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				
08/23/2024	\$ 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

Α	ACC	OUNTING 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM General Communication Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number)
		Anchorage, AK 99503-2751 (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 these s 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:
	'	GCI Cable, Inc Wasilla
		MAILING ADDRESS OF CABLE SYSTEM:
	2	501 North Main St. ste. 130 (Number, street, rural route, apartment, or suite number)
		Wasilla, AK 99654 (City, town, state, zip code)

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		FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I							
Name	General Communication Inc. 344								
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know 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 Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile house identified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	Wasilla	AK							
Community	Palmer	AK							
d Rows as Necessary									
,									

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

General Communication Inc.

FORM SA1-2E. PAGE 2.

SYSTEM ID#

34409

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,611	\$14.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	\$14.99			
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$21.97	 Motel, hotel 		Digital Converter	5.99
 Pay cable—add'l channel 		Commercial		Tier 2	\$61.22
Fire protection		• Pay cable		Digital Tiers	14.25
Burglar protection		 Pay cable-add'l channel 		HD Tier	\$9.99
Installation: Residential		 Fire protection 		DVR Tuner	14.99
• First set	25.50	 Burglar protection 			
Additional set(s)	15.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	20.00		
Converter		Disconnect			
		 Outlet relocation 	20.00		
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34409

General Communication Inc.

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
KTUU	2.1	N	Anchorage, AK
KTUU-2	2.2	N-M	Anchorage, AK
КТВҮ	4.1	1	Anchorage, AK
KYES	5.1	<u> </u>	Anchorage, AK
KYES-2	5.2	I-M	Anchorage, AK
KYES-4	5.4	I-M	Anchorage, AK
KAKM	7.1	E	Anchorage, AK
KAKM-2	7.2	E-M	Anchorage, AK
KAKM-4	7.4	E-M	Anchorage, AK
KAKM-3	7.3	E-M	Anchorage, AK
KYUR	13.1	N	Anchorage, AK
KYUR-2	13.2	N-M	Anchorage, AK
KCFT	35.1	l	Anchorage, AK
KDMD-3	38.3	I-M	Anchorage, AK
KDMD-2	38.2	I-M	Anchorage, AK

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

34409

General Communication Inc.

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SYS	STFM:				FOR	SYSTEM ID#	
Name	General Communicati) I LIVI.					34409	
	General Communicati	ion inc.						34409	
Substitute Carriage:	SUBSTITUTE CARRIAGIN General: In space I, iden substitute basis during the explanation of the programment. SPECIAL STATEMEN	itify every no accounting p ming that mu	nnetwork televi period, under sp est be included	ision program, broadcast becific present and former in this log, see page (v) of	oy a <i>distant</i> sta FCC rules, reg	ulations, d	or authorization	ons. For a further	
Special	P Dunno me accountino penoo, dio vour cable system carry, on a substitute basis, any nonnetwork television brodram								
Statement and Program Log	it and								
0 0									
	log in block 2.	,	, , o o t o , ti o p c	age alailin ii year alleirei	, ,		p.010 ti.0 p.0	9	
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." In was broad a sign of the badcast statination and day ive "5/7." In es when the Example: "ter "R" if the and regulate mming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask adcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pro a program car e listed prograr ions in effect of	I rows to the tables. I rows to the tables. I vision program ("substitute our cable system substitutes. See page (v) of the gotetball." List specific program "Yes." Otherwise enter casting the substitute program community to which the community with which the stem carried the substitute or carried by your ried by a system from 6:00 m was substituted for program was carried for program was caused for program was substituted for program was substituted for program was substituted for program was carried by portions the accounting periods.	te program") ti uted for the program instruct ram titles, for e "No." gram. he station is lid te program. U ur cable syste 11:15 p.m. to 6 gramming that iod; enter the	hat, during ogrammir fions for fuexample, censed by lentified). se numer m. List the cizes:30 p. tyour systetter "P" i	g the accounting of another urther information. It is to be the following of the following the following the following the following of the listed point of the following of the	nting station ation. or , in month rately suired	
						J			
	,				1 1	N SUBS	TITUTE		
	,	SUBSTITUT	E PROGRAM		CARRI	N SUBS	TITUTE CURRED	7. REASON FOR DELETION	
	,	SUBSTITUT	E PROGRAM 3. STATION'S CALL SIGN		5. MONTH	N SUBS	TITUTE		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
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	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		
	S	SUBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	N SUBS [*] AGE OC	TITUTE CURRED TIMES		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: General Communication Inc.	S	(STEM II 3440
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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	ission service	
		\$ 177	,126.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	s six-month	
	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	0)	
	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	7,126.00	
	5. Enter the amount from line 3	6,674.00	
	6. Subtract line 5 from line 4	0,452.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	452.26
	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	\$	452.26
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	00)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		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 otal Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	452.26	
	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	\$	472.26
	EFT Trace # or TRANSACTION ID #		
	Important: 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		

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF General Communication					SYSTEM ID# 34409
M Channels	to its subscribers, and (2) to the subscribers, and the total number of the total number of the subscribers.	he cable system's to f channels on which broadcast stations.	otal number o	which the cable system carried te f activated channels during the ac		11
	and nonbroadcast service					295
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Cindy	Hall			Telephone	907-868-5615
	(Number, s	Denali Street, S street, rural route, apartr prage, AK 9950 , state, zip) chall2@gci.c	ment, or suite nur	mber)	Fax (optional) 907-868-	9817
O Certification	Owner other that (Agent of owner in line 1 of sp X (Officer or partr in line 1 of sp I have examined the stater	certify that (Check of an corporation or protection of pro	partnership) I a ation or partnership) I a ation or partnership is not a considerable of the constant of the c	d and signed in accordance with Cone, of the boxes.) am the owner of the cable system and corporation or partnership; or only or a partner (if a partnership) of the element of the system and the penalty of law that all state and owner	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ownents of fact contained hereinle in good faith.	system as identified vner of the cable system
		Date:			August 21, 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.

Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
General Communication Inc.	34409
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	
TEG. Effet the total here and list the satellite carrier(s) below	-
Name Mailing Address Mailing Address 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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
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 further assistance please 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 Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Quarter 1	
Owner Address	
ID number First community served Accounting period	n n

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