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
	rry Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
-	ictions are located	08/17/2021	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
	2021/1	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 subsidiary, not that of the parent co		iary of another corporation, give the full corpora	ate title of
Owner	List any other name or names under whi	ch the owner conducts the business of th	e cable system.	
	-	e accounting period, only the owner on th yment covering the entire accounting per	ne last day of the accounting period should subn riod.	nit a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	issigned by the Licensing Division.	63088
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Webster-Calhoun Cooperative Tele	•		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		

 

 MAILING ADDRESS OF OWNER OF CABLE SYSTEM

 1106 Beek Street, PO Box 475

 [Number, steet, rural route, apartment, or suite number]

 Gowrie, IA 50543

 [City, town, state, zip)

 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 1
 IDENTIFICATION OF CABLE SYSTEM:

 2
 NAILING ADDRESS OF CABLE SYSTEM:

 (City, town, state, zip code)
 INIMEDIA

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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Webster-Calhoun Cooperative Telephone Association	630
	Instructions: List each separate community served by the cable system. A "commur	nity" is the same as a "community unit" as defined in FCC rule
Р	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as 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	home parks should be reported in parentheses below the
Area		nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Gowrie	lowa
Community		
Community	Pilot Mound	lowa
	Churdan	lowa
d Rows as Necessary	Vincent	lowa
	Thor	lowa
	Knierim	lowa
	Somers	lowa
	Badger	lowa
	Lanyon	lowa
	Farnhamville	
		lowa
	Boxholm	lowa
	Duncombe	lowa
	Moorland	lowa
	Barnum	lowa
	Clare	lowa
	Paton	lowa
	Lohrville	lowa
	Manson	lowa
	Rockwell City	lowa

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name	Webster-Calhoun Coop	erative Tele	ephon	e Associati	on				6308
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s					ry transmission s	service of t	ne cable	
	system, that is, the retransmission					•			
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	<b>`</b>		,	,	,	ole system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	e number o	of persons or org	anizations	charged	
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc						s wiu iir a p		
	Block 1: In the left-hand block					condary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	nore secon	idary transmissio	ons), list the	em, together	
	with the number of subscribers a	and rates, in th	e right-h	nand block. A t	wo- or thre	e-word descript	ion of the s	ervice is	
	sufficient. BL0	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIAD		TUTE	0,111		(VIOL	CODCORDERCO	10(11
	Service to first set		153	34.95	Basic			564	88.9
	Service to additional set(s)			0.100	Extend	ed		731	####
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			•••••						
	SERVICES OTHER THAN SEC	•••••							
F	In General: Space F calls for ra								
I	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Transmissions:	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a				-				
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	sidential				
	• Pay cable		• Mo	tel, hotel					
	Pay cable—add'l channel		• Co	mmercial					
	Fire protection		• Pay	y cable					
	•Burglar protection		• Pay	y cable-add'l cl	nannel				
	Installation: Residential		• Fire	e protection					
	• First set		• Bur	rglar protection	I				
	<ul> <li>Additional set(s)</li> </ul>		Other	services:					
	• FM radio (if separate rate)		• Red	connect					
	• Converter		• Dis	connect					
	-								
			• Out	tlet relocation					
			_		ress				

200	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
ame	Webster-Calhoun Co	operative Telephone Associati	on	63				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	•	entify every television station (including or during the accounting period, <i>excep</i>	•	,				
	FCC rules and regulations	in effect on June 24, 1981, permitting the	ne carriage of certain network progr	rams [sections				
imary mitters:		(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(1(e)(2)  and  (4))];  and  (2)  certain states	ations carried on a				
evision	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 her	re in space G—but do list it in space I (t	he Special Statement and Program	Log)—if the				
	<ul> <li>station was carried only or</li> <li>List the station here, and</li> </ul>	n a substitute basis. also in space I, if the station was carrie	d both on a substitute basis and als	o on some other				
	basis. For further informati	on concerning substitute basis stations,	see page (v) of the general instruct	tions.				
		on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	-	-				
	"WETA-2" as the same on <b>Column 2</b> : Give the chann	the form. The number the FCC assigned to the tele	evision station for broadcasting over	the air in its community				
	of license. For example, W	/RC is channel 4 in Washington, D.C.	Ŭ	2				
		h case whether the station is a network ering the letter "N" (for network), "N-M" (	•					
	,	), "E" (for noncommercial educational), o		ional multicast).				
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		n is licensed by the				
	FCC. For Mexican or Cana	adian stations, if any, give the name of t	he community with which the station	n is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KDIN	11	E	Des Moines				
	KDINDT	11.1	E	Des Moines				
as Necessary	KDIND2	11.2	E	Des Moines				
s as Necessary								
	KDINDT3	11.3	E	Des Moines				
	KDINDT3 KCCI	11.3 8	E					
				Des Moines				
	KCCI	8	E	Des Moines Des Moines				
	KCCI KCCIDT	8 8.1	E	Des Moines Des Moines Des Moines				
	KCCI KCCIDT KCCID2	8 8.1 8.2	E	Des Moines Des Moines Des Moines Des Moines				
	KCCI KCCIDT KCCID2 KCWI	8 8.1 8.2 23	E	Des Moines Des Moines Des Moines Des Moines Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT	8 8.1 8.2 23 23.1	E	Des Moines Des Moines Des Moines Des Moines Des Moines Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM	8 8.1 8.2 23 23.1 56.1 17	E	Des Moines Des Moines Des Moines Des Moines Des Moines Des Moines Des Moines Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT	8 8.1 8.2 23 23.1 56.1 17 17.1	E	Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2	8 8.1 8.2 23 23.1 56.1 17 17.1 17.2	E	Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2 KDSMD3	8 8.1 8.2 23 23.1 56.1 17 17.1 17.1 17.2 17.3		Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2 KDSMD3 WHO	8 8.1 8.2 23 23.1 56.1 17 17.1 17.2 17.3 13	E E E I I I I I I I E	Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2 KDSMD3 WHO WHODT	8           8.1           8.2           23           23.1           56.1           17           17.1           17.2           17.3           13           13.1	E E E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMD7 KDSMD2 KDSMD3 WHO WHODT WHOD2	8           8.1           8.2           23           23.1           56.1           17           17.1           17.2           17.3           13           13.1           13.2		Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2 KDSMD3 WHO WHODT WHOD2 DHOD3	8 8.1 8.2 23 23.1 56.1 17 17.1 17.2 17.3 13 13.1 13.2 13.3		Des Moines         Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2 KDSMD3 WHO WHODT WHOD2 DHOD3 WOI	8         8.1         8.2         23         23.1         56.1         17         17.1         17.2         17.3         13         13.1         13.2         13.3         5		Des Moines         Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2 KDSMD3 WHO WHODT WHOD2 DHOD3	8 8.1 8.2 23 23.1 56.1 17 17.1 17.2 17.3 13 13.1 13.2 13.3		Des Moines				
	KCCI KCCIDT KCCID2 KCWI KCWIDT KDMI KDSM KDSMDT KDSMD2 KDSMD3 WHO WHODT WHOD2 DHOD3 WOI	8         8.1         8.2         23         23.1         56.1         17         17.1         17.2         17.3         13         13.1         13.2         13.3         5		Des Moines         Des Moines				

EGAL NAME O			ve Telephone Associati	on				SYSTEM II 630
	t every radio s	station c	) arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 11 ignal, indicate Column 4: 0	i it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta this by placin Give the statio	y the sy be rece ut the Co I sign of the stati tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received wived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process of mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's FM an system's FM an this point, see pa sed by the cable the station is lice	neadend, and itenna, during age (v) of the e system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·			·	
	·							

Accounting Perio	od: 2021/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Webster-Calhoun Coo	perative 1	Telephone A	Association				63088
	SUBSTITUTE CARRIAGE				G			
1		-	-			4		
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· ·	•	, 0	, ,		
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	." leave the	rest of this pa	ge blank. If vour answer is	s "Yes." vou i	must comp	lete the prod	ram
	log in block 2.	,		g	, <b>,</b> , ,			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			ate line. Use abbreviations	s wherever p	ossible. if t	their meaning	ı is
	clear. If you need more spa					,		,
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant stat	tion and that y	our cable system substitut	ed for the pr	ogrammin	g of another s	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter	'No."			
				asting the substitute progr				
				he community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	lls, with the n	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program cari	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.n	n. should be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syst	em was <i>requ</i>	ired
	to delete under FCC rules a							
	was substituted for program							gram
	effect on October 19, 1976.	• •	, ,	I		5		
						N SUBST		
	SI	UBSTITUT	E PROGRAM		CARR	AGE OCO		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
				·				
							-	
1		+	1	1		F		+

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Webster-Calhoun Cooperative Telephone Association	SYSTEM ID# 63088
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)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service
L 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi accounting period is \$52.00. Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	is six-month 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
		o)
	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 \$527,6	00)
	1. Enter the amount of gross receipts from space K       \$ 352,661.00	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	888.61
	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	\$ 2,207.61
	-	
	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)	2,207.61
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,227.61
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register on See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the page is a set of the general instruction of the page is a set of the set of th	

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: oun Cooperative Telephon	e Asso	ciation	SYSTEM ID# 63088
M Channels	to its subscriber	rs, and (2) the cable system's to al number of channels on which	tal numl the cab		22
	2. Enter the tota on which the o	d television broadcast stations . al number of activated channels cable system carried television t cast services	oroadcas		193
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	Marcie Boerner		Telephone	(515) 352-3151
	Address	1106 Beek Street, PO (Number, street, rural route, apartm Gowrie, IA 50543 (City, town, state, zip)	Box 4 ent, or su	175 lite number)	
	Email	marcieb@wccta	com	Fax (optional) 515-352-302	25
O Certification	I, the undersign     (Own     (Agen     in     X     (Offi     in     · I have examine	ned, hereby certify that (Check or er other than corporation or part of owner other than corporation line 1 of space B and that the ov cer or partner) I am an officer (if line 1 of space B. ed the statement of account and hete, and correct to the best of my	ne, <i>but or</i> artnersh tion or p vner is n a corpo nereby d	rtified and signed in accordance with Copyright Office regulations) <i>nly one</i> , of the boxes.) <b>iip)</b> I am the owner of the cable system as identified in line 1 of space <b>bartnership)</b> I am the duly authorized agent of the owner of the cable iot a corporation or partnership; or wration) or a partner (if a partnership) of the legal entity identified as or leclare under penalty of law that all statements of fact contained here lge, information, and belief, and are made in good faith.	e B; or e system as identified wner of the cable system
				/s/ Daryl Carlson electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Daryl Carlson	
				General Manager on held in corporation or partnership)	
		Date:		8/17/2021	
Drivoov Act Notice	Continue 111 of Titl	a 17 of the United States Code out	horizon f	he Copyright Office to collect the personally identifying information (PII) r	

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 filing, a determination that would be made by a court of law.

unting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
oster-Calhoun Cooperative Telephone Association	6308
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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