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	01/09/2018	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	

		2017/2     Period 1 = January 1 - June 30     Period 2 = July 1 - December 31	
Accounting Period		20172 Barcode Data Filing Period (optional - see instructions)	
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.	0.0075
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24075
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Gorham Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 235 (Number, street, rural route, apartment, or suite number)	
		Gorham, KS 67640 (City, town, state, zip)	
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system us 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:	
		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.

Gorham Communications, Inc.24075DInstructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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 filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.First CommunityCITY OR TOWNSTATEFirst CommunityGorhamKSLurayKSParadiseKSKSParadiseKS	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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 filings.         Area served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First Community       CITY OR TOWN       STATE         Gorham       KS         Luray       KS         Paradise       KS		Gorham Communications, Inc.	24075
Served     identified city.       First     CITY OR TOWN       State       First       Community       Luray       Paradise       KS	D	"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.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
First     Gorham     KS       Community     Luray     KS       Paradise     KS			home parks should be reported in parentheses below the
First     Gorham     KS       Community     Luray     KS       Paradise     KS			
Community Luray KS Paradise KS	First		
Paradise KS			
Add base is literative       KS			
	Add Rows as Necessary	Waldo	
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	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Gorham Communication								2407
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the miseparately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for categories.	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in space / transmission umber of billing ice at the rate i harged for eacc (Example: "\$2 ounts allowed in space E, the to their subsc where an in- should be cour- ble service to a	cover a and rac ace F, I ecembe ce E cal service gs in tha indicate h categ 20/mth") for adva e form li ribers. ( dividual nted as addition	Il categories of dio broadcasts not here. All the er 31, as the ca Il for the numbe . In general, yo at category (the d—not the num ory of service. ). Summarize a ance payment. ists the categor Give the numbe or organizatior a subscriber in al sets would b	secondary by your sy- a facts you se may be or of subsc u can com number of ber of sets include bo ny standar ies of seco or of subsc n is receivin each appl e included	stem to subscril state must be t ). ribers to the cal pute the number f persons or org s receiving serv th the amount or d rate variation ondary transmis ribers and rate ing service that t icable category	bers. Give i hose existi ole system, or of subscr anizations ice). f the charg s within a p sion servic for each list alls under of Example:	information ng on the broken ibers in charged e and the particular rate e that cable ted category different a residential	
	first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, the with the number of subscribers a sufficient.	has rate catego ers of services	ories for that ind	secondary trai	nsmission pre second	ary transmissic	ons), list the	em, together ervice is	
		NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	• Service to first set		116	62.95	Basic F	xpanded		33	14.9
	Service to additional set(s)		110	02.95	Dasic L				14.4
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you hished to usually he cable stem fur je was r	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer- nade or establi	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any secconformation com formation shoul arged on a varian applicable servion he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	smission services oth the ogram basis, were not	
		BLO					<b>a</b> · <b>-</b>	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE \$10.95-		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RAT
	Pay cable	\$10.95- \$17.95		tel, hotel	luentiai				
	Pay cable—add'l channel			mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	\$30.00		rglar protection					
	Additional set(s)	\$20.00		services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
				tlet relocation	000				

Inting Period:	2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Gorham Communicat	•		24075
G Primary ansmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(d substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</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 cr ules, 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 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-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the 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, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNW	2	N	Great Bend, KS
	KSAS	4	N	Wichita, KS
Rows as Necessary	KOOD	5	E-M	Hays, KS
· · · · · · · · · · · · · · · · · · ·	KBSH	7	Ν	Hays, KS
	KAKE	8	N-M	Wichita, KS
	KOOD	9	E	Hays, KS
	KAKE	10	Ν	Wichita, KS
	кмтw	16	N-M	Wichita, KS
	KSCW	17	N-M	Wichita, KS
	кмсн	20	N-M	Wichita, KS
	кмтw	21	N-M	Wichita, KS
	KSCW			
		22	N-M	Wichita, KS
	KSCW	22 23	N-M N-M	
				Wichita, KS

EGAL NAME OF						_		SYSTEM I
Gorham Cor	nmunicatio	ons, Inc	<b>.</b>					2407
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) In the basis of For detailed info	it is carried b monitoring, to prmation abou	y the sys be recei	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the opyright Office regulations on	it the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If	lentify the cal tate whether the radio stat	the static tion's sig	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	sed by the cable s	system as a se	eparate	and discrete	
			on (the community to which the community with which the			C or, in	the case of	
0.411.01011		0/0			AN4 514	0.10		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Gorham Communication	ons, Inc.						24075
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi				-	ion that you	r cable syste	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 th	e paper 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 nonne	twork televi	<u>sion</u> progran	1 <u> </u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Trogram Log	Note: If your answer is "No'	' loovo tho	rost of this pag	o blank. If your answor is '		ust complete	-	
		, leave life	rest or tills pag	e bialik. Il your allower is	res, you mu		e ine prograi	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if thei	r meaning is	
	clear. If you need more spa				interer pee	0.0.0, 1. 0.0.	g ie	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.					p.o,o		
				"Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nood by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your syst	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 give							
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	IMES — TO	DELLTION
							_	
							_	
							_	
							_	
					······		— — — — — —	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Gorham Communications, Inc.		24075
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 6,785.75
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:	2017/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: munications, Inc.	SYSTEM ID# 24075
M Channels	<ul><li>to its subscrib</li><li>1. Enter the to system carrie</li><li>2. Enter the to on which the</li></ul>	You must give (1) the number of channels on which the cable system carried television broadcas ers, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable ed television broadcast stations	t stations 13 238
N Individual to Be Contacted		<b>O BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Tonya Murphy 7	Telephone 785-637-5300
	Address	100 Market St., PO Box 235         (Number, street, rural route, apartment, or suite number)         Gorham, KS 67640         (City, town, state, zip)         tmurphy@gorhamtel.com         Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, compilations)	N (This statement of account must be certified and signed in accordance with Copyright Office regimed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 Int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the n line 1 of space B and that the owner is not a corporation or partnership; or incer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained at a correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] $\frac{\chi  /s/ Tonya Murphy}{Enter an electronic signature on the line above to certify this statement enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	of space B; or he cable system as identified ied as owner of the cable system ied herein
		Typed or printed name:     Tonya Murphy       Title:     Secr/Treas.       (Title of official position held in corporation or partnership)	
		Date: 1/9/2018	

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inting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
nam Communications, Inc.	240
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> </ul>	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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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