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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
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

Α	ACCO	OUNTING 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.	4962
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Great Plains Cable Television, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P. O. Box 500	
		(Number, street, rural route, apartment, or suite number)	
		Blair, NE 68008 (City, town, state, zip)	
С	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ι	unless these
C	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name D	Great Plains Cable Television, Inc. Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c	4962 hity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated c	nity" is the same as a "community unit" as defined in FCC rules:
	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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Broken Bow	NE
Community	Arnold	NE
	Callaway	NE
Add Rows as Necessary	Stapleton	NE NE
	Oconto	

	LEGAL NAME OF OWNER OF CA								1-2E. PAGE
Name								513	496
	Great Plains Cable Tele	vision, inc.							-00
Е	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							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 nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e 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					I in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					convice that are	different fr	om those	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a								
	sufficient.		-		1	-			
	BLC	CK 1 NO. OF					BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		861	23.49	Broado	aster Fee		861	9.0
	Service to additional set(s)								
	• FM radio (if separate rate)				Add'l C	onverters		71	3.9
	Motel, hotel								
	Commercial				HD Equ	uipment Leas	Se	256	19.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		s				
-	In General: Space F calls for rat	-			-	ll your cable syst	tem's servi	ces that were	
F	not covered in space E, that is, t								
Comisso	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		ubuuny	billed. If dify fe				ogram bablo,	
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				sneu. List	these other serv	ices in the	IOTTI OF A	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATECO	BLOCK 2	RATE
	Continuing Services:	RAIL		ation: Non-res		NAIL	CATEG	DRT OF SERVICE	NAIL
	Pay cable	17.00		tel, hotel	naentiai				
	Pay cable—add'l channel	15.00		mmercial					
	Fire protection	10.00		/ cable					
	•Burglar protection		-	/ cable-add'l cl	nannel				
	Installation: Residential		-	e protection					
	• First set	65.00		glar protection					
	Additional set(s)	65.00		services:					
	• FM radio (if separate rate)			connect		65.00			
	Converter			connect					
	Converter					65.00			
	Conventer		• Out	tlet relocation ve to new addr	ess	65.00 65.00			

counting Period: 2	2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Great Plains Cable Te	elevision, Inc.		4962
G Primary	carried by your cable syste FCC rules and regulations	TELEVISION entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6	 stations carried only on a part- e carriage of certain network progr 	time basis under ams [sections
Transmitters: Television	Substitute Basis Stations basis under specific FCC m • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each	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	ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or	Log)—if the to on some other tions. PN, etc. Identify each ort multistream • the air in its community a noncommercial
	(for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru in of each station. For U.S. stations, list dian stations, if any, give the name of th	r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station ne community with which the statio	ional multicast). n is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2	Ν	North Platte, NE
	KFXL	51	Ν	Lincoln, NE
Rows as Necessary	KOLN.1	10	Ν	Lincoln, NE
	KSNB	4	Ν	Superior, NE
		4.2	N-M	
	KUON	12.1	Е	Lincoln, NE
		12.2	E-M	
		12.3	E-M	
	κτιν	4.2	N-M	Sioux City, Iowa
	KHGI	13	N	Kearney, Nebraska

EGAL NAME OF								SYSTEM II
Great Plains	Cable Tele	evision	, Inc.					49
	every radio s	tation ca	arried on a separate and discre					н
	-	-	nerally receivable by your cab					
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright 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	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0 / D				0 (5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2017/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Great Plains Cable Tel	evision, I	nc.					4962
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOO	G			
	In General: In space I, identi	ifv everv nor	nnetwork televis	ion program. broadcast by	a distant stat	ion. that vour o	cable svste	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	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 nonnet	twork televisio	on program	1
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Neter If your anowar is "No	' loovo tho	reat of this near	a blank. If your anowar is "				
	Note: If your answer is "No	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete t	ne progran	11
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their r	meaning is	
	clear. If you need more spa				Milerever poo		incurning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re							٦.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	Ibali. List specific program	i lilles, ioi exa	ample, i Love	Lucy OI	
			dcast live, enter	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can			community with which the s			th the mor	oth
	first. Example: for May 7 giv		when your sys		ologiani. Ose	numerais, wi		101
			substitute pro	gram was carried by your o	cable system.	List the times	s accurate	lv
	to the nearest five minutes.							5
	stated as "6:00-6:30 p.m."	"D"						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							alli
	effect on October 19, 1976.						•	
	9			I				7 REASON FOR
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S			N SUBSTITU AGE OCCUI 6. TIM	RRED	7. REASON FOR DELETION
	S			4. STATION'S LOCATION	CARRI	AGE OCCU	RRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED //ES	

Accounting Period:	2017/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Great Plains Cable Television, Inc.				4962
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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	stem's se n of how f	econdary trans to compute this	mission servic s amount, see	ce 3,162.40
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3.				
Royalty Fee	 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info 	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period			·	
	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	and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	ore than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		183,162.40		
	3. Subtract line 2 from line 1		80,637.60		
	4. Enter the amount of gross receipts from space K	<u>.</u>	\$ 1	83,162.40	
	5. Enter the amount from line 3		\$	80,637.60	
	6. Subtract line 5 from line 4	_	\$ 1	02,524.80	
	7. Multiply line 6 by .005 (enter figure here)			\$	512.62
	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	nd 8		\$	512.62
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess 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	-			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	-			
	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)	· · · · · · · -	\$	512.62	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	532.62
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo		-		jhts!

	: 2017/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Cable Television, Inc.	SYSTEM ID# 4962
M Channels	to its subscrib 1. Enter the to system carrie 2. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	16
	and nonbroa	adcast services	125
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	LeaAnn Quist Telephone 402-	426-6434
	Address	P. O. Box 500 (Number, street, rural route, apartment, or suite number)	
		Blair, NE (City, town, state, zip)	
	Email	Iquist@gpcom.com Fax (optional)	
O Certification		ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ow	mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or	as identified
		ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	a cable system
		in line 1 of space B.	
	are true, comp		
	are true, comp	in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	are true, comp	in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] $\underbrace{X /s/Janelle Allison}_{Enter an electronic signature on the line above to certify this statement.$	
	are true, comp	in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] $\underbrace{X /s/Janelle Allison}_{Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television, Inc.	496
 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
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 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
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 Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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