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	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM WISCONSIN LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	_	MEDIACOM WISCONSIN LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1504 Second Street S.E.
	2	(Number, street, rural route, apartment, or suite number) Waseca, MN 56093
		(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 suffciency of the fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM WISCONSIN LLC	271
P	Instructions: List each separate community served by the cable system. A "come "a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mole	
Area Served	identified city.	
First	CITY OR TOWN Mauston	STATE WI
Community		WI
Community	Camp Douglas Hustler	WI
	Juneau County	WI
d Rows as Necessary		
	Necedah	WI
	New Lisbon	WI
	Germantown	WI
	Norwalk	
	Ontario	WI
	Wilton	ŴI

Name	LEGAL NAME OF OWNER OF CA	ADLE STSTEIVI.						313	TEM IC
	MEDIACOM WISCONSIN								2711
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in sp system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	er 31, as the ca	se may be	e).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
nates	separately for the particular servi							onargea	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variation:	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	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 h								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		e ngnt-i	Ianu Diock. A tv		e-word descripti			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	000001110			0, (1)			0000011102110	
	Service to first set		947	29.95-48.54					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-48.54					
	Converter								
	Residential								
	Non-residential								
			Nemie		•				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-				I vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, th								
0	service for a single fee. There are								
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		acaany	2		u gou on a ran	able per pr	gram zacio,	
ransmissions:								vere not	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mc	otel, hotel			Family	Cable	78.4
	 Pay cable—add'l channel 	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	• Additional set(s)	15.00-29.00		services:		00.00			
	• FM radio (if separate rate)			connect		29.00			
	• Convertor								
	Converter	10.50		sconnect Itlet relocation		15.00-29.00			

counting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	MEDIACOM WISCONS			27113
	PRIMARY TRANSMITTERS:			
G		ntify every television station (including n during the accounting period, except		
During out	FCC rules and regulations in	n effect on June 24, 1981, permitting	the carriage of certain network progra	ams [sections
Primary ransmitters:	substitute program basis, as)(2) and (4), or 76.63 (referring to 76. explained in the next paragraph.		
Television		With respect to any distant stations of les, regulations, or authorizations:	carried by your cable system on a su	bstitute program
		in space G—but do list it in space I (the Special Statement and Program	Log)—if the
	• List the station here, and a	Iso in space I, if the station was carrie		
		n concerning substitute basis stations 's call sign. <i>Do not</i> report origination		
		with a station according to its over-th		
	Column 2: Give the channe	I number the FCC assigned to the tel	evision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	a noncommercial
	educational station, by enter	ing the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	endent), "I-M"
	For the meaning of these te	"E" (for noncommercial educational), rms, see page (iv) of the general instr	ructions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, lis lian stations, if any, give the name of		,
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBUW (IND)	32		Janesville, WI
	WEAU/WEAU (HD) (NBC)	38	N	Eau Claire, WI
as Necessary	WHLA/WHLA(HD) PBS	30	E	MADISON, WI
as necessary	WHLA-DT2 PBS	30.2	E	MADISON, WI
	WHLA-DT3 PBS Create	30.3	E	MADISON, WI
	WHLA-DT4 PBS Kids	30.4	E	MADISON, WI
	WISC/WISC(HD) CBS	50	N	Madison. WI
	WKBT/WKBT (HD) (CBS)	8	N	La Crosse, WI
	WKBT-DT2 MyNet	8.2	N	La Crosse, WI
	WKOW/WKOW(HD) ABC	26	N	Madison, WI
	WKOW-DT2 MeTV HD	26.2	N	
				Madison, WI
	WKOW-DT3 Decades HD	26.3	N	Madison, WI
		17	 	LA CROSSE, WI
	WMSN/WMSN(HD) FOX	49	<u> </u>	Madison, WI
	WMSN-DT3 Charge	49.3		Madison, Wi
	WMTV/WMTV(HD) NBC	19		Madison, Wi
	WMTV-DT2 CW HD	19.2		Madison, Wi
	WMTV-DT3 AntennaTV	19.3		Madison, Wi
	WMTV-DT4 WeatherNation T	19.4		Madison, Wi
	WXOW/WXOW (HD) (ABC)	48	Ν	LA CROSSE, WI
	WXOW-DT2 (CW) /WXOX-DT2	48.2		Madison, WI
	WXOW-DT3 Decades	48.3	I	Madison, WI

EGAL NAME OF								SYSTEM I 271
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he 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 eneral 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	
CALL SIGN		5/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
		+						

	od: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	IN LLC						27113
	SUBSTITUTE CARRIAG				2			
I	In General: In space I, ident	ify every nor	nnetwork televis	sion program, broadcast by	a distant stati			
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general mea			
Special	During the accounting per				s. anv nonnet	work television	program	ı
Statement and	broadcast by a distant sta	•		···· , ··· · · ···· · ····	-, ,		YES	× NO
Program Log	-			- blank lf	X "		-	
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is "	Yes," you mu	st complete the	e progran	n
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their me	eaning is	
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.			-	
				ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love L	Lucy" or	
	"NBA Basketball: 76ers vs.			······································	- 22			
				r "Yes." Otherwise enter "N Isting the substitute program				
				ne community to which the		nsed by the FC	C or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your sys	tem carried the substitute p	program. Use	numerals, with	the mon	ith
			e substitute pro	gram was carried by your o	able system.	List the times a	accuratel	ly
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that y	our system was	roquiro	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTITUT	TE	
	s		TE PROGRAM	1	CARRI	AGE OCCUR	RED	7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	TE PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			RED	7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURI 6. TIME	RED :S	

	LEGAL NA	ME OF OWN	IER OF CABI	LE SYSTE	M:									S	STEM I
Name	MEDIA	сом wi	ISCONSI	IN LLC											271
K Gross Receipts	Instruct all amou (as ident page (vii Gro	ints (gross tified in sp i) of the ge ss receipt	e figure you s receipts) bace E) du eneral inst ts from sub) paid to uring the tructions bscribers	your ca accoun located s for see	able syster nting perio d in the pa condary tr	n by sub d. For a aper SA1 ansmiss	scribers further ex -2 form. ion servi	for the xplana ce(s)	system's tion of ho	s seconda w to com	ary tran pute th	smission s is amount	service , see	9
		0	counting p u must cor										\$ (Amour		,162.07 ss receipts)
L Copyright Royalty Fee	COPYRIG Instruction • Complet • Use bloc • Use bloc See page (\	ns: To con the block 1, the 1 if the the 2 if the the 3 if the s	mpute the , block 2, o amount of amount of amount of	e royalty f or block f gross ro f gross ro f gross ro	 c 3. receipts receipts receipts 	in space in space in space	K is mor K is mor	e than \$1 e than \$2	37,10 63,80	0 but less	than \$52		9 \$263,800)	
				E	3LOCK	(1: GROS	SS REC	EIPTS O	F \$13	7,100 OF	RLESS				
		ons: As a c ng period i	able syste	m with g	ross rec	ceipts of \$1	137,100 0	or less, th	e royal	ty fee that	t you mus	t pay fo	r this six-m	onth	
		01	for accour	ntina neri	iod										
		, ,		01											0.00
	Line 2. Ir	iterest cha	arge. Enter	r the amo	ount fror	m line 4, s	pace Q,	bage 8							0.00
	Line 3. T	OTAL RO	YALTY FE	E PAYA	ABLE FO	OR ACCO	UNTING	PERIOD	Add li	nes 1 and	2		· · ·		
			BLOC	K 2: GR	OSS R	RECEIPT	S OF \$2	63,800 (DR LE	SS (but r	more tha	n \$137	,100)		
			der statuto									00.00	_		
	2. Enter a	amount of	gross rece	eipts from	n space	К				\$	220,1	62.07	_		
	3. Subtra	ct line 2 fr	rom line 1.							\$	43,6	37.93	_		
			nt of gross i								-		220,162.	07	
	5. Enter	the amoun	nt from line	3							. \$		43,637.	93	
			rom line 4 .										176,524.		
	7. Multipl	y line 6 by	.005 (ente	er figure	here)								\$		882.62
	8. Interes	st charge.	Enter the	amount f	from line	e 4, space	Q, page	8					·		0.00
	9. TOTA		TY FEE PA	AYABLE	FOR A	CCOUNT	ING PER	IOD. Add	lines 7	7 and 8			\$		882.62
			BLOCK	3: GRC)SS RE	ECEIPTS	OF MO	RE THA	N \$26	3,800 (bı	ut less that	an \$52	7,600)		
	1. Enter	the amoun	nt of gross i	receipts	from sp	ace K									
			der statuto									00.00	_		
			rom line 1.										-		
			.01										-		
	5. Royalt	y due on t	he first \$26	63,800 oʻ	f gross r	receipts (u	nder stat	utory forn	nula).		\$		1,319.	00	
	6. Interes	st charge.	Enter the	amount	from line	e 4, space	Q, page	8					0.	00	
			TY FEE PA												
													·		
				FILIN	GFEE	AND TO	IAL RE	VILLAN		JE					
Filing Fee and	1. Royalt	y Fee Pav	able for Ac	ccounting	g Period	i (from Blo	ck 1, 2, c	r 3, abov	e)		\$		882.	62	
Total Remittance Due		Fee (See t	the instruct	tions for	more in	formation	on filina f	ee calcula	ations)		\$		20.	00	
						ionnation (+				
	3. TOTA	L AMOUN	IT DUE FO	R ACCO	JUNTIN		D. Add I	ines 2 an	d 3				\$		902.62
	1														

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER					SYSTEM ID# 27113
M Channels	 to its subscribers, and (1. Enter the total number system carried television 2. Enter the total number on which the cable system 	2) the cable system's er of channels on white ion broadcast station er of activated channels stem carried television	total numl ch the cab s els n broadcas		ng period.	32 66
N Individual to	INDIVIDUAL TO BE CO			RMATION IS NEEDED (Identify an individual	I to whom	
Be Contacted for Further Information	Name Ken	neth J. Kohrs			Telephone 8	45-443-2762
	(Numb Med	Mediacom Way er, street, rural route, apa iacom Park, NY own, state, zip)	irtment, or su	e number)		
	Email	Copyrights@r	nediacom	c.com Fax	(optional)	
O	I, the undersigned, here (Owner other X (Agent of own in line 1 o (Officer or pr in line 1 o) I have examined the sta	by certify that (Check than corporation or ner other than corpor i space B and that the artner) I am an officer i space B. tement of account and orrect to the best of m	one, <i>but on</i> partnershi ration or pa owner is no (if a corpor d hereby de y knowledg) I am the owner of the cable system as identifient (thership) I am the duly authorized agent of the car corporation or partnership; or tion) or a partner (if a partnership) of the legal of lare under penalty of law that all statements of b, information, and belief, and are made in good /s/ Kenneth J. Kohrs	ied in line 1 of space B; o e owner of the cable syst entity identified as owner fact contained herein d faith.	em as identified
		Typed or printe Title: (Title o	Enter sig ed name: Vice I	electronic signature on the line above to certify t lature using an "/s/ signature" (e.g., /s/ John Sm Kenneth J. Kohrs resident, Financial Reporting m held in corporation or partnership)		
		Date:	8/22/2	018		

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 telephol 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 lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM WISCONSIN LLC	2711
 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statement Concerning Gross Receipts Exclusior
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
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.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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 Assessmer
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
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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.