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	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/28/2017	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

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
		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)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names	s 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:
	-	MACK ALFORD CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpodiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	at you list will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future fi	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
First	CITY OR TOWN STRINGTOWN	OK
Community	(MACK ALFORD CORR)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06335
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	TES				
E	In General: The information in s								
	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 evetam	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular servi	ice at the rate in	dicated	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.	,	0			•			
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		4	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMIS	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.	-	-		-		0	
Transmissions:	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				SHEU. LISI	these other serv		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     Additional set(s)	-		glar protection					
	Additional set(s)     EM radio (if concrete rate)								
	• FM radio (if separate rate)			onnect		-			
	Converter			connect					
				let relocation		-			

g Period: 2	-			
me	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063352
hary hitters: ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an <b>Substitute Basis Stations</b> 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	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 is 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	(1) stations carried only on a part-ti the carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other
	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 locatio FCC. For Mexican or Canad	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list dian stations, if any, give the name of th	program services such as HBO, ESF e-air designation. For example, report vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for independent or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station ne community with which the station	PN, etc. Identify each ort multistream the air in its community n noncommercial endent), "I-M" onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTEN-CW	26	l	ADA, OK
	KTEN-CW KXII-FOX	26 12	I I-M	ADA, OK SHERMAN, TX
cessary			l I-M N	
essary	KXII-FOX	12		SHERMAN, TX
essary	KXII-FOX KXII	12 12	N	SHERMAN, TX SHERMAN, TX
cessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
cessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
ecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
cessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
2cessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
ecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
ecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
ecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
√ecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
lecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
lecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
lecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
lecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
lecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
Necessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
lecessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
Necessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK
s Necessary	KXII-FOX KXII KTEN-ABC	12 12 26	N N-M	SHERMAN, TX SHERMAN, TX ADA, OK

EGAL NAME OF								SYSTEM 1 0633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
cceivable if (1) n the basis of i or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If gnal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived 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	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
				-				
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							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063352
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	<i>sion program</i> , broadcast by	- a <i>distant</i> stati	ion. that your o	cable svste	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	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	on program	
Program Log	broadcast by a distant star	tion?					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 t	he progran	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa			ision program ("substitute	orogram") tha	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further i	informatior	ו.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, wi	ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	bula be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	s in	
								1
			E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- то	
						_		
						_		
							·	
						_		
						_		
						_		
1		1	1			/		1

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063352
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 servic s amount, see	e , <b>032.00</b>
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	<b>\$</b>	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# 063352
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	5
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	3) 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) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the inline 1 of space B.</li> <li>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)]</li> </ul>	
	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. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
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 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 made by satellite carriers to satellite dish owners?	sub- " Concerning Gross Receipts Exclusio
X       NO         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 underpaym 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	
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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. 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	
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	n. Q Interest Assessme
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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	n. Q Interest Assessment - days -
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	n. Q Interest Assessme  days   
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	n. Q Interest Assessme  days    
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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	n. Q Interest Assessme - days - days - a) ease
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	n. <b>Q</b> Interest Assessme - days - days - a) ease
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	n. <b>Q</b> Interest Assessme - days - days - a) ease
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