This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
8-4-21	\$ 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	ACCOUNTING 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.	239				
		T					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		Waldron Communication Company					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		P.O. Box 197					
		(Number, street, rural route, apartment, or suite number)  Waldron, MI 49288					
		(City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	ļ .	MAILING ADDRESS OF CABLE SYSTEM:					
		MAILING ADDRESS OF CADLE STOTEM.					
	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.

Accounting Period:	2021/1						
	1	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Waldron Communication Company	63239					
	Instructions: List each separate community served by the cable system. A "co						
D	separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	ed communities within unincorporated areas and including single, discrete					
	community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter known as the first					
	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the identified					
Area	city.						
Served							
	CITY OR TOWN	STATE					
First	Village of Waldron	MI					
Community	Medina Township	MI					
	Wright Township	MI					
Add Rows as Necessary							
	Village						

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63239

### **Waldron Communication Company**

## 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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	45	33.09	Expanded Basic	33	55.20		
Service to additional set(s)			HDBasic alone or w/variety	5	0.00		
FM radio (if separate rate)			Variety Tier	14	8.24		
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.

	BLO		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Cinemax	15.79
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	18.53
Fire protection		• Pay cable		Showtime	16.25
•Burglar protection		Pay cable-add'l channel		Starz	12.99
Installation: Residential		Fire protection			
• First set	24.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation	45.00		
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

**Waldron Communication Company** 

63239

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
WBGU-DT	27	E	Bowling Green, OH
WBGU-CREATE	27.1	E-M	Bowling Green, OH
WBGU-ENCORE	27.2	E-M	Bowling Green, OH
WBGU-HD	27.3	E-M	Bowling Green, OH
WGTE-DT	29	Е	Toledo, OH
WGTE-CREATE	29.1	E-M	Toledo, OH
WGTE-FAMILY	29.2	E-M	Toledo, OH
WGTE-HD	29.3	E-M	Toledo, OH
WLMB-DT	5	l	Toledo, OH
WNWO-DT	49	N	Toledo, OH
WNWO-TBD	49.1	N-M	Toledo, OH
WNWO-HD	49.3	N-M	Toledo, OH
WNWO-Comet	49.4	N-M	Toledo, OH
WTOL-DT	11	N	Toledo, OH
WTOL-Justice	11.1	N-M	Toledo, OH
WTOL-HD	11.2	N-M	Toledo, OH
WTOL-GRIT	11.3	N-M	Toledo, OH
WTVG-DT	13	N	Toledo, OH
WTVG-CW	13.1	N-M	Toledo, OH
WTVG-WEATHER	13.2	N-M	Toledo, OH
WTVG-MeTV	13.4	N-M	Toledo, OH
WTVG-HD	13.3	N-M	Toledo, OH
WUPW-DT	46	l	Toledo, OH
WUPW-BOUNCE	46.1	I-M	Toledo, OH

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Waldron Communication Company

63239

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), 76.61(e)(2) and (4), 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUPW-HD	46.2	I-M	Toledo, OH
WUPW-Escape	46.3	I-M	Toledo, OH

SYSTEM ID#

FORM SA1-2E. PAGE 4.

#### **Waldron Communication Company**

63239

#### 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).

	1		T	1 -	1	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	d: 2021/1 LEGAL NAME OF OWNER OF	0 A D.I. F. 0.V.O.T.							FORM	M SA1-2E. PAGE 5.	
Name	Waldron Communicati									63239	
	SUBSTITUTE CARRIAGE	SPECIA	I STATEMEN	T AND PROGRAM I O	)G						
<b> </b> Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE							
Special	During the accounting peri				asis	any nonne	twork telev	ision r	orogram	1	
Statement and		•	. dable eyetem	ourly, or a outomate be	u0.0,	arry mornio					
Program Log	broadcast by a distant station?  YES NO  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program.										
	log in block 2.	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori	itute progra ce, please a of every no distant stati gulations, o ies like "mo	m on a separa add additional i nnetwork televi ion and that yo r authorizations	rows to the tables. ision program ("substitut ur cable system substitu s. See page (v) of the ge	te pro uted t	ogram") tha for the prog al instructio	it, during th ramming c ns for furth	ne acc of anot er info	ounting ther stat		
	"NBA Basketball: 76ers vs.  Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv	n was broad sign of the s dcast statio adian statio th and day	station broadca on's location (th ons, if any, the o	sting the substitute prog ne community to which the community with which the	gram he st ne sta	ation is lice ation is ider	ıtified).			th	
	Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Example: a er "R" if the and regulation aming that y	i program carri listed program ons in effect du	ed by a system from 6:0 was substituted for prog ring the accounting peri	01:15 gram od; e	p.m. to 6:2 iming that y enter the let	8:30 p.m. our systen ter "P" if th	should n was e liste	d be <i>required</i> d progra	d	
						WHEN SUBSTITUTE					
	S	UBSTITUT	E PROGRAM	l I	_		AGE OCC			7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY	6. FROM	TIMES	ТО	5222.10.1	
								_			
								_			
								_			
								_			
								_			
								_			

Accounting Period:	2021/1	FORM S	A1-2E. PAGE 6						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Waldron Communication Company	s	YSTEM ID: 63239						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	ion service ount, see	8,801.94 oss receipts)						
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 \$263  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.	,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-month 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 \$137,100	•							
	1. Base amount under statutory formula								
	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)								
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
Due	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	3	67.00						
	Important: 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 for more information		nts!						

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWNER O					SYSTEM ID# 63239				
<b>M</b> 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									
						27				
	-	stem carried televisio				310				
N Individual to Be Contacted	INDIVIDUAL TO BE CO			NEEDED (Identify an inc	dividual to whom					
for Further Information	Name <b>Mark</b>	Bernath			Telephone	517-286-6400				
	(Numbe	Box 197 r, street, rural route, apartr	ent, or suite number)							
		Iron, MI 49288 wn, state, zip)								
	Email				Fax (optional					
0	CERTIFICATION (This sta	atement of account mu	st be certified and sign	ned in accordance with Co	opyright Office regulations)					
Certification	• I, the undersigned, hereb	oy certify that (Check or	e, but only one, of the l	poxes.)						
	(Owner other t	than corporation or p	artnership) I am the ow	ner of the cable system as	s identified in line 1 of space B	i; or				
			tion or partnership) l a e owner is not a corpora		nt of the owner of the cable s	ystem as identified				
		<b>rtner)</b> I am an officer (i of space B.	a corporation) or a par	tner (if a partnership) of the	e legal entity identified as own	er of the cable system				
		correct to the best of m		nalty of law that all statemen, and belief, and are made	ents of fact contained herein e in good faith.					
			X /s/ Mark E	Bernath						
		_ •		ature on the line above to co n "/s/ signature" (e.g., /s/ Jo						
		Typed or printed	name: Mark Be	rnath						
		Title:	President e of official position held in	corporation or partnership)						
		Date:			7/27/2021					

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.

ounting Period: 2021/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:
dron Communication Company		63239
SPECIAL STATEMENT CONCERNING GROSS RE The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the green service of providing secondary transmissions of primary scribers and amounts collected from subscribers received.  For more information on when to exclude these amounts, see the located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below	gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include subing secondary transmissions pursuant to section 119."  the note on page (vii) of the general instructions  amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments s For an explanation of interest assessment, see page (viii) of the		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	*	
Line 2 Multiply line 1 by the interest rate* and enter the sum he	ere	
	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		
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/ contact the Licensing Division at (202) 707-8150 or licensi	- '	
** This is the decimal equivalent of 1/365, which is the interest	est assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of a list below the owner, address, first community served, ID number		
Owner		
Owner Address		
Owner Address		

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.