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	02/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	61339
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BR CABLEVISION CO CORP	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1805 N DIXIE HWY (Number, street, rural route, apartment, or suite number)	
		LIMA, OH 45801-3255 (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 is 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:	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D	BR CABLEVISION CO CORP Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	mmunities within unincorporated areas and including single,
Area Served	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 hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	BENTON RIDGE UNINC	OH
Add Rows as Necessary	UNINCORPORATED AREA SURROUNDING BENTON RIDGE	ОН

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								515	6133
	BR CABLEVISION CO C	URP							0100
Е	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Cocondom/	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period						nose existii	ig on the	
Service: Sub-	Number of Subscribers: Both	•		'	,	,	ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							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 o								
	Block 2: If your cable system								
	printed in block 1 (for example, the number of subscribers								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-n	Ianu Diock. A lv	vo- or thre	e-word descripti	ion of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		168	20.00					
	Service to additional set(s)		100	20.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
Е	In General: Space F calls for rat	•	,		•				
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	rate column.	-	-		-		3 • • • • • ,	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip				Sheu. List	these other serv		ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	62.00	• Mo	tel, hotel			ADDITI	ONAL STB	6.0
	Pay cable—add'l channel		• Co	mmercial			DVR SE	RVICE	6.0
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pay	y cable-add'l ch	nannel				
	Installation: Residential		• Fire	e protection					
									•••••••
	First set	17.00	• Bur	glar protection					
		17.00		rglar protection services:					
	First set	17.00	Other	•		29.00			
	First setAdditional set(s)	17.00	Other : • Red	services:		29.00			
	 First set Additional set(s) FM radio (if separate rate) 	17.00	Other : • Rec • Dis	services: connect		29.00			

ing Period: 2	-			FORM SA1-2E. PAGE
lame				SYSTEM ID 6133
	BR CABLEVISION CO			0100
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(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> 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 educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	lentify every television station (including f em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.67 as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s tering the letter "N" (for network), "N-M" (i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list	t (1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume 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, represent vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education to the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). h is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ne community with which the station 3. TYPE OF STATION	n is identified. 4. LOCATION OF STATION
	WTOL	11.1	N	TOLEDO, OH
	WTOL	11.2	N	TOLEDO, OH
Vecessary	WTVG	13.1	N	TOLEDO, OH
recessor y	WTVG	13.2	N	TOLEDO, OH
	WTVG	13.3	N	TOLEDO, OH
	WFND	22.1	Ν	FINDLAY, OH
	WNWO	24.1	Ν	TOLEDO, OH
	WNWO	24.2	N	TOLEDO, OH
	WNWO	24.3	Ν	TOLEDO, OH
	WBGU	27.1	E	BOWLING GREEN, OH
	WBGU	27.02	E	BOWLING GREEN, OH
	WBGU	27.3	E	BOWLING GREEN, OH
	WGTE	30.1	E	TOLEDO, OH
	WGTE	30.2	E	TOLEDO, OH
	WGTE	30.3	E	TOLEDO, OH
	WUPW	36.1	Ν	TOLEDO, OH
	WUPW	36.2	Ν	TOLEDO, OH
	WLMB	40.1	I	TOLEDO. OH
		40.1 44.1	<u> </u>	TOLEDO, OH LIMA, Oh
	WLMB		I I I	LIMA, Oh
	WLMB WTLW	44.1		
	WLMB WTLW	44.1		LIMA, Oh

BR CABLEV	F OWNER OF (SYSTEM I 613
n General: Lis		station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Give the station	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	T	1				1		
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.
Mama	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	BR CABLEVISION CO	CORP						61339
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	G			
I	In General: In space I, ident substitute basis during the a	ify every nor	nnetwork televis	sion program, broadcast by	a <i>distant</i> stati			
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 				s, any nonnet	work television	on progran	า
Statement and	broadcast by a distant sta	•					YES	× NO
Program Log	-						-	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete t	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lee abbreviations v	wherever nos	eible if their i	meanina is	
	clear. If you need more spa				Milerever pos		ineaning is	1
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further	Information	٦.
	"NBA Basketball: 76ers vs.		vies of baske	toali. List specific program		ampie, i Love	E LUCY OF	
				r "Yes." Otherwise enter "N				
				sting the substitute progra				
	the case of Mexican or Can			e community to which the				
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sno	bula be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulation	s in	
	effect on October 19, 1976.							
					W/HE	N SUBSTIT	UTE	
				-				
				1	CARRI	AGE OCCU	RRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BR CABLEVISION CO CORP	S	*STEM ID 61339
			01339
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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	e 9,960.00
	COPYRIGHT ROYALTY FEE		
Copyright	 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: BR CABLEVISION CO CORP	SYSTEM ID# 61339
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	22 138
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name MEGAN M. SCHULTE Telephone	419-859-2144
	Address 1805 N. DIXIE HWY (Number, street, rural route, apartment, or suite number) LIMA, OH 45801 (City, town, state, zip)	
	Email brtinfo@bright.net Fax (optional) 419-859-2150	0
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	stem as identified
	X /s/ Megan M. Schulte Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Megan M. Schulte	
	Title: Controller - Secretary/Officer (Title of official position held in corporation or partnership)	
	Date: 2/27/18	

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
CABLEVISION CO CORP	6133
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 fol- lowing 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 sub- scribers 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?	P Special Statement Concerning Gross Receipts Exclusior
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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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	Interest Assessmen
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