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 COPYRIG	HT 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

A	ACCO	OUNTING 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.	14176
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Great Plains Cable Television, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P. O. Box 500 (Number, street, rural route, apartment, or suite number)	
		Blair, NE 68008 (City, town, state, zip)	
С		<b>CUCTIONS:</b> 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)	

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#
	Great Plains Cable Television, Inc.	14176
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	
	CITY OR TOWN	STATE
First Community	Chadron Rushville	NE
	Hay Springs	NE
Add Rows as Necessary	Gordon	NE

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Great Plains Cable Telev	vision, Inc.							1417
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should o on of television a ay cable) in spa (June 30 or De blocks in space	cover all and radic ace F, no ecember e E call f	categories of broadcasts to there. All the 31, as the cas or the numbe	secondary by your system facts you se may be r of subsc	stem to subscrit state must be t ). ribers to the cat	bers. Give hose existi ble system,	information ng on the , broken	
Rates	each category by counting the nu separately for the particular servi <b>Rate:</b> Give the standard rate ci unit in which it is generally billed, category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity subscriber who pays extra for ca first set" and would be counted of <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ice at the rate in harged for each (Example: "\$20 ounts allowed for in space E, the to their subscri- Where an ind should be count ble service to a nce again unden has rate categoriers of services	ndicated- categor 0/mth"). S or advan form list ibers. Giv ividual of ted as a dditional er "Servic ries for s that inclu	-not the num y of service. If Summarize ar ce payment. s the categori re the numbe organization subscriber in sets would be e to additiona econdary tran de one or mo	ber of sets include bot ay standar es of seco r of subsc is receivin each appl e included I set(s)." smission re second	s receiving servi th the amount o ord rate variations ondary transmis ribers and rate f ng service that f icable category. in the count un service that are dary transmissio	ice). f the charg s within a p sion servic for each lis alls under Example: der "Servic different fr ns), list the	e and the particular rate that cable ted category different a residential the to the rom those tem, together	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	DC	RATE	САТИ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIBE	.R3	NAIL	CAT		VICE	SUBSCRIBERS	NA1
	Service to first set	1	,264	24.95	Broadc	aster Fee		1,264	13.7
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>				Additio	nal Converte	ers	146	3.9
	Motel, hotel							~~~	40.4
	Commercial				HD Equ	ipment Leas	se	377	19.9
	Converter								
	Residential     Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscribe hose services th e two exception or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge	er) inform nat are no s: you do shed to r usually bi te cable s tem furnis	ation with res of offered in c o not need to nonsubscriber lled. If any ra system for eached or offered de or establis	pect to all ombinatio give rate i s. Rate in es are ch ch of the a d during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services ooth the ogram basis, were not	
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			RY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			on: Non-resi	dential				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> </ul>	17.00 15.00	Mote     Com	, notel nercial					
	• Fire protection	13.00	• Pay o						
	•Burglar protection			able-add'l ch	annel				
	Installation: Residential			rotection					
	• First set	65.00	•	ar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other se	•					
	• FM radio (if separate rate)		• Reco	nnect		65.00			
	• Converter		• Disco	nnect					
							F		r
			<ul> <li>Outle</li> </ul>	t relocation		65.00			

ig Fellou. /	2018/1			FORM SA1-2E. PAGE 3
me	LEGAL NAME OF OWNER O			SYSTEM ID: 1417(
	Great Plains Cable To	•		14170
G nary nitters: <i>v</i> ision	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 r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p id 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 orgram services such as HBO, ESP e-air designation. For example, report vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for independent or "E-M" (for noncommercial education criticons in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a bestitute program .og)—if the o on some other ons. PN, etc. Identify each rt 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
	KNEP	5.2	N	Scottsbluff, NE
			N	
		4	N	Denver, CO
ecessary	KUSA	9	N	Denver, CO Denver, CO
	KTVD	20	N	
	KDVR	31	N	Denver, CO
				Denver, CO
	KWGN	2	N	Denver, CO
	KUON		-	
		12.1	E	Lincoln, NE
	KUON EW	12.1	E E-M	Lincoln, NE Lincoln, NE

Accounting F			(075)				FURI	/I SA1-2E. PAGE 4
EGAL NAME OF								SYSTEM ID
		54131011	, 110.					1417
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the pyright 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 ertain st leneral 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	
	+						t	

	od: 2018/1						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Great Plains Cable Tel	evision, I	nc.					14176
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	norizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	•	ir cable system	carry, on a substitute basi	s, any nonnet	work televisi	on 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 program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	i
	clear. If you need more spa			rows to the tables. ision program ("substitute	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			-CC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			ith the mor	ath
	first. Example: for May 7 give		when your sys		ologiani. Use	numerais, w		101
			e substitute pro	gram was carried by your o	cable system.	List the time	s accurate	ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	ould be	
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	was substituted for progra	mming that y	our evetom w	uas roquiro	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	offect on October 10, 1076							
	effect on October 19, 1976.							
						N SUBSTIT		
		UBSTITUT			CARRI	AGE OCCU	RRED	7. REASON FOR DELETION
			TE PROGRAM 3. STATION'S CALL SIGN				RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	RRED MES	

Accounting Period:	2018/1			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			\$	SYSTEM ID#
	Great Plains Cable Television, Inc.	<u> </u>			14176
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	system's s ion of how	secondary trans to compute this	mission servi s amount, sec \$ 33	ce
	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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	han \$527,600	\$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 accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	ies 1 and 2	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore 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	\$	333,696.70		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	69,896.70		
	4. Multiply line 3 by .01		\$	698.97	
	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 .		\$	2,017.97
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,017.97	
240	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,037.97
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: Cable Television, Inc.		SYSTEM ID# 14176
M Channels	to its subscrib 1. Enter the to	ers, and (2) the cable system's to	f channels on which the cable system carried television broadcast station otal number of activated channels during the accounting period. the cable	s <b>14</b>
	on which the	otal number of activated channels e cable system carried television adcast services		125
N Individual to Be Contacted		TO BE CONTACTED IF FURTH this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name	LeaAnn Quist	Telepho	ne <b>402-426-6436</b>
	Address	P. O. Box 500 (Number, street, rural route, apartr Blair, NE 68008 (City, town, state, zip)	nent, or suite number)	
	Email	lquist@gpcom.c	om Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, comp	gned, hereby certify that (Check or mer other than corporation or par- ent of owner other than corporation in line 1 of space B and that the ou- ficer or partner) I am an officer (if in line 1 of space B. thed the statement of account and h lete, and correct to the best of my to ction 1001(1986)]	artnership) I am the owner of the cable system as identified in line 1 of space         tion or partnership) I am the duly authorized agent of the owner of the cable         where is not a corporation or partnership; or         a corporation) or a partner (if a partnership) of the legal entity identified as or         hereby declare under penalty of law that all statements of fact contained here         knowledge, information, and belief, and are made in good faith.         X       /s/Janelle Allison         Enter an electronic signature on the line above to certify this statement.         Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	e B; or e system as identified wner of the cable system
		Typed or printed Title: (Title of o	CFO & COO fficial position held in corporation or partnership)	
		Date:	August 29, 2018	

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 telephon 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 filing, a determination that would be made by a court of lay

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television, Inc.	1417
<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> <li>NO</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.	_
	O I
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.	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	
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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.