW	31	<b>I</b>	KANSAS CITY, MO					
s as Necessary	КМВС АВС	29	N	KANSAS CITY, MO					
	KMOS PBS	15	E	SEDALIA/WARRENSBURG, MO					
	KOAM CBS	7	N	PITTSBURG, KS					
	KODE ADO	43	N	JOPLIN, MO					
	KODE ABC	•		• •					
	KODE ABC KOLR CBS	10	N	SPRINGFIELD, MO					
		10 31	N						
	KOLR CBS			SPRINGFIELD, MO					
	KOLR CBS KPXE ION	31		SPRINGFIELD, MO KANSAS CITY, MO					
	KOLR CBS KPXE ION KSHB NBC	31 42	I N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					
	KOLR CBS KPXE ION KSHB NBC KSNF NBC	31 42 46	I N N	SPRINGFIELD, MO KANSAS CITY, MO KANSAS CITY, MO JOPLIN, MO					

LEGAL NAME OI			C (APPLETON CITY, MC	D)				SYSTEM I 241
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat	y the sys be recei t the Co sign of e he statio ion's sign	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processo	: the system's hea system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge	) it can l ertain st eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locatio	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM SOUTHEA	AST LLC	(APPLETO	N CITY, MO)				24154
	SUBSTITUTE CARRIAG				G			
	In General: In space I, ident					tion that you	r ochlo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN				0		•••	
Special	During the accounting pe				isis anv nonr	network telev	vision prog	am
Statement and	broadcast by a distant sta	-		in ourly, on a substitute bu	iolo, any nom			
Program Log	DIDAUCASI DY A DISIAITI SIA						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must comple	ete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	j is
	clear. If you need more spa				program") ti	hat during t	ha account	ing
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general catego	ries like "m						
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by th	e FCC or	in
	the case of Mexican or Cal							
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m.	should be	
			e listed prograr	n was substituted for prog	ramming that	t vour svster	n was <i>requ</i>	ired
	to delete under FCC rules				0			
	was substituted for program	-	your system w	as permitted to delete und	ler FCC rules	and regulat	tions in	-
	effect on October 19, 1976	i.						
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						_	_	
						_	-	
		1						
			+				-	
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						- - - - - - - - - - - - - - - - - - -		

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	S	YSTEM ID# 24154
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	0,724.22 sss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	this six-mon	
	accounting period is \$52.00 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         \$         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)	
	1. 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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (APPLETON CITY, MO)	SYSTEM ID# 24154
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	11 55
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Kenneth J. Kohrs	845-443-2762
Information	Address       One Mediacom Way (Number, street, rural route, apartment, or suite number)         Mediacom Park, NY 10918 (City, town, state, zip)       Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia 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)]</li> </ul>	system as identified mer of the cable system
	X       /s/ Kenneth J. Kohrs         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:       2/15/2021	

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unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (APPLETON CITY, MO)	2415
<ul> <li>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:</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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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