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

~	ACCI	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 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.	062589
		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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SOMERSET CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zjp code)	
	1	(יסוני, וטיווו, סומוכ, בוף טיטטל)	

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	062589
D	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.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SOMERSET	PA
Community	(SOMERSET CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06258
					TE 0				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ace F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period						1	harden a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	ndicated	-not the numb	per 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				y stanuai		s within a p		
	Block 1: In the left-hand block				es 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	has rate catego	ries for	secondary trans	smission				
	printed in block 1 (for example, ti								
	with the number of subscribers a	and rates, in the	right-ha	and block. A two	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	RO	RAIL	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	NAIL
	Service to first set		0	-					
	Service to additional set(s)		Ō	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		362	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
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								
Secondary	enter only the letters "PP" in the				h . f (h				
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip	•							
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resid	dential				
	• Pay cable	-	• Mot	el, hotel					
	 Pay cable—add'l channel 	-	• Con	nmercial					
	Fire protection		• Pay	cable					
			• Pay	cable-add'l cha	annel				
	 Burglar protection 								I
	•Burglar protection Installation: Residential		• Fire	protection					
	U 1	-		protection glar protection					
	Installation: Residential		• Burg	•					
	Installation: Residential • First set		• Burg Other s	glar protection		_			
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec	glar protection ervices:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc	glar protection ervices: onnect					

	· .			
ne	LEGAL NAME OF OWNER OF			SYSTEM ID
				062589
ary itters: sion	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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	entify every television station (including m 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 s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ims [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKBS-TV	46		ALTOONA. PA
	WKBS-TV WATM-TV	46 24		ALTOONA, PA ALTOONA, PA
essary			N I	ALTOONA, PA ALTOONA, PA JOHNSTOWN, PA
essary	WATM-TV	24		ALTOONA, PA
essary	WATM-TV WWCP-TV	24 29	I	ALTOONA, PA JOHNSTOWN, PA
essary	WATM-TV WWCP-TV WTAJ-TV	24 29 32	I N	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA
essary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV	24 29 32 15	I N E	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA
cessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
ecessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
ecessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
ecessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
lecessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
lecessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Necessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Necessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Necessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Necessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
lecessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Necessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Vecessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Necessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA
Necessary	WATM-TV WWCP-TV WTAJ-TV WPSU-TV WPCW	24 29 32 15 19	I N E I	ALTOONA, PA JOHNSTOWN, PA ALTOONA, PA CLEARFIELD, PA JEANNETTE, PA

EGAL NAME OI								SYSTEM I 0625
		-		into basis and list			riad on an	н
			arried on a separate and discr nerally receivable by your cat					
eceivable if (1) in 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 b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k 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 ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
		1		1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	t	1						
	+							

Accounting Perio	od: 2017/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062589
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi				-	ion that your ca	hle svstei	m 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	e general instr	uctions in the pa	per SA1-	2 form.
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 television	program	<u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	loovo tho	root of this pag	a blank. If your anowar is "	Voo "vou mi	unt complete the	-	
	-	, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete the	e program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their me	eaning is	
	clear. If you need more spa						Janing io	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o les like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for example	ample "I I ove I	ucv" or	l.
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nood by the EC	C or in	
	the case of Mexican or Can						C 01, IN	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, with	the mon	th
	first. Example: for May 7 give				-			
				gram was carried by your o				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snoui	a be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	s required	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations i	n	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	ΓE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUR	RED	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. TIME FROM —	S TO	DELETION
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 062589
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 trans (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 s amount, see	e),978.88
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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,		
	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	<u> </u>	
	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		hts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062589
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	7 21
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 (9	03) 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 or 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)] X /s/ Sabrina Warr Enter an electronic signature on the line above to certify this statement.	em as identified
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: SABRINA WARR 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. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0625
 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 Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
	Q Interest Assessme
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 Assessme
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 Assessme
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 Assessme
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