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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20171 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 corporat of the subsidiary, not that of the parent corporation.	e title
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 submining statement of account and royalty fee payment covering the entire accounting period.	ta
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	038624
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
		Let a series and the series of	
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the sy s already appear in space B. In line 2, give the mailing address of the system, if different from the address gi	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		OK STATE REFORMATORY MAILING ADDRESS OF CABLE SYSTEM:	
		MALING ADDRESS OF CABLE STSTEM.	
	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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	038624
D Area Served	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Served		
	CITY OR TOWN	STATE
First	GRANITE	OK
Community	(OK STATE REFORM)	
Add Rows as Necessary		
Add Rows as Necessal y		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							03862
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s	pace E should o	cover al	I categories of	secondar				
	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la svetom	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular servi	ice at the rate ir	ndicated	I-not the num	ber of set	s receiving serv	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		Ŭ			•			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		3 • • • • • ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sneu. Lisi	these other serv	ices in the	IOTTI OF A	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			UATEOC		
	• Pay cable	-		el, hotel					
	• Pay cable—add'l channel	_		nmercial					
	• Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	_		glar protection					
				giar protection					
	Additional set(s) EM radio (if concrete rate)	-							
	• FM radio (if separate rate)			onnect		-			
	Converter			connect					
				let relocation		-			

				FORM SA1-2E. PAGE 3
me	LEGAL NAME OF OWNER OF			SYSTEM ID: 038624
	CEQUEL COMMUNIC			00002-
G nary nitters: <i>v</i> ision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFOR-TV	27	Ν	OKLAHOMA CITY, OK
	КОСО-ТУ	7	Ν	OKLAHOMA CITY, OK
s Necessary	KWTV	9	Ν	OKLAHOMA CITY, OK
ws as Necessary				
	KETA-TV	13	E	OKLAHOMA CITY, OK
	KETA-TV KOKH-TV	13 24	E I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
			E I	
	КОКН-ТУ	24	E 1 1	OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV	24 29	E 1 1 1 1	OKLAHOMA CITY, OK SHAWNEE, OK
	KOKH-TV KTUZ-TV KOCB	24 29 33	E 1 1 1 1 1	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK	24 29 33 35		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV	24 29 33 35 40	E 1 1 1 1 1 1 1 1 1 1	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23	E 1 1 1 1 1 1 1 1 1 1 1 1 1	OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOKH-TV KTUZ-TV KOCB KUOK KAUT-TV KSBI	24 29 33 35 40 23		OKLAHOMA CITY, OK SHAWNEE, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK

EGAL NAME OI								SYSTEM II 0386
		-						н
			arried on a separate and discr nerally receivable by your cat					п
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the the static tion's sign g a chech n's locati	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM anter this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
	1	T	·	-		n		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	······							

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					038624
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion progran	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o les like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 au in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES – TO	DELETION
		100 01 110						
							_ 	
							_	
						_	-	
						_	_	
						-	-	
						_	_	
							-	
						-	-	
							_	
						-	_	
						-	-	
							-	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 038624
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 transs (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 servic s amount, see	e 1,950.00
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 for accounting period is \$52.00	this six-month	
	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 \$ 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	<u> </u>	
	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		
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat	ter of Copyrig	

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 038624
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	11 13
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 SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.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, <i>but only one</i> , 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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)] K	istem as identified
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18/2017	

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unting Period: 2017/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0386
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 su scribers 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 transmission	ub- Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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.	
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	L L
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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	L L
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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	Lange
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	Lange
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	Lange
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	days - se
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	days - se se
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	days - se se
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