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 workbool 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	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20172 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)
	INICTI	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MONAHANS, TX
		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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 003698
D	Instructions: List each separate community served by the cable system. A "communit" "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 h	ty" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MONAHANS	TX
Community		TX
	WARD COUNTY(PORTION)	ТХ
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							00369
	SECONDARY TRANSMISSION				TER				
E	In General: The information in s			-	-	v transmission s	ervice of th	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ing on the	
Transmission	last day of the accounting period							h na lua n	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate in	dicated	-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iy standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				es of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-ha	nd block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	()	
	BLC	NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:			00.45					
	Service to first set		445	28.45					
	Service to additional set(s)		342	0					
	• FM radio (if separate rate)								
	Motel, hotel		454	22.24					
	Commercial		151	30.61					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES	;				
Б	In General: Space F calls for rat	e (not subscribe	er) inforr	nation with res	pect to al	I your cable sys	em's serv	ices that were	
F	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					u gou on a rand	iolo poi pi	og.a 200.0,	
ransmissions:	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				neu. List	linese oliner serv		e ionni or a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi			0,1120		
	• Pay cable	17.00	• Mote	el, hotel					
	Pay cable—add'l channel	19.00		mercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection	-				
	First set	40.00		lar protection					
	<ul> <li>Additional set(s)</li> </ul>			ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	Converter			onnect					
				et relocation		25.00			
				e to new addre	222	40.00			

				OVOTEN
ne	LEGAL NAME OF OWNER OF			SYSTEM I 0036
	CEQUEL COMMUNIC			0000
ary itters: sion	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <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 basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, Wit <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te	entify every television station (including i 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° s explained in the next paragraph. : With respect to any distant stations ca lles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepe- or "E-M" (for noncommercial education ictions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast).
		2. B'CAST CHANNEL NUMBER		
	KMID	2. B CAST CHANNEL NOMBER 26	N	MIDLAND, TX
	KMLM	42		ODESSA, TX
s as Necessary				
	KOSA-TV	7	N	ODESSA. TX
		•••••••••••••••••••••••••••••••••••••••		ODESSA, TX ODESSA. TX
ssary	КРВТ-ТV	7 38 23	EI	ODESSA, TX
ssary		38		ODESSA, TX ODESSA, TX
ssary	KPBT-TV KPEJ-TV	38 23 20	E	ODESSA, TX ODESSA, TX ODESSA, TX
ssary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO	38 23	E I I-M	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
essary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX
cessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
ecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
ecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
ecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
ecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
Vecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
Vecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
Vecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
lecessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
Necessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
Necessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
Necessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX
Necessary	KPBT-TV KPEJ-TV KTLE-TELEMUNDO KUPB	38 23 20 18	E I I-M I	ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX

EGAL NAME OI								SYSTEM II 0036
	NSMITTERS	: RADIO						
			arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	It 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 jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
			1	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	L							

Accounting Perio	od: 2017/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					003698
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, identi				•	ion that your cat	nle syster	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pap	per 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 nonne	twork television	program	<u> </u>
Program Log	broadcast by a distant sta	tion?					YES	X NO
r rogram Log	Note: If your answer is "No	' loovo tho	rest of this nac	e blank. If your answer is '	'Yee " vou mi		-	
		, leave the	rest of this pag	je blatik. Il your allower is	res, you mu	ist complete the	piografi	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	aning is	
	clear. If you need more spa					,	5	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love L	ucv" or	-
	"NBA Basketball: 76ers vs.				,	<b>I</b> - ,		
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the EC(	C or in	
	the case of Mexican or Can						0 01, 11	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute	orogram. Use	numerals, with	the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		a program cam		15 p.m. to 0.2	0.50 p.m. should	ube	
	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 regulations in	n	
						N SUBSTITUT		
	S		TE PROGRAM	1		AGE OCCURF		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 TO	511211011
						_		
						_		
								·
						_		
						_		
						_		
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 003698
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 service s amount, see	, <b>688.20</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	\$	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         \$ 263,800.00		
	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	1
	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		nts!

Accounting Period:	2017/2						FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: MMUNICATIONS LLC					SYSTEM ID# 003698
M Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of ers, and (2) the cable system's t tal number of channels on which ed television broadcast stations tal number of activated channel cable system carried television dcast services	total numbe h the cable 	er of activated channels d	uring the a	ccounting period.	8 . 121
N Individual to Be Contacted		TO BE CONTACTED IF FURTH at about this statement of account		RMATION IS NEEDED (Id	entify an in	dividual to whom	
for Further Information	Name	SARAH BOGUE				Telephone	<u>(903) 579-3121</u>
	Address	3015 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		e number)			
	Email	SARAH.BOGU	E@ALTIC	EUSA.COM		Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Off     I have examinare true, complete	N (This statement of account m aned, hereby certify that (Check o <b>ner other than corporation or p</b> <b>ant of owner other than corpora</b> in line 1 of space B and that the o ficer or partner) I am an officer (i in line 1 of space B. ed the statement of account and ete, and correct to the best of my ction 1001(1986)]	ne, <i>but only</i> partnership) ation or par owner is not if a corporat hereby decl knowledge	r one, of the boxes.) ) I am the owner of the cab rtnership) I am the duly au a corporation or partnersh tion) or a partner (if a partn lare under penalty of law th e, information, and belief, ar	le system a thorized age ip; or ership) of th at all staten nd are made	s identified in line 1 of space f ent of the owner of the cable s ne legal entity identified as own nents of fact contained herein	3; or ystem as identified
			Enter an e	/s/ Michael Schreib	ine above to		-
		Typed or printed	d name:	MICHAEL SCHREI	BER		
		Title: (Title of o		CHIEF CONTENT OF			
		Date:				02/18/2018	

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

unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	00369
<ul> <li>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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </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 transmission made by satellite carriers to satellite dish owners?</li> </ul>	ub- Special Statemen 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 underpaymer 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.	Q
	Q
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.	L L
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
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