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			
2/26/25	\$			
	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	ACCOUNTING 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
	MEDIACOM ARIZONA 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)
	INSTRUCTIONS: 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 ARIZONA LLC MAILING ADDRESS OF CABLE SYSTEM:
	2025 N. Crand Ava
	2 (Number, street, rural route, apartment, or suite number)
	NOGALES, AZ 85621 (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.

Accounting Period:	2024/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC	FORM SA1-2E. PAGE 1b SYSTEM ID# 40844
D Area Served	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 identified city.	inity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First Community	AJO	AZ
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40844

MEDIACOM ARIZONA LLC

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 	10	90.96			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	0	90.96			
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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Variety TV	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	75.00	Burglar protection			
 Additional set(s) 	49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	9.99	Disconnect			
		Outlet relocation	49.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40844

MEDIACOM ARIZONA LLC

PRIMARY TRANSMITTERS: TELEVISION

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
KGUN/KGUN (HD) ABC	9	N	TUCSON, AZ
KMSB/KMSB (HD) FOX	25	l	TUCSON, AZ
KOLD/KOLD (HD) CBS	32	N	TUCSON, AZ
KOLD-DT2 MeTV	32.2	I-M	TUCSON, AZ
KOLD-DT3 AZ Sports HD	32.3	I-M	TUCSON, AZ
KOLD-DT5 Outlaw	32.5	I-M	TUCSON, AZ
KTTU/KTTU (HD) MYNET	19	I	LOS ANGELES, CA
KUAT/KUAT (HD) PBS	6	E	TUCSON, AZ
KVOA/KVOA (HD) NBC	23	N	TUCSON, AZ
KVOA-DT2 Cozi TV	23.2	I-M	TUCSON, AZ
KVOA-DT3 ION Mystery	23.3	I-M	TUCSON, AZ
KVOA-DT4 MeTV Toons	23.4	I-M	TUCSON, AZ
KVOA-DT5 Grit	23.5	I-M	TUCSON, AZ

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MEDIACOM ARIZONA LLC

40844

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
	l						
	l						
							
	l						
	l						
	l						
							
							
							
							
							
							
							
							
							
							
							
							

	LEGAL NAME OF OWNER O	F CABLE SYS	STEM:					SYSTEM ID
Name	MEDIACOM ARIZONA	LLC						4084
	SUBSTITUTE CARRIAG	SE: SPECIA	AL STATEME	ENT AND PROGRAM LO)G			
ı				ision program, broadcast by pecific present and former F				
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special attement and	During the accounting per	eriod, did yo	ur cable systeı	m carry, on a substitute ba	sis, any nonn	etwork tele	vision pro	gram
Program Log	broadcast by a distant st	ation?					YES	X NO
	Note: If your answer is "N	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you n	nust comple	ete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT In General: List each sub			rate line. Use abbreviations	s wherever no	nssible if th	eir meanir	na is
	clear. If you need more sp	ace, please	add additiona	I rows to the tables.				
				vision program ("substitute our cable system substitut				
				ns. See page (v) of the ge				
			ovies" or "bask	cetball." List specific progra	am titles, for e	xample, "I l	_ove Lucy	" or
	"NBA Basketball: 76ers vs		dcast live. ent	er "Yes." Otherwise enter '	"No."			
	Column 3: Give the cal	I sign of the	station broad	casting the substitute progr	ram.			
	the case of Mexican or Ca		,	the community to which the		,	ne FCC or	, in
				stem carried the substitute			s, with the	month
	first. Example: for May 7 g	•			r aabla avatam	n lint tha t		matalı.
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be							
	to the nearest five minutes stated as "6:00–6:30 p.m."	s. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m.	should be	•
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le	s. Example: " tter "R" if the	a program car e listed prograr	ried by a system from 6:01 m was substituted for prog	I:15 p.m. to 6 ramming that	:28:30 p.m. your syster	should be m was <i>req</i>	uired
	to the nearest five minutes stated as "6:00–6:30 p.m."	s. Example: " tter "R" if the and regulat	a program car e listed prograr ions in effect c	ried by a system from 6:01 m was substituted for prog during the accounting perio	I:15 p.m. to 6 ramming that od; enter the lo	:28:30 p.m. your syster etter "P" if t	should be m was <i>req</i> he listed p	uired
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules	s. Example: " tter "R" if the and regulat mming that	a program car e listed prograr ions in effect c	ried by a system from 6:01 m was substituted for prog during the accounting perio	I:15 p.m. to 6 ramming that od; enter the lo	:28:30 p.m. your syster etter "P" if t	should be m was <i>req</i> he listed p	uired
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules was substituted for progra	s. Example: " tter "R" if the and regulat mming that	a program car e listed prograr ions in effect c	ried by a system from 6:01 m was substituted for prog during the accounting perio	I:15 p.m. to 6 ramming that bd; enter the le ler FCC rules	:28:30 p.m. your syster etter "P" if t	should be m was <i>req</i> he listed p tions in	uired
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1970	s. Example: " tter "R" if the and regulat mming that 6.	a program car e listed prograr ions in effect c your system w	ried by a system from 6:01 m was substituted for prog during the accounting peric as permitted to delete und	I:15 p.m. to 6 ramming that od; enter the le der FCC rules WHEI	:28:30 p.m. your syster etter "P" if to and regula N SUBSTITAGE OCCU	should be m was req he listed p tions in FUTE JRRED	uired rogram 7. REASON FO
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1970	s. Example: " tter "R" if the and regulat mming that 6.	a program car e listed prograr ions in effect c your system w	ried by a system from 6:01 m was substituted for prog during the accounting peric as permitted to delete und	I:15 p.m. to 6 ramming that od; enter the le der FCC rules WHEI	:28:30 p.m. your syster etter "P" if to and regula N SUBSTITAGE OCCU	should be m was req he listed p tions in TUTE JRRED MES	uired rogram
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: " tter "R" if the and regulat mming that 6. SUBSTITUT 2. LIVE?	a program car elisted program ions in effect c your system w E PROGRAM 3. STATION'S	ried by a system from 6:01 m was substituted for prog during the accounting peric vas permitted to delete unc	I:15 p.m. to 6 ramming that od; enter the le ler FCC rules WHEI CARRI 5. MONTH	your systemetter "P" if the and regular N SUBSTITAGE OCCU	should be m was req he listed p tions in FUTE JRRED MES	uired rogram 7. REASON FO
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Accounting Period:			A1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC	8	YSTEM ID: 4084				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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 receipts.	mission service amount, see	3,801.47				
		(Amount of gre	ods 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 \$ 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 fo accounting period is \$52.00	r this six-mon					
	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				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)					
	1. Base amount under statutory formula	_					
	2. Enter amount of gross receipts from space K	<u> </u>					
	3. Subtract line 2 from line 1	<u> </u>					
	4. Enter the amount of gross receipts from space K						
	5. Enter the amount from line 3						
	6. Subtract line 5 from line 4						
	7. Multiply line 6 by .005 (enter figure here)						
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)					
	1. Enter the amount of gross receipts from space K	_					
	2. Base amount under statutory formula	_					
	3. Subtract line 2 from line 1	_					
	4. Multiply line 3 by .01						
	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						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
Due	2. 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				
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!				

Accounting Period:	: 2024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC	SYSTEM ID# 40844
M Channels	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. 1. Enter the total number of channels on which the cable system carried television broadcast stations	18
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	63
N Individual to Be Contacted	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	13-2762
	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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (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.	
	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)]	
	Typed or printed name: Kenneth J. Kohrs Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/14/2025	

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.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DIACOM ARIZONA LLC	40844
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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
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 or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q 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	
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.

1	1.00
N	0.25
E	0.25
I-M	1
N-M	0.25
E-M	0.25