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 COPYRIGH	T 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	8/25/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING 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			
		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	
		MAINSTREET COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		150 2ND ST SW (Number, street, rural route, apartment, or suite number)	
		PERHAM, MN 56573 (City, town, state, zip)	
	INICE		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	_
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MAINSTREET COMMUNICATIONS LLC	SYSTEM ID# 61831
D Area Served	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
	CITY OR TOWN	STATE
First Community	SAUK CENTRE	MN.
Community	KANDOTA TWP SAUK CENTRE TWP	MN MN
dd Rows as Necessary		
ad notio as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MAINSTREET COMMUN	ICATIONS L	LC.						6183 ⁻
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	service of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						nle system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in that	t category (the	number o	f persons or org	anizations		
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanua		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	nas rate catego	ries for	secondary tran	nsmission				
	printed in block 1 (for example, the printed in block 1)								
	with the number of subscribers a sufficient.	nu rates, in the	ingnt-na	and DIOCK. A IM	vo- or the	e-word descript	on or the s	ervice is	
		DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 	1	1,162	31.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		75	31.95					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a vari	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the			austam for as	ab of the c	annliaghla agriú	an linted		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and includ	e the ra	te for each.					
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	19.95		el, hotel			PAY CA		14.95
	Pay cable—add'l channel			nmercial			PAY CA		13.95
	Fire protection			cable			PAY CA	ARLF	7.95
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	55.00		glar protection					
	Additional set(s)			services:					
	 FM radio (if separate rate) 			connect		55.00			
			 Dic/ 	aannaat					
	Converter			connect		-			
	Converter		• Out	let relocation		40.00 55.00			

	2017/1			FO	RM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF				SYSTEM ID
	MAINSTREET COMM				6183 ⁻
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog i1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program i Log)—if the so on some other tions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF S	TATION
	WCCO	4	N	MINNEAPOLIS, MN	TATION
	КРХМ	4	N	ST. CLOUD, MN	
- Deverage Negogram	KMSP	9	N	MINNEAPOLIS, MN	
dd Rows as Necessary	WFTC	29		MINNEAPOLIS, MN	
	KARE	11	N	MINNEAPOLIS, MN	
	KTCA	2	E	MINNEAPOLIS, MN	
	KGVA	12	N	ALEYANDRIA MN	
	KSAX	42	N I	ALEXANDRIA, MN	
	WUCW	23	N 	MINNEAPOLIS, MN	
	WUCW KSTC	23 45	l	MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2	23 45 4.2	i i i-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2	23 45 4.2 11.2	I I I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2	23 45 4.2 11.2	I I I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	
	WUCW KSTC WCCO-2 KARE-2 WUCW-4	23 45 4.2 11.2 23.4	I I I-M I-M I-M	MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN MINNEAPOLIS, MN	

Accounting P	Period: 2017	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
MAINSTREE	T COMMU	NICATI	ONS LLC					61831
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo	it is carried b monitoring, to ormation abou rm. dentify the cal	y the sys be recei it the Co	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	e station is licen	sed by the FC			
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	MAINSTREET COMMU	NICATIO	NS LLC					61831
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi					ion that you	ır cable syste	em carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork televi	sion progran	
Program Log	broadcast by a distant star	tion?				L	YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the program	m
	log in block 2.			·	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				vherever pos	sible, if thei	r meaning is	5
	clear. If you need more spa			ows to the tables. ision program ("substitute p	program") that	t during the	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ive Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
				sting the substitute program			FOO in	
	the case of Mexican or Can			e community to which the			e FCC or, in	
				tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program cam		5 p.m. to 0.2	0.00 p.m. s		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa		1 OO Tuics a	na regulatio		
	s	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
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							_	
								"
							_	
							_	
								1
							_	
							_]

Accounting Period:	2017/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MAINSTREET COMMUNICATIONS LLC			S	WSTEM ID# 61831
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and ti all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation of 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	tem's seco of how to c	ndary trans compute thi	mission servic s amount, see	3,803.52
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	less than		\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	0 OR LES	S		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee 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 lines 1	1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	than \$137,	100)	
	1. Base amount under statutory formula	26	3,800.00		
	2. Enter amount of gross receipts from space K	21	3,803.52		
	3. Subtract line 2 from line 1	4	9,996.48		
	4. Enter the amount of gross receipts from space K	\$	2	13,803.52	
	5. Enter the amount from line 3	\$		49,996.48	
	6. Subtract line 5 from line 4	\$	1	63,807.04	
	7. Multiply line 6 by .005 (enter figure here)				819.04
	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		\$	819.04
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but less	than \$527	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			4 040 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	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, a	and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>		819.04	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	839.04
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo		-		ghts!

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7.
Name		FOWNER OF CABLE SYSTEM: T COMMUNICATIONS LLC		SYSTEM ID# 61831
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	ers, and (2) the cable system's total number of channels on which the ed television broadcast stations tal number of activated channels cable system carried television broad		13 252
N Individual to Be Contacted	we can contac	t about this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	MARY DUNN	Telephone	218.346.8271
	Address	150 2ND ST SW (Number, street, rural route, apartment, PERHAM, MN 56573 (City, town, state, zip)	or suite number)	
	Email	mary.dunn@arvig.c	om Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	ned, hereby certify that (Check one, but ner other than corporation or partner ent of owner other than corporation in line 1 of space B and that the owner icer or partner) I am an officer (if a co in line 1 of space B. ed the statement of account and hereb ete, and correct to the best of my know stion 1001(1986)]	e certified and signed in accordance with Copyright Office regulations) <i>ut only one</i> , of the boxes.) prship) I am the owner of the cable system as identified in line 1 of space B; or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or proporation) or a partner (if a partnership) of the legal entity identified as owner by declare under penalty of law that all statements of fact contained herein vledge, information, and belief, and are made in good faith. X /s/ David R. Arvig	stem as identified
		Enter Typed or printed nan Title:	er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith) ne: DAVID R. ARVIG CE PRESIDENT/COO position held in corporation or partnership) August 25, 2017	

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unting Period: 2017/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
NSTREET COMMUNICATIONS LLC	6183
 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 made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
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 Assessmen
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