

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.

**SA3E  
Long Form**

Return completed workbook by  
email to:

[coplicsoa@loc.gov](mailto:coplicsoa@loc.gov)

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

**STATEMENT OF ACCOUNT**  
*for Secondary Transmissions by  
Cable Systems (Long Form)*

General instructions are located in  
the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
02/28/2025	\$
	ALLOCATION NUMBER

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b>  <b>2024/2</b>																															
<b>B</b> Owner	<p><b>Instructions:</b> 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. List any other name or names under which the owner conducts the business of the cable system. <i>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.</i></p> <p><input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>062716</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b> <b>Verizon Virginia LLC</b></p> <p><b>06271620242</b> <b>062716 2024/2</b></p> <p><b>9000 Junction Dr</b> <b>Annapolis Junction, MD USA 20701</b></p>																															
<b>C</b> System	<p><b>INSTRUCTIONS:</b> 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.</p> <table><tr><td>1</td><td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Verizon Fios TV (Richmond, VA) VHO 9</b></td></tr><tr><td>2</td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>3011 Hungary Spring Rd.</b> (Number, street, rural route, apartment, or suite number) <b>Richmond, VA 23228</b> (City, town, state, zip code)</td></tr></table>				1	<b>IDENTIFICATION OF CABLE SYSTEM:</b> <b>Verizon Fios TV (Richmond, VA) VHO 9</b>			2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> <b>3011 Hungary Spring Rd.</b> (Number, street, rural route, apartment, or suite number) <b>Richmond, VA 23228</b> (City, town, state, zip code)																						
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<b>D</b> Area Served  First Community   Sample	<p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table><tr><td colspan="2">CITY OR TOWN</td><td colspan="2">STATE</td></tr><tr><td colspan="2"><b>RICHMOND</b></td><td colspan="2"><b>VA</b></td></tr><tr><td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td></tr><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td><b>Alda</b></td><td><b>MD</b></td><td><b>A</b></td><td><b>1</b></td></tr><tr><td><b>Alliance</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>2</b></td></tr><tr><td><b>Gering</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>3</b></td></tr></table>				CITY OR TOWN		STATE		<b>RICHMOND</b>		<b>VA</b>		Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	<b>Alda</b>	<b>MD</b>	<b>A</b>	<b>1</b>	<b>Alliance</b>	<b>MD</b>	<b>B</b>	<b>2</b>	<b>Gering</b>	<b>MD</b>	<b>B</b>	<b>3</b>
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**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

[illegible]

Form SA3E Long Form (Rev. 05-17)

Category of Service	Residential Rate	Commercial Rate
<b>Block 1</b>		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
<b>Block 2</b>		
Fios Current TV	N/A	65.00
Fios Current TV for Bar/Restaurant	N/A	65.00
Fios TV Local	25.00	50.00
FIOS TV Local for Bar/Restaurant	N/A	50.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	120.00
Fios TV Extreme HD	79.99	140.00
Fios TV Ultimate HD	89.99	150.00
Fios Local TV	79.00	N/A
Fios TV Test Drive	95.00	N/A
Your Fios TV	95.00	N/A
More Fios TV	119.00	N/A
The MostFios TV	139.00	N/A
Fios TV Mundo Total	139.00	N/A
Fios TV Mundo	119.00	N/A
Your Fios TV Spotlight Package	95.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
MGM+	15.00	15.00
HBO / HBO Max	15.00	15.00
Paramount+ with Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
International Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	149.99	N/A
NBA League Pass	109.99	Varies
NHL Center Ice	69.00	Varies
CableCARD	10.00	10.00
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99

<b>Category of Service</b>	<b>Residential Rate</b>	<b>Commercial Rate</b>
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 purchase	\$399.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	10.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	N/A	50.00
TV Equipment Tech Install	up to \$100	N/A
Seasonal Service Suspension	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged Fios TV+	90.00	N/A
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>	<b>SYSTEM ID#</b> <b>062716</b>	<b>Name</b>			
<b>PRIMARY TRANSMITTERS: TELEVISION</b>					
<p><b>In General:</b> 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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 located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> 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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.</p> <p><b>Column 3:</b> 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 (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</b> 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.</p> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			G	<b>Primary Transmitters: Television</b>	
<b>CHANNEL LINE-UP A</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTVR	6	N	No		Richmond
WRIC	8	N	No		Petersburg
WRLH-DT2	35	I-M	No		Richmond
WRLH	35	I	No		Richmond
WWBT	12	N	No		Richmond
WUPV	65	I	No		Ashland
WZTD	45	I	No		Richmond
WCVE	23	E	No		Richmond
WCVW	57	E	No		Richmond
WTVR-simulcast	6	N	No		Richmond
WRIC-simulcast	8	N	No		Petersburg
WRLH-simulcast	35	I	No		Richmond
WWBT-simulcast	54	N	No		Richmond
WUPV-simulcast	65	I	No		Ashland
WZTD-simulcast	45	I	No		Richmond
WCVE-simulcast	23	E	No		Richmond
WCVW-simulcast	57	E	No		Richmond
WWBT Me TV	12	N-M	No		Richmond

See instructions for additional information on alphabetization.

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>	<b>SYSTEM ID#</b> <b>062716</b>	<b>Name</b>			
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<b>CHANNEL LINE-UP A</b>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WWBT Circle	12	N-M	No		Richmond
WRIC COZI TV	8	N-M	No		Petersburg
WUPV The365	65	I-M	No		Ashland
WTVR 6 Xtra	6	N-M	No		Richmond
WUPV Bounce TV	65	I-M	No		Ashland
WUPV Grit TV	65	I-M	No		Ashland
WNVN World	22	E-M	No		Richmond
WCVE Create	23	E-M	No		Richmond
WRLH CometTV	35	I-M	No		Richmond
WRLH Charge TV	35	I-M	No		Richmond
WCVE PBS Kids	23	E-M	No		Richmond
WTVR Antenna TV	6	N-M	No		Richmond
WWBT True Crime	12	N-M	No		Richmond
WWBT ION Myste	12	N-M	No		Richmond
WRIC Laff	8	N-M	No		Petersburg
WRIC Rewind	8	N-M	No		Petersburg

See instructions for additional information on alphabetization.


Form SA3E Long Form (Rev. 05-17)



U.S. Copyright Office

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>		SYSTEM ID# <b>062716</b>	Name
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.			<b>K</b> <b>Gross Receipts</b>
<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts. <div style="float: right; border: 1px solid black; padding: 5px; text-align: right;"> <b>\$ 31,287,833.85</b>  <small>(Amount of gross receipts)</small> </div>			
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.			<b>L</b> <b>Copyright Royalty Fee</b>
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K <span style="float: right;"><b>\$ 31,287,833.85</b></span> Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 332,902.55</b></span> This is your minimum fee.		
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.		
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero <span style="float: right;"><b>\$ -</b></span> Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero <span style="float: right;"><b>0.00</b></span> Line 3. Add lines 1 and 2 and enter here <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ -</b></span>		
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger <span style="float: right;"><b>\$ 332,902.55</b></span> Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. <span style="float: right; background-color: yellow;"><b>0.00</b></span> Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) . . . . . <span style="float: right;"><b>0.00</b></span> Line 4. <b>FILING FEE.</b> . . . . . <span style="float: right;"><b>\$ 725.00</b></span> <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here . . . . . <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 333,627.55</b></span> Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)		
			Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing additional fees. Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>	SYSTEM ID# <b>062716</b>
M  Channels	<b>CHANNELS</b> <b>Instructions:</b> 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 system carried television broadcast stations ..... <b>34</b>  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>362</b>	
N  Individual to Be Contacted for Further Information	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)  Name <b>Daniel J Margolis</b> Telephone <b>(703) 558-9832</b>  Address <b>9000 Junction Dr</b> (Number, street, rural route, apartment, or suite number)  <b>Annapolis Junction, MD USA 20701</b> (City, town, state, zip)  Email <b>daniel.margolis@verizon.com</b> Fax (optional)	
O  Certification	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]   <b>X</b> <b>/s/ Paula M. Valdez</b>  Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.  Typed or printed name: <b>Paula M. Valdez</b>    Title: <b>Assistant Secretary, Verizon Virginia LLC</b> (Title of official position held in corporation or partnership)  Date: <b>February 28, 2025</b>	

**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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Verizon Virginia LLC</b>		SYSTEM ID# <b>062716</b>	Name	
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> 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."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 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?  <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$			<b>P</b>  Special Statement Concerning Gross Receipts Exclusion	
Name Mailing Address		Name Mailing Address		
<b>INTEREST ASSESSMENTS</b> 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 in the paper SA3 form.  Line 1 Enter the amount of late payment or underpayment . . . . .  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 . . . . . -  x 0.00274  Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . \$ -  (interest charge)  * To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a> .  ** 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, accounting period, and ID number as given in the original filing.  Owner Address  First community served Accounting period ID number				<b>Q</b>  Interest Assessment

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