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

A	ACCO	OUNTING PERIOD COVERED BY THIS ST	ATEMENT: (Y)	YYY/(Period))	
		Paried 4 January		Period 2 July 4 December 24	
		2017/1 Period 1 = Janua	ary 1 - June 30	Period 2 = July 1 - December 31	
		20171 Barcode Data Fi	iling Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the cable system. If of the subsidiary, not that of the parent corporation.	f the owner is a subsid	liary of another corporation, give the full corporate title	
Owner		List any other name or names under which the owner condu	ucts the business of th	e cable system.	
		If there were different owners during the accounting period single statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account and royalty fee payment covering the statement of account			
		Check here if this is the system's first filing. If not, enter the	system's ID number a	ssigned by the Licensing Division.	063545
		LEGAL NAME OF OWNER/MAILING ADDRESS OF	CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTE	M (IF DIFFERENT)		
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF CABLE SYSTE	м		
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)			
		TYLER, TX 75701			
		(City, town, state, zip)			
С		UCTIONS: In line 1, give any business or trade na already appear in space B. In line 2, give the ma			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		TURNEY CENTER			
		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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063545
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Served		
	CITY OR TOWN	STATE
First	CLIFTON	TN
Community	(TURNEY CENTER)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							
	CEQUEL COMMUNICAT	IONS LLC							06354
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						hose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	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 standar		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	e to their subscri	bers. G	Bive the number	er of subsc	ribers and rate	for each list	ed category	
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					I in the count un	der "Servic	e to the	
	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.				1				
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 		0	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		21	41.89					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC				<u> </u>				
_	In General: Space F calls for rat	-			-	I vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, th	•	,		•	• •			
	service for a single fee. There ar	•			•		• • •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		isually	billed. If any ra	ites are ch	larged on a varia	able per-pro	ogram basis,	
Transmissions:	Block 1: Give the standard rat		e cable	e system for ea	ich of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	your cable syst	em furi	nished or offere	ed during t	the accounting p	period that		
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	otion and include	e the ra	ite for each.			-		
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	Idential				
	• Pay cable	-		tel, hotel					
	Pay cable—add'l channel Fire protection			nmercial					l
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	-		glar protection					
	 Additional set(s) 	- (services:					
	 FM radio (if separate rate) 			connect		-			
	Converter		• Dise	connect					
			• Out	let relocation		-			

	2017/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		063545
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: levision	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	also in space I, if the station was carried in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I 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 instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, an independent station, or a (for network multicast), "I" (for independent uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a postitute program Log)—if the pon 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
	WZTV	15	I	NASHVILLE, TN
	WTVF	25	Ν	NASHVILLE, TN
	WSMV-TV	10	N	NASHVILLE, TN
essary	WSMV-TV WNPT	10 8	<u> </u>	NASHVILLE, TN NASHVILLE, TN
essary				
cessary	WNPT	8	E	NASHVILLE, TN
cessary	WNPT	8	E	NASHVILLE, TN
ecessary	WNPT	8	E	NASHVILLE, TN
lecessary	WNPT	8	E	NASHVILLE, TN
lecessary	WNPT	8	E	NASHVILLE, TN
Vecessary	WNPT	8	E	NASHVILLE, TN
lecessary	WNPT	8	E	NASHVILLE, TN
Vecessary	WNPT	8	E	NASHVILLE, TN
Necessary	WNPT	8	E	NASHVILLE, TN
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Necessary	WNPT	8	E	NASHVILLE, TN
s Necessary	WNPT	8	E	NASHVILLE, TN
Necessary	WNPT	8	E	NASHVILLE, TN
Vecessary	WNPT	8	E	NASHVILLE, TN
Necessary	WNPT	8	E	NASHVILLE, TN
s Necessary	WNPT	8	E	NASHVILLE, TN
IS Necessary	WNPT	8	E	NASHVILLE, TN
as Necessary	WNPT	8	E	NASHVILLE, TN

EGAL NAME O								SYSTEM II 0635
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Give the station	y the sys be recein the Co I sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under of 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 licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
			[
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	+							
	L							

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063545
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	on program	ı
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	,		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations i	wherever nos	sihle if their	meanina is	
	clear. If you need more spa				Milerever pos		inearing is	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o les like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	Information	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 en in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			ith the mor	ith
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the I	isted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU	IRRED	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. TII FROM –	MES - TO	DELETION
		103 01 10	ONEE OIGH	4. 01/1101/0 200/1101		TROM	10	
							-	
							-	
							-	
							_	
							_	
						_	_	
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							_	
							-	
						_	-	
							-	
						_	-	
							-	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063545
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 5,400.00
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# 063545
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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 Telepho	one (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 regulation. 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. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 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 here 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 	ce B; or le system as identified owner of the cable system
	Enter an electronic signature on the line above to certify this statement. 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. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0635
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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instrulocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondar made by satellite carriers to satellite dish owners?	for the basic I not include sub- section 119." uctions	P Special Statemen Concerning Gros: 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	or underpayment.	0
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions located in the paper		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the pape		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the pape		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the pape 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 pape		Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the pape Line 1 Enter the amount of late payment or underpayment	er SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the pape Line 1 Enter the amount of late payment or underpayment	er SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 formdaystaystx 0.00274tterest charge)	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. - days - x 0.00274 - terest charge) ssistance please	Q Interest Assessme
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