THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

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

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
2-29-24	\$ ALLOCATION NUMBER			

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:				
Accounting Period	July 1-December 31, 202	23				
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee	rrect information beside it. the cable system. If the owner is a sub- ent corporation. ich the owner conducts the business of e accounting period, only the owner on e payment covering the entire accounting filing. If not, enter the system's ID num	the last day of the accounting period should submit	003833		
	Northland Cable Television, Inc (SENECA) 003833 2023/2					
	4 International Drive Rye Brook, NY 10573					
С	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.					
System	1 IDENTIFICATION OF CABLE SYSTEM: Northland Cable Television					
	MAILING ADDRESS OF CABLE SYSTEM: 615 N PINE STREET (Number, street, rural route, apartment, or suite nur SENECA, SC 29679 (City, town, state, zip code)	nber)				
D Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unin of system identification hereafter known	ommunity or municipal entitiy (includicorporated areas)." 47 C.F.R. 76. as the "first community." Please us	A "community" is the same as a "community un ding unincorporated communities within uninco 5(dd). The first community that list will serve a se it as the first community on all future filings. mobile home parks should be reported in para	rporated as a form		
First Community	CITY OR TOWN SENECA ANDERSON COUNTY (UNINC)	STATE SC SC	CITY OR TOWN NORRIS OCONEE CTY (UNINC WALHALLA	STATE SC SC		
	FIVE POINTS (UNINC OCONEE CENTRAL LIBERTY	SC SC	PENDLETON PICKENS	SC SC		
	CLEMSON	SC	PICKENS COUNTY (UNINC)	SC		

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 effects 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.

Form SA1-2c Rev 04/2011

FORM SA3. PAGE 1b.

Name	LEGAL NAME OF OWNER OF CABLE SYS Northland Cable Television, Inc			SYSTEM 0038
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
	SIX MILE	SC		
D	WALHALLA	SC	-	
ntinued)	WEST UNION	SC	-	
Area	WESTMINSTER	SC		
erved				
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			-	
				1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003833 Northland Cable Television, Inc (SENECA) SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 1,160 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 446 70.70 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 25.50 · Motel, hotel • Pay cable—add'l channel 16.00 Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 50.00 · Burglar protection · Additional set(s) 20.00 Other services: • FM radio (if separate rate) Reconnect 75.00 Converter Disconnect Outlet relocation 45.00

Move to new address

45.00

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Northland Cable Television, Inc (SENECA) 003833 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 prog Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme 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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL SIGN 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL OF STATION NUMBER WGGS-IND 16.1 **Greenville SC** I-M Greenville SC WHNS-Bounce .4 21.4 21.2 Greenville SC WHNS-Cozi .2 I-M WHNS-DT3 Ion Mystery 21.3 I-M Greenville SC Greenville SC WHNS-FOX 21.1 I-M Greenville SC WHNS-FOX HD 21.1 I-M WHNS-FOX VOD 21.1 I-M Greenville SC **Greenville SC** WHNS-Grit .5 21.5 I-M Asheville NC WLOS - ABC 13.1 Ν N-M Asheville NC WLOS - ABC HD 13.1 Asheville NC WLOS - Antenna TV 13.3 I-M WLOS-DT4 Nest 13.4 I-M Asheville NC Asheville NC WLOS-DT2 MNT 13.2 I-M Asheville NC WLOS-DT2 MNT HD 13.2 I-M I-M Anderson SC WMYA-DABL 40.1 Greenville SC WNTV-ETV World .3 29.3 E-M WNTV-PBS 29.1 E-M **Greenville SC** WNTV-PBS HD 29.1 E-M **Greenville SC Greenville SC** WNTV-PBS Kids .4 29.4 E-M Greenville SC 29.2 E-M WNTV-SCC.2 Spartanburg SC WSPA-CBS 7.1 Ν

7.1

WSPA-CBS HD

N-M

Spartanburg SC

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003833 Northland Cable Television, Inc (SENECA) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 prog Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncomme 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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL SIGN 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL OF NUMBER STATION WUNF-PBS 33.1 Ε Asheville NC I-M Asheville NC WYCW-CW 62.1 I-M Asheville NC WYCW-CW HD 62.1 WYCW-Rewind TV 62.3 I-M Asheville NC Greenville SC WYFF MeTV .2 4.2 I-M Greenville SC WYFF-NBC 4.1 Ν WYFF-NBC HD 4.1 N-M **Greenville SC**

FORM SA1-2. PAGE 4.									
LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (SENECA) 003833					Name				
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			
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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 the Copyright Office regulations on this point, see page (v) of the general instructions. 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).						Primary Transmitters: Radio			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION		CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF (CABLE SYST	EM:					SYSTEM ID:		
Name	Northland Cable Televi	sion, Inc	(SENECA)					003833		
	SUBSTITUTE CARRIAGE									
I Substitute	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.									
Carriage:										
Special Statement and Program Log	 During the accounting peri broadcast by a distant stat 		r cable system	carry, on a substitute bas	is, any nonne	etwork telev	vision program ⊡Yes	⊠No		
r rogram Log	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.									
	2. LOG OF SUBSTITUTE In General: List each substi			te line. Use abbreviations	wherever po	ssible. if the	eir meaning is			
	clear. If you need more space Column 1: Give the title of period, was broadcast by a	ce, please a of every no distant stati	attach additiona nnetwork televi on and that yo	al pages. sion program (substitute ur cable system substitute	orogram) that	, during the	e accounting of another stati	on		
	under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs.	es like "mo	r authorizations vies" or "baske	s. See page (v) of the gen tball." List specific progra	eral instruction titles, for ex	ons for furth cample, "I L	her information _ove Lucy" or	•		
	Column 2: If the program Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	am.		F00 i-			
	Column 4: Give the broathe case of Mexican or Cana	adian statio	ns, if any, the	community with which the	station is ide	ntified).		h		
	Column 5: Give the mon first. Example: for May 7 giv	e "5/7."								
	Column 6: State the time to the nearest five minutes.							•		
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	amming that	your systen	n was required			
	to delete under FCC rules a gram was substituted for pro	nd regulation	ons in effect du	ring the accounting period	d; enter the le	tter "P" if th	he listed pro			
	effect on October 19, 1976.	ogramming	triat your syste	in was permitted to delete	ander i oo	ruics and r	cgulations in			
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED				
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		. TIMES	FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u>			
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FORM SA1-2.	PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television, Inc (SENECA)	SYSTEM ID# 003833	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identifed in space E) during the accounting period. For a further explanation of how to compute this amo page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ion service ount, see	K Gross Receipts
	during the accounting period	\$ 339,453.00 (Amount of gross receipts)	
Instructions	T ROYALTY FEE 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 of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3,800	L Copyright Royalty Fee
	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	_	
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	I	
	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)		
	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	756.53	
	5. Royalty due on the first \$263,800 of gross recepits (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	2,075.53	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	2,075.53	
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	\$ 2,095.53	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	nore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Northland Cable Television, Inc (SENECA)	003833				
	CHANNELS					
M	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.					
Channels						
	1. Enter the total number of channels on which the cable	29				
	system carried television broadcast stations					
	Enter the total number of activated channels					
	on which the cable system carried television broadcast stations	149				
	and nonbroadcast services					
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom					
Individual to	we can write or call about this statement of account.)					
Be Contacted						
for Further	Name Marie Censoplano Telephone	914-235-8313				
Information						
	Address 4 International Dr Suite 330					
	(Number, street, rural route, apartment, or suite number)					
	Rye Brook, NY 10573					
	(City, town, state, zip)					
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-836	3				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	ations.				
0	as explained in the general instructions.)					
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or				
	(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	system as identified				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as or in line 1 of space B.	wner of the cable system				
	·					
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ed herein				
	[18 U.S.C., Section 1001(1986)]					
	Handwritten signature: /s/ $m{Daniel}~ m{J}~ m{White}$					
	Part Line					
	Typed or printed name: Daniel J White					
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)					
	(Title of official position field in corporation of partitership)					
	Date: 2/26/24					
	Date. 2/20/24					

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northland Cable Television, Inc (SENECA)	003833	Name
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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusively secondary transmissions pursuant to section	pasic ude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transm made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	issions	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	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 here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.002	74	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest ch	narge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original	-	
Owner Address		
ID number		
First community served		
Accounting period		

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 effects 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.