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	T 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> For additional information,
General instructions are located in the first tab of this workbook	2/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		CARLIN CONSERVATION
		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:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	63265
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	CARLIN	NV
Community	(CARLIN CONSERVATION)	
Add Rows as Necessary		

	·								-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	CEQUEL COMMUNICAT	IONS LLC							6326
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
<b>-</b> .	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						hose existii	ng on the	
Transmission Service: Sub-	Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	bers. G	Sive the numbe	r of subsc	ribers and rate f	or each list	ed category	
	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 "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-ha	and block. A tw	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.				1			0	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		_						
	Commercial		8	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMIS	SIONS: RATES	S				
Б	In General: Space F calls for rat	e (not subscribe	er) infor	mation with res	spect to al	I your cable sys	tem's servi	ces 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	rate column.	-	-		-		<b>3</b> • • • • • ,	
Fransmissions:	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				SHEU. LISI	linese oliner serv		IOTTI OF A	
		BLOC							
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection	-				
	First set	-		glar protection					
	Additional set(s)	- (		services:					
	• FM radio (if separate rate)			connect		_			
	Converter			connect					
				let relocation					
			Jui	ist is occution		_			
			• Mo	ve to new addr	966				

· · · ·				FORM SA1-2E. PAGE 3.
lame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		63265
G smitters: evision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 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, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>except</i> n 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- les, 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 n concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (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 instruction orogram services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSTU-Fox	28	I	SALT LAKE CITY, UT
	KUTH-Univision	32	l	PROVO, UT
ecessary	KUTV-CBS	34	Ν	SALT LAKE CITY, UT
ecessary	KUTV-CBS KSL-NBC	34 5	N N	
cessary				SALT LAKE CITY, UT
cessary	KSL-NBC	5	N	SALT LAKE CITY, UT SALT LAKE CITY, UT
cessary	KSL-NBC KTVX-ABC	5 40	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT
lecessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
lecessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
lecessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
ecessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
5 Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
5 Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
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5 Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
is Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
as Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT
as Necessary	KSL-NBC KTVX-ABC KBYU-PBS	5 40 11	N N	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT PROVO, UT

	F OWNER OF C							SYSTEM II 632
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 Sive the station	y the sys be recein the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under of 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	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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0		UALL SIGN		310		
	+							

Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				63265
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3		
I I	In General: In space I, identi				-	ion that your cable s	system 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 Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television pro	gram
Program Log	broadcast by a distant sta	tion?				YE	s × NO
i rogiani 20g	Note: If your answer is "No'	leave the	rest of this nad	e blank. If your answer is '	Yes " vou mi		
		, leave the	rest of this pag		res, you me		gram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meanir	ng is
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-
				sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	es like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy	" or
	"NBA Basketball: 76ers vs.						
				r "Yes " Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or	, in
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is iden	ntified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the	month
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	ahla evetam	List the times accu	rately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						rogram
	effect on October 19, 1976.						
			E PROGRAM	1		EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0
						_	
						<u></u>	
						_	
						_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 63265
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 transs (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 services amount, see	e 2,808.00
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	<b>\$</b>	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	<u> </u>	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	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		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 63265
M Channels	<ul><li>to its subscrib</li><li>1. Enter the to system carri</li><li>2. Enter the to on which the</li></ul>	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations	7
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	SARAH BOGUE Telephone	(903) 579-3121
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email	SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	I, the undersigned (Ow (Ag	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.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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 oblete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	3; or ystem as identified
		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: MICHAEL SCHREIBER	
		EVP, CHIEF CONTENT OFFICER           (Title of official position held in corporation or partnership)	
		Date: 02/18/2018	

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Inting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
UEL COMMUNICATIONS LLC	6320
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </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 transmissions made by satellite carriers to satellite dish owners?</li> </ul>	P Special Statement 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 underpayment.	
	Q
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 Assessme
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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	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         Line 2       Multiply line 1 by the interest rate* and enter the sum here         x	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
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