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					
2/28/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α		NUMBER OF THE CTATEMENT ANALYSIS AND					
_ ^	ACCC	DUNTING 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							
		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.					
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					
		MEDIACOM ILLINOIS LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		ONE MEDIACOM WAY					
		(Number, street, rural route, apartment, or suite number)					
		MEDIACOM PARK, NY 10918 (City, town, state, zip)					
	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С	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:					
		MEDIACOM ILLINOIS LLC					
		MAILING ADDRESS OF CABLE SYSTEM:					
		P.O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite number)					
	-	(Number, street, rural route, apartment, or suite number) Chillicothe, IL 61523					
		(City, town, state, zip code)					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	MEDIACOM ILLINOIS LLC	232
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Robinson	L
ommunity	Crawford County	IL
	Hutsonville	IL
ows as Necessary	Oblong	IL
,	Palestine	IL
	I desuite	

Accounting Period: 2019/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23271

MEDIACOM ILLINOIS LLC

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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,112	29.95-51.54					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	2	29.95-51.54					
Converter							
Residential							
Non-residential							
	1	l					

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 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	PP	Motel, hotel			Family Cable	80.49
 Pay cable—add'l channel 	PP	Commercial				
Fire protection		• Pay cable				
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set	99.99	Burglar protection				
 Additional set(s) 	15.00-29.00	Other services:				
• FM radio (if separate rate)		• Reconnect	29.00			
Converter	10.50	Disconnect				
		 Outlet relocation 	15.00-29.00			
		Move to new address				

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23271

4. LOCATION OF STATION

MEDIACOM ILLINOIS LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

1. OALL SIGN	2. B GAGT GHANNEL NOMBER	3. THE OF STATION	4. LOCATION OF STATION
WAWV/WAWV(HD) ABC	39	N	TERRE HAUTE, IN
WAWV-DT2 Grit	39.2	I-M	TERRE HAUTE, IN
WAWV-DT3 Bounce TV	39.3	I-M	TERRE HAUTE, IN
WCIX-DT MYNET	13.1	I-M	Springfield, IL
WEIU/WEIU(HD) PBS	50	E	Charleston, IL
WEIU-DT2 PBS MHz Worldvie	50.2	E-M	Charleston, IL
WILL/WILL(HD) PBS	9	E	URBANA, IL
WILL-DT2 PBS WORLD	9.2	E-M	URBANA, IL
WILL-DT3 PBS CREATE	9.3	E-M	URBANA, IL
WTHI/WTHI(HD) CBS	10	N	Terre Haute, IN
WTHI-DT-2/WTHI-DT2(HD) FO	10.2	I-M	Terre Haute, IN
WTHI-DT-3/WTHI-DT3(HD) CV	10.3	I-M	Terre Haute, IN
WTWO/WTWO(HD) NBC	36	N	Terre Haute, IN
WTWO-DT2 Laff	36.2	I-M	Terre Haute, IN
WTWO-DT3 Escape	36.3	I-M	Terre Haute, IN
WTWO-DT4 Cozi TV	36.4	I-M	Terre Haute, IN
WUSI/WUSI (HD) PBS	19	E	Onley, IL
WUSI-DT2 PBS WORLD	19.2	E-M	Onley, IL
WUSI-DT3 PBS CREATE	19.3	E-M	Onley, IL
	1		I .

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period	: 2019/2			FORM SA1-2E. PAGE 3.					
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	MEDIACOM ILLINOIS	LLC		23271					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syster	n during the accounting period, exce	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under					
Primary		CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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	s explained in the next paragraph.	(), (), (), ()						
Television	Substitute Basis Stations:	With respect to any distant stations	carried by your cable system on a subs	stitute program					
		les, regulations, or authorizations:							
		•	the Special Statement and Program Lo	og)—if the					
	station was carried <i>only</i> on								
			ed both on a substitute basis and also s, see page (v) of the general instructio						
			s, see page (v) of the general instituction program services such as HBO, ESPN						
			ne-air designation. For example, report						
	"WETA-2" as the same on t	•	3 1 7 1						
	Column 2: Give the channe	el number the FCC assigned to the te	levision station for broadcasting over th	ne air in its community					
		RC is channel 4 in Washington, D.C.							
			k station, an independent station, or a r						
			' (for network multicast), "I" (for indeper						
		"E" (for noncommercial educational), rms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nai muiticast).					
			ructions in the paper SAT-2 form. st the community to which the station is	s licensed by the					
		•	the community with which the station is	•					
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ILLINOIS LLC

23271

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.

H

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
	 						
	 						
	 						
	 						
							
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Associating Dovin	.d. 2010/2						FOR	M CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	MEDIACOM ILLINOIS							23271
								20271
1	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	tify every no	nnetwork telev	ision program, broadcast by	a distant sta			
Substitute								
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	ent and							
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	nge blank. If your answer is	s "Yes," you r	must comple	ete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if th	eir meanin	g is
				vision program ("substitute	e program") tl	hat, during t	he accoun	ting
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		5 VICS OF BUSIN	cubum. Elot opcomo progra	iiii uuco, ioi c	oxumpio, m	Love Lucy	01
				er "Yes." Otherwise enter '				
		0		casting the substitute progr the community to which the		censed by the	he FCC or	in
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	e station is id	entified).	,	
			when your sy	stem carried the substitute	e program. Us	se numerals	s, with the r	nonth
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable svstei	m. List the t	imes accur	ately
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."	or "D" if the	lioted pregrar	n was substituted for progr	ramming that	vour oveter	m waa raa	irod
	to delete under FCC rules			n was substituted for progr Juring the accounting perio				
	was substituted for program							og.a
	effect on October 19, 1976							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	<u> ТО</u>	
						-	_	
						_	_	
						-		"
						-	_	
							_	
								"
						-		
								

Accounting Period:	2019/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC			5	3YSTEM ID# 23271
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross re	ystem's sec on of how to	condary transm compute this a	ission service amount, see	
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 to the block 3 if the amount of gross receipts in space K is more than \$263,800 to the space (vi) of the general instructions located in the paper SA1-2 form for more in the space in the s	out less that nformation.	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt 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 lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	,	<u> </u>	00)	
	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 le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	292,305.22		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	28,505.22		
	4. Multiply line 3 by .01		\$	285.05	
	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		\$	1,604.05
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	• • • • • • • • • • • • • • • • • • • •	\$	1,604.05	
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			\$	1,624.05
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 23271
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	27
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	67
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone 845-44	43-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)	
	Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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 system a in line 1 of space B and that the owner is not a corporation or partnership; or	is identified
	(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 in line 1 of space B.	e cable system
	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)]	
	X /s/ Kenneth J. Kohrs	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/18/2020	

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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM ILLINOIS LLC	23271
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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.	
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
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 further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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.	
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 Office to collect the personally identifying information (PII) requested on th 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.