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
8/27/2024	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

r	
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2024/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20241 Barcode Data Filing Period (optional - see instructions)
Accounting	
Period	
	Instructions:
В	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.
	subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of
	account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	TDS Broadband Service LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Paia Preadhand
	Baja Broadband MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	525 Junction Rd.
	(Number, street, rural route, apartment, or suite number)
	Madison, WI 53717-2152
	(City, town, state, zip)
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:
	MAILING ADDRESS OF CABLE SYSTEM:
	MAILING ADDRESS OF CADLE STSTEM:
	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 sufficiency of the fling, a determination that would be made by a court of law.

accounting Period: 2	<u> </u>	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TDS Broadband Service LLC	10041
D	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated communitorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will secommunity." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	unities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "firs
Area Served	city.	
	CITY OR TOWN	STATE
First	Lovington	NM
Community	Lea County	NM
Add Rows as Necessary		

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

10041

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient

BLO	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF	RATE	CATEGORY OF SERVICE	NO. OF	RATE
Residential:	SUBSCRIBERS	RAIL	CATEGORY OF SERVICE	SUBSCRIBERS	RAIE
Service to first set	250	30.00			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	17	17.97/mo.			
Commercial					
Converter					
Residential	511	\$6/Mo.			
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	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	8.00-15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50		
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0 - \$49.95	Burglar protection			
 Additional set(s) 	\$0 - \$49.95	Other services:			
 FM radio (if separate rate) 		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVISION

SYSTEM ID# 10041

TDS Broadband Service LLC

PRIMARY TRANSMITTERS:

G

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
KOAT	7.1	N	Albuquerque, NM
KOAT-DT2	7.2	N-M	Albuquerque, NM
KOAT-DT3	7.3	N-M	Albuquerque, NM
KOAT-DT5	7.5	N-M	Albuquerque, NM
KBIM	10.1	N	Roswell, NM
KBIM-DT2	10.2	N-M	Roswell, NM
KOBR	4.1	N	Roswell, NM
KOB-DT2	4.2	N-M	Roswell, NM
KOBR-DT3	4.3	N-M	Roswell, NM
KLUZ	14.1	l	Albuquerque, NM
KUPT	29.1	l	Hobbs, NM
KRTN	39.1	l	Albuquerque, NM
KRTN-DT6	39.6	I-M	Albuquerque, NM
KASA	2.1	l	Santa Fe, NM
K42FX-D	42.1	Е	Hobbs, NM
KCHF	11.1	l	Albuquerque, NM
KASY	50.1	l	Albuquerque, NM
KWBQ	19.1	l	Santa Fe, NM
KCBD	11.1	N	Lubbock, TX

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10041 **TDS Broadband Service LLC** PRIMARY TRANSMITTERS: 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 Primary 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 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 program Television 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 4. LOCATION OF STATION 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION

Accounting Period: 2024/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

10041

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.



Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							

Accounting Period	2024/1						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM	:					SYSTEM ID#
Name	TDS Broadband Service	LLC						10041
ı	SUBSTITUTE CARRIAGE: In General: In space I, identify				stant station, that	your cable	system carried	l on a <i>substitute</i>
Substitute	basis during the accounting per programming that must be incl	eriod, under s uded in this lo	pecific present a og, see page (v)	nd former FCC rules, regula of the general instructions in	tions, or authoriz	ations. For		
Carriage: Special Statement and	1. SPECIAL STATEMENT							
Program Log	During the accounting perio		able system carr	ry, on a substitute basis, ar	iy nonnetwork te	elevision pro		V
	broadcast by a distant statio	n?					YES	× NO
	Note: If your answer is "No",	leave the res	t of this page bla	ank. If your answer is "Yes,	" you must com	plete the pr	ogram	
	log in block 2.							
	2. LOG OF SUBSTITUTE I					41		
	In General: List each substitution clear. If you need more space				ever possible, if	their mean	ing is	
	Column 1: Give the title of				am") that, during	g the accou	ınting	
	period, was broadcast by a d							
	under certain FCC rules, regu Do not use general categorie "NBA Basketball: 76ers vs. B	s like "movie						
	Column 2: If the program		st live, enter "Ye	s." Otherwise enter "No."				
	Column 3: Give the call sign					500		
	Column 4: Give the broad the case of Mexican or Cana					the FCC o	or, in	
	Column 5: Give the month	and day wh				als, with the	month	
	first. Example: for May 7 give Column 6: State the times		ihetitute program	was carried by your cable	evetem liet the	times acci	ırately	
	to the nearest five minutes. E	xample: a pr	ogram carried b	y a system from 6:01:15 p.	m. to 6:28:30 p.i	m. should b	e e	
	stated as "6:00–6:30 p.m."	"=" is it is it.						
	Column 7: Enter the letter to delete under FCC rules an							
	was substituted for programn						F 3	
	effect on October 19, 1976.							
					WHEN SU	BSTITUTE	CARRIAGE	
		SUBSTITUT	E PROGRAM			OCCURRE		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
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Accounting Period: 20	024/1	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	SYSTEM II
	TDS Broadband Service LLC		1004
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	vice e	
	during the accounting period	\$ 7	9,176.90 ss 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 \$263,800 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		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mo accounting period is \$52.00	onth	
	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
		•	50.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	1. Base amount under statutory formula	/	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	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		
	DLOOK 2, CDOSS PECEINTS OF MODE THAN 6252 000 /but less than 6527 65	10)	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	10)	
	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		
iling Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Remittance 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	\$	67.00
	EFT Trace # or TRANSACTION ID #]	
	Important: Vour comittenes must be in the form of an electronic neumant neural to the Positive of	Copyrights	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

U.S. Copyright Office Form (Rev. 05-17)

Accounting Period: 20	J24/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER TDS Broadband Serv				SYSTEM ID# 10041
M Channels	to its subscribers, and 1. Enter the total numl system carried tele 2. Enter the total numl on which the cable	d (2) the cable system's total number of channels on which the cable evision broadcast stations		period.	19
N Individual to Be Contacted		CONTACTED IF FURTHER INFOR this statement of account.)	RMATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name Za	neta Lewis		Telephone (608)	664-8517
	(Nun	5 Junction Rd mber, street, rural route, apartment, or suit adison, WI 53717 /, town, state, zip)	e number)		
	Email	finance@tdstelecom.com		Fax (optional)	
O Certification	I, the undersigned, here (Owner othe (Agent of ow in li X (Officer or in li I have examined the sta	er than corporation or partnership. where other than corporation or partine 1 of space B and that the owner partner) I am an officer (if a corpora line 1 of space B. atterment of account and hereby declad correct to the best of my knowledger.	ied and signed in accordance with Copyright Of one, of the boxes.) I am the owner of the cable system as identified rtnership) I am the duly authorized agent of the cis not a corporation or partnership; or tion) or a partner (if a partnership) of the legal en are under penalty of law that all statements of face, information, and belief, and are made in good	d in line 1 of space B; or owner of the cable system as identified titty identified as owner of the cable system as contained herein	em
		Enter Typed or printed name: Title: Ass	/s/ Sharon V. Tisdale an electronic signature on the line above to ce signature using an "/s/ signature" (e.g., /s/ Jol Sharon V. Tisdale istant Treasurer official position held in corporation or partnership)	•	
		Date:		August 23, 2024	

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2024/1		FORM SA1-2E. PAGE 8.
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Broadband Service LLC		10041
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuits."	system for the basic em shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.	al instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners? X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment	ment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment		Interest Assessment
		Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days x days (interest charge)	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days x days (interest charge)	Interest Assessment
Line 1 Enter the amount of late payment or underpayment. 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. 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fur contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Clist below the owner, address, first community served, ID number, and accounting period as given	x days x days x 0.00274 \$ (interest charge) inther assistance please	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days x days x 0.00274 \$ (interest charge) inther assistance please	Interest Assessment
Line 1 Enter the amount of late payment or underpayment. 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. 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 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fur contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Clist below the owner, address, first community served, ID number, and accounting period as given	x days x days x 0.00274 \$ (interest charge) inther assistance please	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days x days x 0.00274 \$ (interest charge) inther assistance please	Interest Assessment Interest Assessment

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