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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	and income Plan and
General instru	ems (Short Form) uctions are located o of this workbook	08/28/2017	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2017:	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent o		diary of another corporation, give the full corporal	te title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should submi ing period.	ta
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	063347
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF 3015 S SE LOOP 323	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite r	number)		
	TYLER, TX 75701 (City, town, state, zip)			

 C
 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.

 1
 IDENTIFICATION OF CABLE SYSTEM: DANVILLE CORRECTIONAL FACILITY

 Mailing AdDRESS OF CABLE SYSTEM:
 1

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)
 (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.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063347
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis known as the "first community." Please use it as the first community on all future film	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	DANVILLE	IL I
Community	(DANVILLE CORR)	
dd Rows as Necessary		

	T							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06334
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						iose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						le svstem.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv							a and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ny standai		, within a b		
	Block 1: In the left-hand block				ies of seco	ondary transmiss	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					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-h	and block. A tv	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF	.DC	DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	:KS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		0	_					
	Service to additional set(s)		0	- 0					
	• FM radio (if separate rate)		v	v					
	Motel, hotel								
	Commercial		86	41.89					
	Converter		00	41.03					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the						P-4I		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	ite for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	Pay cable	-	• Mot	tel, hotel					
	 Pay cable—add'l channel 	-	 Cor 	nmercial					
	Fire protection		• Pay	/ cable					
	 Burglar protection 		• Pay	/ cable-add'l ch	annel				
			• Fire	protection					
	Installation: Residential						I		
	Installation: Residential First set 	-	• Bur	glar protection					
				•					
	First set		Other s	glar protection		-			
	First setAdditional set(s)		Other s • Red	glar protection					
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Dise	glar protection services: connect					

	r			FORM SA1-2E. PAGE 3
me	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			063347
C nary nitters: <i>r</i> ision	In General: In space G, ide 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 not list the station here station was carried only 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	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra 51(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 instruction program 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. t the community to which the station in	Ime basis under Ims [sections ions carried on a postitute program Log)—if the o on some other ons. N, 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
	WBUI	23	1	
		20	Ν	DECATUR, IL SPRINGFIELD, IL
≥cessary	WICS WCFN	20 49	N I	SPRINGFIELD, IL
cessary	WICS			SPRINGFIELD, IL SPRINGFIELD, IL
cessary	WICS WCFN WCIA	49	I	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL
cessary	WICS WCFN	49 3	l N	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL
cessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
ecessary	WICS WCFN WCIA WRSP-TV	49 3 44	I N I	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL
Vecessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
lecessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
Vecessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL
IS Necessary	WICS WCFN WCIA WRSP-TV WILL-TV	49 3 44 9	I N I E	SPRINGFIELD, IL SPRINGFIELD, IL CHAMPAIGN, IL SPRINGFIELD, IL URBANA, IL

EGAL NAME O								SYSTEM 0633
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sy be rece it the C I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which , the community with which th	at the system's h e system's FM an n this point, see p ssed by the cable the station is lice	headend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
0411 01011	ANA	0/5			ANA	0/5		
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.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063347
					^			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT							-
Special	During the accounting period				is any nonne	twork televisio	on program	ı
Statement and	broadcast by a distant stat	-		ourly, on a substitute bac	io, any nonne			
Program Log							YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete t	he program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more space Column 1: Give the title				program") that	at during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for further i	information	
	Do not use general categori		vies" or "basket	tball." List specific program	n titles, for ex	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "I	No."			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by the F	CC or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	tem carried the substitute	program. Use	e numerals, wi	th the mon	ith
	first. Example: for May 7 giv					1 - 4 - 4		h
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came		15 p.m. to 0.2	.o.30 p.m. shc	uiu be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	and regulation	s in	
	effect on October 19, 1976.							
					WHE	EN SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	l		IAGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO	
						_		
					-			
			+					
			+		-	<u> </u>		
						_		
			+		-			
			+					
					-			
			†		-			
			+		-			
						_		
			†		-			
			+					
			_					
						_		
			†		-			
			+					
					_			
						_		
			†		-			
			+					

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063347
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	, 600.00
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		
	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		hts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063347
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	7 20
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 E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s (Agent of space B and that the owner is not a corporation or partnership) of the legal entity identified as own (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. (I b U.S.C., Section 1001(1986)) (I b U.S.C., Section 1001(1	; or ystem as identified
	Date: 08/18/2017	

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 the 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 telephoi 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 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 t 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 lave.

unting Period: 2017/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0633
 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 Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
	····
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmu
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm

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