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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u> </u>
General instructions are located in the first tab of this workbook	03/01/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	31310
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TELECOMMUNICATIONS MANAGEMENT, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MONTGOMERY PLAZA, 4TH FLOOR (Number, street, rural route, apartment, or suite number)	
		SIKESTON, MO 63801 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:	
		210 E. EARLL DRIVE	
	2	(Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012 (City, town, state, zip code)	
L			

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TELECOMMUNICATIONS MANAGEMENT, LLC	31310
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me narks should be reported in parentheses below the
Area Served	identified city.	the parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	FLORA	IN
Community	CAMDEN	IN
	DELPHI	IN
ld Rows as Necessary	BURLINGTON	IN
	CARROLL COUNTY	IN

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								515	3131
	TELECOMMUNICATION	5 MANAGE	MENI	, LLC					010
Б	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondam/	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	•		,	,	,	ole system,	broken	
scribers and	down by categories of secondary	rransmission	service.	In general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	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 ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		912	\$35.49					
			912	ə 3 5.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		42	¢25.40					
	Commercial		43	\$35.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
-	In General: Space F calls for rat					ll your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, the								
. .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usualiy	billed. If any re		arged on a varia	able per-pro	gram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which as				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip			ite for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	\$9-\$18.00		tel, hotel	luentiai				
		\$3-\$10.00		nmercial					
	Pay cable—add'l channel Fire protection			/ cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	\$40.00		glar protection					
		\$40.00							
	Additional set(s) EM radio (if separate rate)			services:		\$25.00			
	 FM radio (if separate rate) 		• Rec	connect		\$25.00			
	Convortor		- Die	connect					
	Converter								
	• Converter		• Out	connect let relocation ve to new addr		\$25.00			

lama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	TELECOMMUNICATIO	ONS MANAGEMENT, LLC		31:
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 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 basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network program (e)(2) and (4))]; and (2) certain state arried by your cable system on a sum the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, repre- tision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education to community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI	21	E	INDIANAPOLIS, IN
	WHMB	20	I	INDIANAPOLIS, IN
as Necessary	WISH	9	Ν	INDIANAPOLIS, IN
		11	Ν	
	WLFI			WEST LAFAYETTE, IN
	WLFI WNDY	32	I	WEST LAFAYETTE, IN INDIANAPOLIS, IN
			I N	
	WNDY	32	<u>I</u>	INDIANAPOLIS, IN
	WNDY WRTV	32 25	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN
	WNDY WRTV WTHR	32 25 13	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WNDY WRTV WTHR WTTV	32 25 13 48	1 N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN

Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
TELECOMM	UNICATIO	NS MA	NAGEMENT, LLC					31310
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be receint the Co	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain s	be expected, tated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether the radio stat this by placing Give the station	the static tion's sig g a check n's locati	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
_								

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	TELECOMMUNICATIO	NS MANA	GEMENT, L	LC			31310
	SUBSTITUTE CARRIAGE				2		
I I	In General: In space I, identi					ion that your cable syste	am carried on a
•	substitute basis during the ad						
Substitute	explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE			
Special Statement and	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television program	n
Program Log	broadcast by a distant stat	tion?				YES	NO
	Note: If your answer is "No"	leave the	rest of this pac	e blank. If your answer is "	'Yes " vou mu		m
	log in block 2.	,	reet of the pag		, journe		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their meaning is	6
	clear. If you need more space				orogram") the	t during the accounting	
	period, was broadcast by a			sion program ("substitute p ur cable system substitute			
	under certain FCC rules, reg	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	"Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
				e community to which the			
	the case of Mexican or Can			community with which the steep the steep the second s			nth
	first. Example: for May 7 giv		when you byo			numeralo, with the mo	
	Column 6: State the time	es when the		gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was require	ed
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
							-
						N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	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	6. TIMES FROM — TO	
		100 01 110	ONEE OIGH				
						_	
						_	
						_	
						—	
						_	
1	[1	1			r	7

Accounting Period:	2017/2		FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC		S	YSTEM ID 3131
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	's secondary trai	nsmission servic his amount, see	of e 9,837.90
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 les • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more informa-	s than \$527,600		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 ar			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula \$			
			_	
	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		139,837.90	
	5. Enter the amount from line 3		123,962.10	
	6. Subtract line 5 from line 4			70.20
	7. Multiply line 6 by .005 (enter figure here)			79.38
	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.		. \$	79.38
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (t	out less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula)	
	3. Subtract line 2 from line 1		<u>-</u>	
	4. Multiply line 3 by .01		_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	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)	\$	79.38	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	99.38
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			hts!

Accounting Period:	2017/2									FORM	M SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: INICATIONS MANAGEMEN	NT, LLC								SYSTEM ID# 31310
M Channels	to its subscribe1. Enter the tota system carried2. Enter the tota on which the other	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television dcast services	total numb ch the cabl s els n broadcas	ber of activate	ed channels du	iring the ac	counting perio			9 250	
N Individual to Be Contacted	we can contact	O BE CONTACTED IF FURTH about this statement of accou	int.)	DRMATION IS	S NEEDED (Ide	entify an in	dividual to who			105	
for Further Information	Name	EMERSON YEARWO	JOD					I elepnone	602-364-6	0195	
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar		uite number)							
		PHOENIX, AZ 85012 (City, town, state, zip)	2								
	Email	EMERSON.YE	EARWOO	D@CABLE	ONE.BIZ		Fax (option	al) 602-364-60	13		
	CERTIFICATION	V (This statement of account m	nust be ce	ertified and sig	aned in accorda	ance with C	Copyright Offic	e regulations)			
O Certification	(Own	ned, hereby certify that (Check o her other than corporation or p nt of owner other than corpora	partnershi	ip) I am the ow artnership) I a	vner of the cabl am the duly aut	horized age				ified	
	X (Offi ir • I have examine are true, comple	n line 1 of space B and that the of icer or partner) I am an officer (n line 1 of space B. ad the statement of account and ete, and correct to the best of my tion 1001(1986)]	(if a corporation of the corpora	ration) or a par	rtner (if a partne enalty of law the	ership) of th at all statem	nents of fact co		ner of the cable	e system	
		Typed or printed Title:	Enter sig	n electronic sign gnature using a RAYMO PRESIDEI	MOND STO nature on the lii an "/s/ signature MD STORC NT	ne above to " (e.g., /s/		ement.	-		
		Date:					February 2	8, 2018			

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ounting Period: 2017/2	FORM SA1-2E. PA
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ECOMMUNICATIONS MANAGEMENT, LLC	31
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 ac lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	or the basic not include sub- Special Stateme
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form.	tions
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	transmissions
X NO	
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 u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper s	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or up For an explanation of interest assessment, see page (viii) of the general instructions located in the paper of Line 1 Enter the amount of late payment or underpayment	SA1-2 form.
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	SA1-2 form.
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or up For an explanation of interest assessment, see page (viii) of the general instructions located in the paper of Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessm days
You must complete this worksheet for those royalty payments submitted as a result of a late payment or use For an explanation of interest assessment, see page (viii) of the general instructions located in the paper of Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessm days
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper 3 Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessm days - 0.00274 - rest charge) iistance please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper is Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessm days days 0.00274 rest charge) istance please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper i Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessm days days 0.00274 rest charge) istance please
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or u 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	SA1-2 form. Interest Assessm days days 0.00274 rest charge) istance please
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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.