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				
2/25/2025	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

r	
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20242 Barcode Data Filing Period (optional - see instructions)
Accounting	
Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
	Subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of
	account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM
	TDS Broadband Service LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Baja Broadband
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	525 Junction Rd.
	(Number, street, rural route, apartment, or suite number)
	Madison, WI 53717-2152
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	indines directly appear in space B. If the 2, give the maining address of the system, if directly from the address given in space B.
System	1 DENTIFICATION OF CABLE STSTEM.
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

ounting Period: 2	024/2	FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	TDS Broadband Service LLC	76:
	Instructions: List each separate community served by the cable system. A "community	
_	separate and distinct community or municipal entity (including unincorporated community or municipal entity)	nities within unincorporated areas and including single discret
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will sen	ve as a form of system identification hereafter known as the "f
	community." Please use it as the first community on all future filings.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identif
Area	city.	
Served		
	CITY OR TOWN	STATE
First	Hobbs	NM
Community	Lea County	NM
-	Eunice	NM
d Rows as Necessary		
a nows as necessary		

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7636

TDS Broadband Service LLC

E

Secondary Transmission

Service: Sub-

scribers 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 	1,342	30.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	261	17.97/mo.			
Commercial					
Converter					
Residential	2,177	\$6/Mo.			
Non-residential					
	•••••			†	t

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	8.00-15.00	Motel, hotel				
Pay cable—add'l channel		Commercial	\$0 - \$50			
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	\$0 - \$49.95	Burglar protection				
 Additional set(s) 	\$0 - \$49.95	Other services:				
• FM radio (if separate rate)		Reconnect	0-25			
Converter		Disconnect				
		Outlet relocation	19.98-39.96			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7636

TDS Broadband Service LLC

PRIMARY TRANSMITTERS:

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream

"WETA-2" as the same on the form. **Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOAT	7.1	N	Albuquerque, NM
KOAT-DT2	7.2	N-M	Albuquerque, NM
KOAT-DT3	7.3	N-M	Albuquerque, NM
KOAT-DT5	7.5	N-M	Albuquerque, NM
KBIM	10.1	N	Roswell, NM
KBIM-DT2	10.2	N-M	Roswell, NM
KOBR	4.1	N	Roswell, NM
KOB DT2	4.2	N-M	Albuquerque, NM
KOBR-DT3	4.3	N-M	Roswell, NM
KLUZ	14.1	l	Albuquerque, NM
KUPT	29.1	<u> </u>	Hobbs, NM
KRTN	39.1	l	Albuquerque, NM
KRTN-DT6	39.6	I-M	Albuquerque, NM
KASA	2.1	<u> </u>	Santa Fe, NM
KASA DT2	2.2	I-M	Santa Fe, NM
K24MB-D	42.1	E	Hobbs, NM
KCHF	11.1	l	Albuquerque, NM
KASY	50.1	<u>l</u>	Albuquerque, NM
KWBQ	19.1	<u>l</u>	Santa Fe, NM
KCBD	11.1	N	Lubbock, TX
KMID	2.1	N	Midland, TX
KMID-DT2	2.2	N-M	Midland, TX
KMID-DT3	2.3	N-M	Midland, TX
KMID-DT4	2.4	N-M	Midland, TX
KOSA	7.1	N	Odessa, TX
KOSA-DT2	7.2	N-M	Odessa, TX
KOSA-DT3	7.3	N-M	Odessa, TX
KOSA-DT4	7.4	N-M	Odessa, TX
KPEJ	24.1	N	Odessa, TX
KPEJ-DT2	24.2	N-M	Odessa, TX

Accounting Period: 2024/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

FORM SA1-2E. PAGE 3.

SYSTEM ID#

7636

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KPEJ-DT3	24.3		Odessa, TX
KWES	9.1	N	Odessa, TX

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

7636

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.



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

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

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

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

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

Accounting Period:	2024/2						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF CA	BLE SYSTEM	:					SYSTEM ID#
Name	TDS Broadband Service	LLC						7636
ı	SUBSTITUTE CARRIAGE: In General: In space I, identify				stant station that	vour cable	system carried	on a substitute
Substitute	basis during the accounting per programming that must be incl	eriod, under s uded in this lo	pecific present a og, see page (v)	nd former FCC rules, regula of the general instructions in	tions, or authoriz	ations. For		
Carriage: Special Statement and	1. SPECIAL STATEMENT (
Program Log						ogram		
	broadcast by a distant statio	n?					YES	X NO
	Note: If your answer is "No", I	eave the res	t of this page bla	ank. If your answer is "Yes,	" you must com	olete the pr	ogram	
	log in block 2.							
	2. LOG OF SUBSTITUTE F							
	In General: List each substitu				ever possible, if	their mean	ing is	
	clear. If you need more space Column 1: Give the title of				ram") that during	the accou	ıntina	
	period, was broadcast by a di	stant station	and that your ca	able system substituted for	the programmin	g of anothe	er station	
	under certain FCC rules, regu							
	Do not use general categorie: "NBA Basketball: 76ers vs. Bi		s" or "basketball	i." List specific program title	es, for example,	"I Love Luc	sy or	
	Column 2: If the program v		st live, enter "Ye	s." Otherwise enter "No."				
	Column 3: Give the call sig					500		
	Column 4: Give the broade the case of Mexican or Canad					the FCC o	or, in	
	Column 5: Give the month					als, with the	month	
	first. Example: for May 7 give							
	Column 6: State the times to the nearest five minutes. E	when the su	bstitute program	1 was carried by your cable	system. List the	times acci	urately	
	stated as "6:00–6:30 p.m."	латтріс. а рі	ogram camed b	y a system nom o.o i. io p.	iii. to 0.20.50 p.i	II. SHOULD		
	Column 7: Enter the letter							
	to delete under FCC rules and was substituted for programm						program	
	effect on October 19, 1976.	iing that you	system was pe	militied to delete under 1 O	o raics and regu			
	`				11			-
	,	CI IDCTITI IT	E PROGRAM			OCCURRE	CARRIAGE	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
								
								
						ļ		
							_	
								-
						ļ		
							_	

Accounting Period: 20)24/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC			SYSTEM ID# 7636
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr. (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ansmission serv	\$ 4	50,797.43 ross receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 See page (vi) of the general instructions located in the paper SA1-2 form for more information.			
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pa accounting period is \$52.00 Line 1. Royalty fee for accounting period		nth	
	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)		
	1. Base amount under statutory formula	263,800.00		
	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 less	than \$527,600))	
	1. Enter the amount of gross receipts from space K	450,797.43		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	186,997.43		
	4. Multiply line 3 by .01	\$	1,869.97	
	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		\$	3,188.97
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,188.97	
	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		\$	3,208.97
	EFT Trace # or TRANSACTION ID #			
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form and the Excel instruction			

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

Accounting Period: 20	024/2				FORM SA1-2E. PAGE 7.
	LEGAL NAME OF OWN	NER OF CABLE SYSTEM:			SYSTEM ID#
Name	TDS Broadband S	Service LLC			7636
M Channels	to its subscribers, 1. Enter the total r system carried 2. Enter the total r on which the carried	and (2) the cable system's total numb number of channels on which the cable television broadcast stations		period.	149
N		BE CONTACTED IF FURTHER INFO	RMATION IS NEEDED (Identify an individual I	o whom	
Individual to					
Be Contacted for Further Information	Name	Zaneta Lewis		Telephone	(608) 664-8517
imormation	Address	525 Junction Rd			
		(Number, street, rural route, apartment, or sui	te number)		
		Madison, WI 53717 (City, town, state, zip)			
	- "			- , ,, ,,	
	Email	finance@tdstelecom.com	1	Fax (optional)	
•	CERTIFICATION (Th	is statement of account must be certif	fied and signed in accordance with Copyright C	Office regulations)	
O Certification	• I, the undersigned,	hereby certify that (Check one, but only	one, of the boxes.)		
	(Owner	other than corporation or partnership	o) I am the owner of the cable system as identified	ed in line 1 of space B; or	
	(Agent o		rtnership) I am the duly authorized agent of the	owner of the cable system as ic	lentified
	X (Officer		ation) or a partner (if a partnership) of the legal e	ntity identified as owner of the c	able system
		in line 1 of space B.			
		and correct to the best of my knowledge	lare under penalty of law that all statements of fa ge, information, and belief, and are made in good		
		,	/		
	i		X /s/ Thomas Bader		_
		Ento	r an electronic signature on the line above to c	ortific this statement	
			r signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed name:	Thomas Bader		
			sistant Treasurer official position held in corporation or partnership)		
		Date:		February 25, 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.

counting Period: 2024/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	7636
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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	s sub- D." Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners? X NO	ons
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	
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	- days
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274
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	rest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ease
** 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, ple 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 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.