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	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/26/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	63111
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM NEBRASKA INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2000 COMMUNICATIONS BLVD	
		(Number, street, rural route, apartment, or suite number)	
		BALDWIN GA 30511-1762 (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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	1	b. Weissen and the second sec second second sec	

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#
Name	WINDSTREAM NEBRASKA INC	63111
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c 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.	ommunities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	nome parts should be reported in parentneses below the
	CITY OR TOWN	STATE
First	ADAMS	NE
Community	GOLD CREST RETIREMENT CENTER	NE
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	6311
	WINDSTREAM NEBRAS								0011
Е	SECONDARY TRANSMISSION			-	-				
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							ig on the	
Service: Sub-	Number of Subscribers: Both						le 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							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for advar	ice payment.	-				
	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 I	-		•					
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.	inu rates, in the	пуп-па	THU DIOCK. A IN	vo- or the	e-word description		ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				0.11			CODOCIADEIRO	
	Service to first set		55	18.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			I						
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un	it in which it is							
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and includ	e the rat	e for each.					
			ר אר ר					BLOCK 2	
		BLOO						RY OF SERVICE	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services:		CATEG	ORY OF SER		RATE	CATEGO	NT OF SERVICE	RATE
			CATEGO Installat			RATE	CATEGO		RATE
	Continuing Services:		CATEGO Installat • Mote	ion: Non-res		RATE	CATEGO		RATE
	Continuing Services: • Pay cable		CATEGO Installat • Mote • Com • Pay	ion: Non-res el, hotel mercial cable	idential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEGO Installat • Mote • Com • Pay	ion: Non-res el, hotel mercial	idential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEGO Installat • Mote • Com • Pay • Pay • Fire	ion: Non-res el, hotel mercial cable cable-add'l cl protection	idential	RATE	CATEGO		RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEGO Installat • Mote • Com • Pay • Pay • Fire	ion: Non-res el, hotel mercial cable cable-add'l cl	idential	RATE			RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		CATEGO Installat • Mote • Com • Pay • Pay • Fire	ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection	idential	RATE			RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ion: Non-res I, hotel mercial cable cable-add'l cl protection lar protection	idential	RATE			RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other se • Recc	ion: Non-res il, hotel mercial cable cable-add'l cl protection lar protection ervices:	idential	RATE			RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices: ponnect	idential	RATE			RAT

ccounting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	WINDSTREAM NEBRA			63111
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of eles, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carried in concerning substitute basis stations s's call sign. <i>Do not</i> report origination t with a station according to its over-the he form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subst the Special Statement and Program Low ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a rai (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 the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne 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
	KLKN	8	N	LINCOLN NE
	KOLN	10	N	
as Necessary	KHAS	5	N	
,	KUON	12	E	
	KFXL	17	N	
	KHGI	13	Ν	LINCOLN NE

								SYSTEM IE 631
								031
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether if 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 checl 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 k 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 this point, see pa ed 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, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

	od: 2017/2						FOR	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	WINDSTREAM NEBRA	SKA INC						63111
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOO	3			
	In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	a distant stati	on, that you	ur cable syste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or au	uthorizations.	. For a further
Substitute	explanation of the programm	ing that mus	st 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							
Special Statement and	 During the accounting per 		r cable system	carry, on a substitute basis	s, any nonnet	work televi	sion progran	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	6
	clear. If you need more spa Column 1: Give the title			sion program ("substitute p	program") that	t. durina th	e accounting	1
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re							n.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	toall." List specific program	i titles, for exa	ample, "I Lo	ove Lucy or	
	Column 2: If the program	n was broad		" "Yes." Otherwise enter "N				
				sting the substitute program		معماله بنفاء م		
	the case of Mexican or Can			e community to which the community with which the s			e FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute p	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ely
	stated as "6:00–6:30 p.m."	Example: u	i program oann		o p.m. to 0.2	0.00 p.m. 0		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.							
	S	UBSTITUT	E PROGRAM	I		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NEBRASKA INC	S	YSTEM ID# 63111
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 servic s amount, see	e 5 ,940.00
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	7,600)	
	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	
	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		WNER OF CABLE SYSTEM: NEBRASKA INC				SYSTEM ID# 63111
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	and (2) the cable system's number of channels on whi television broadcast station number of activated channe able system carried televisio	total number of ac ch the cable s els n broadcast station	ich the cable system carried f tivated channels during the a	ccounting period.	6
N Individual to Be Contacted		BE CONTACTED IF FURT bout this statement of accord		DN IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	PAM HENDRIX (par	n.hendrix@wir	ndstream.com)	Telephone	706.776.4618
	Address	2000 COMMUNICAT (Number, street, rural route, apa BALDWIN GA 3051 (City, town, state, zip)	rtment, or suite number	r)		
	Email	sandra.blade(@windstream.com	1	Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in I X (Office in I I have examined	d, hereby certify that (Check r other than corporation or of owner other than corpor ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. the statement of account and e, and correct to the best of m	one, <i>but only one</i> , of partnership) I am the ration or partnershi owner is not a corpora (if a corporation) or a d hereby declare unc	ne owner of the cable system a	is identified in line 1 of space E ent of the owner of the cable s ne legal entity identified as own ments of fact contained herein e in good faith.	3; or ystem as identified
		Typed or printe	Enter an electroni Enter signature us	ic signature on the line above to sing an "/s/ signature" (e.g., /s/ DTHY P LOKEN	o certify this statement.	-
		Title: (Title o		REGULATORY REPO	RTING	
		Date:			FEBRUARY 22, 2018	

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unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DSTREAM NEBRASKA INC	631
 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 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? X NO 	Concerning Gros Receipts Exclusio
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.	Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L Q Interest Assessme
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. Line 1 Enter the amount of late payment or underpayment	Q
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