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	08/29/2018	\$ 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))	
		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.	1411
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Community Antenna System, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1010 Lake Street (Number, street, rural route, apartment, or suite number)	
		(Number, street, rural route, apartment, or suite number) Hillsboro., WI 54634 (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 un	
System	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	space B.
Gystein	1		
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Community Antenna System, Inc.	1411
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or m	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ELROY	WI
Community		
Add Rows as Necessary		

								FORM SA1	TEM IC
Name								313	141
	Community Antenna Sy	stem, Inc.							141
Е	SECONDARY TRANSMISSION	SERVICE: SL	BSCRIE	BERS AND RA	TES				
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	blocks in spa	ce E call	for the number	er of subsc	ribers to the cab			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							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	ble service to a	additiona	al sets would b	e included				
	first set" and would be counted o					and in that and	-1:66 - u - u + 6-		
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		0			•			
	BLC	DCK 1 NO. OF					BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		135	94.39	service	e to 1st set		43	38.3
	<ul> <li>Service to additional set(s)</li> </ul>		68	1.25					
	• FM radio (if separate rate)								
	Motel, hotel		1	94.39					
	Commercial		3	94.39					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		S				
-	In General: Space F calls for rat	-				ll your cable syst	em's servi	ces that were	
F	not covered in space E, that is, th								
Comilana	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		abaany	billed. If dify fd				ogram babio,	
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				sned. List	these other serv	ices in the	form of a	
							1		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATI
	Continuing Services:	NATE		tion: Non-res		NAIL	CATEG	DRT OF SERVICE	NATI
	Pay cable			el, hotel	aentiai				
	Pay cable—add'l channel	7.50		nmercial					
	• Fire protection	7.50		cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	40.00		glar protection					
	Additional set(s)	15.00		services:					
	• FM radio (if separate rate)	.0.00		connect		25.00			
	Converter			connect		23.00			
	Somorton					25.00			
				let reincation					
				let relocation	<b>6</b> 99	25.00 25.00			

ounting Period.	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	Community Antenna	•		141
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC m	entify every television station (including 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 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr (1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su	time basis under ams [sections ations carried on a bstitute program
	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	also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. lel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. In case whether the station is a network ering the letter "N" (for network), "N-M" ( i, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the	see page (v) of the general instruct orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form.	tions. PN, etc. Identify each ort multistream the air in its community a noncommercial rendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTBS	17	I	ATLANTA GA
	WEAU	13	N	EAU CLAIRE WI
ows as Necessary	WKBT	8	Ν	LACROSSE WI
	WKOW	27	Ν	MADISON WI
	WHA	21	Е	MADISON WI
	WISC	3	Ν	MADISON WI
	WMSN	47	Ν	MADISON WI
	тум	14	I	MADISON WI
	WIFS	57.1	<u> </u>	JANESVILLE WI
	WKOW.2	27.2	N-M	MADISON WI
	WKOW.3	27.3	N-M	MADISON WI
	WEAU.2	13.2	N-M	
			14-141	EAU CLAIRE WI
	WHA.3	21.3	E-M	MADISON WI
	WHA.3 WIFS.2		E-M	
		21.3 57.2 57.3		MADISON WI
	WIFS.2 WIFS.3	57.2 57.3	E-M I-M I-M	MADISON WI JANESVILLE WI JANESVILLE WI
	WIFS.2 WIFS.3 WIFS.4	57.2 57.3 57.4	E-M I-M I-M I-M	MADISON WI JANESVILLE WI JANESVILLE WI JANESVILLE WI
	WIFS.2 WIFS.3 WIFS.4 WIFS.5	57.2 57.3 57.4 57.5	E-M I-M I-M I-M I-M	MADISON WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI
	WIFS.2 WIFS.3 WIFS.4 WIFS.5 WIFS.6	57.2 57.3 57.4 57.5 57.6	E-M I-M I-M I-M I-M I-M	MADISON WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI
	WIFS.2 WIFS.3 WIFS.4 WIFS.5 WIFS.6 WIFS.7	57.2 57.3 57.4 57.5 57.6 57.7	E-M I-M I-M I-M I-M I-M I-M	MADISON WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI
	WIFS.2 WIFS.3 WIFS.4 WIFS.5 WIFS.6	57.2 57.3 57.4 57.5 57.6	E-M I-M I-M I-M I-M I-M	MADISON WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI
	WIFS.2 WIFS.3 WIFS.4 WIFS.5 WIFS.6 WIFS.7	57.2 57.3 57.4 57.5 57.6 57.7	E-M I-M I-M I-M I-M I-M I-M	MADISON WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI JANESVILLE WI

Accounting F							FORM	/I SA1-2E. PAGE 4
								SYSTEM ID#
Community	Antenna S	ystem,	Inc.					141
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: Co	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 checl n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright 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 his point, see pa ed by the cable s he station is licent	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain s general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-				0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			N/A					
		+						
		+						
	Т	T						

, leebuilting i eile	d: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Community Antenna S	System, In	NC.					1411
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or aut	horizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ir cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	'Yes," you mu	ist complete	the prograi	m
	log in block 2.				•			
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	3
	clear. If you need more spa			rows to the tables. ision program ("substitute p	orogram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gene	eral instruction	ns for further	information	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				ne community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s tem carried the substitute p			ith the mor	ath
	first. Example: for May 7 give		when your sys		ologiani. Use	numerais, w		iui
			e substitute pro	gram was carried by your o	cable system.	List the time	es accurate	ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	ad
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
						N SUBSTIT		
	s				CARRI	AGE OCCU	IRRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	TE PROGRAM 3. STATION'S CALL SIGN				JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TI	JRRED MES	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Community Antenna System, Inc.		1411
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	e 2,802.64
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	this six-month	
	accounting period is \$52.00 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,	· · ·	
	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		
	Enter the amount form line 3		
		<u> </u>	
	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:	2018/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Antenna System, Inc.		SYSTEM ID# 1411
<b>M</b> Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ol>	ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations . tal number of activated channels e cable system carried television to	5	ations 2076
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE	ER INFORMATION IS NEEDED (Identify an individual to whom tt.)	
for Further Information	Name	Randall Kubarski	Tele	phone 608-489-2321
	Address	1010 Lake Street (Number, street, rural route, apartm Hillsboro, WI 54634 (City, town, state, zip)	nent, or suite number)	
	Email	_comant@coman	ntenna.com Fax (optional)	
O Certification	I, the undersig     (Ow     (Ag     X     (Of     I have examinare true, comp	gned, hereby certify that (Check on mer other than corporation or pa ent of owner other than corporat in line 1 of space B and that the ow ficer or partner) I am an officer (if in line 1 of space B. hed the statement of account and h	ust be certified and signed in accordance with Copyright Office regula ne, <i>but only one</i> , of the boxes.) <b>artnership)</b> I am the owner of the cable system as identified in line 1 of si <b>tion or partnership)</b> I am the duly authorized agent of the owner of the o wner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified a hereby declare under penalty of law that all statements of fact contained h knowledge, information, and belief, and are made in good faith.	pace B; or cable system as identified as owner of the cable system
			X       Randall Kubarski         Enter an electronic signature on the line above to certify this statement.         Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         name:       Randall Kubarski	
		Title:	President	

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 telephoi 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 lay

unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
nmunity Antenna System, Inc.	141
<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 sub 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 transmissions made by satellite carriers to satellite dish owners?     </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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.	
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	
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
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
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
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
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	
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	
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	
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	

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 th 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 Office'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.