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 workbool 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			

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MEDIACOM ILLINOIS 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)
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:
	-	MEDIACOM ILLINOIS LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	P.O. Box 334, 1102 N. Fourth Street (Number, street, rural route, apartment, or suite number)
		Chillicothe, IL 61523
		(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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 28537
D Area	Instructions: List each separate community served by the cable "a separate and distinct community or municipal entity (includi discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first of as the "first community." Please use it as the first community of	system. A "community" is the same as a "community unit" as defined in FCC rules: ng unincorporated communities within unincorporated areas and including single, community that you list will serve as a form of system identification hereafter known
Served	identined city.	
	CITY OR TOWN	STATE
First Community	Coffeen	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM ILLINOIS LI	_C							2853
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the ni separately for the particular serv Rate: Give the standard rate c 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	SERVICE: SU pace E should on of television hay cable) in sp (June 30 or D h blocks in space y transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc : Where an inc	cover a and rac ace F, I ecembe ce E cal service as in tha ndicate h categ 20/mth") for adva e form li ribers. (dividual	Il categories of tio broadcasts not here. All the er 31, as the ca Il for the numbe . In general, yo at category (the d—not the num ory of service.). Summarize a ance payment. ists the categor Give the numbe or organizatior	secondar by your sy a facts you se may be er of subso u can com number of set include bo ny standa ries of sec er of subso n is receivi	state no subscr u state must be e). cribers to the ca pute the numb of persons or or ts receiving ser oth the amount rd rate variation ondary transmi cribers and rate ing service that	ibers. Give those exist able system er of subsc ganizations vice). of the charg ns within a ssion servio for each lis falls under	information ing on the ribers in charged ge and the particular rate ce that cable sted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a once again und has rate catego iers of services	addition er "Serv pries for that ind	al sets would b vice to additiona secondary trai clude one or mo	e included al set(s)." nsmission ore secon	d in the count u service that ar dary transmissi	nder "Servi e different f ons), list th	ce to the rom those em, together	
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	GODOCINID			UAI			SOBSCINEERS	
	Service to first set		4	2.00-73.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial			2.00-73.49					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur 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 subscrib hose services t re two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info that are ns: you ished to usually he cable stem fur e was r	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to a combination give rate rs. Rate in ates are ch ates of the ed during	on with any sec information con formation shou narged on a var applicable serv the accounting	ondary tran ncerning (1) Id include iable per-pl ices listed. period that	ismission) services both the rogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	Pay cable	PP		tel, hotel			Family		75.4
	Pay cable—add'l channel Fire protection	PP		mmercial y cable					<u> </u>
	•				annol				
	•Burglar protection Installation: Residential		-	y cable-add'l ch e protection	annen				
	First set	49.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
	• FM radio (if separate rate)			connect		29.00			
						20.00			1
	• Converter		• Dis	connect					
	· · · /		-	connect tlet relocation		15.00-29.00			

Name	LEGAL NAME OF OWNER OF			SYSTEM
	MEDIACOM ILLINOIS			28
	PRIMARY TRANSMITTERS:			
G		entify every television station (including t m during the accounting period, except		
•	FCC rules and regulations i	in effect on June 24, 1981, permitting the	e carriage of certain network prog	rams [sections
Primary nsmitters:	substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.		
elevision	Substitute Basis Stations	: With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a su	ibstitute program
	• Do not list the station here	e in space G—but do list it in space I (th	ne Special Statement and Program	Log)—if the
	 station was carried only on List the station here, and a 	a substitute basis. also in space I, if the station was carried	t both on a substitute basis and als	so on some other
	basis. For further informatio	on concerning substitute basis stations,	see page (v) of the general instruc	tions.
		n's call sign. <i>Do not</i> report origination produced by the station according to its over-the-		
	"WETA-2" as the same on t	the form. el number the FCC assigned to the telev	vision station for broadcasting over	r the air in its community
	of license. For example, W	RC is channel 4 in Washington, D.C.	-	
		a case whether the station is a network s ering the letter "N" (for network), "N-M" (f	•	
	(for independent multicast),	"E" (for noncommercial educational), or	r "E-M" (for noncommercial educat	
		erms, see page (iv) of the general instruct n of each station. For U.S. stations, list		n is licensed by the
		dian stations, if any, give the name of th		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL (ABC)	31	N	St. Louis, MO
	KETC (PBS)	39	E	St. Louis, MO
/s as Necessary	KMOV (CBS)	24	N	St. Louis, MO
vs as Necessary	KMOV (CBS) KPLR (CW)	24 26	N I	St. Louis, MO St. Louis, MO
's as Necessary				
's as Necessary	KPLR (CW)	26		St. Louis, MO
vs as Necessary	KPLR (CW) WAND (NBC)	26 17	1 N	St. Louis, MO Decatur, IL
ws as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ws as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ows as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ws as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ws as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ows as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ws as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ows as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
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ows as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
sws as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
sws as Necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL

EGAL NAME OF			YSTEM:					SYSTEM I 285
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call state whether f the radio state this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a check 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 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	
		+						

Accounting Perio	od: 2018/1						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LLC						28537
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	- a <i>distant</i> stati	ion, that your cat	ole systen	n carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pa	per SA1-2	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	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		
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the	program	ı
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their me	aning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during the acc	counting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of ano	ther station	
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love L	ucy" or	
			dcast live, ente	" "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute			the mont	th
	first. Example: for May 7 giv	/e "5/7."	, ,		0	-		
				gram was carried by your				/
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should	u be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							im
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	no regulations in	n	
					П		r	
			E PROGRAM	l .		N SUBSTITUT		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 —	то	
						_		
						_		
						_	-	
							-	
						_		
						_		
		1	 					

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	STEM ID# 28537
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	of e 2,124.99
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 28537
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations . and nonbroadcast services .	7 46
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Kenneth J. Kohrs Telephone 845-44	3-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 	
	 X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system) of the cable system as in the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or 	
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	aue system
	X /s/ Kenneth J. Kohrs	
	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: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 8/22/2018	

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unting Period: 2018/1	FORM SA1-2E.	PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYST	EM II
DIACOM ILLINOIS LLC	2	2853
 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not ir scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmade by satellite carriers to satellite dish owners? NO 	e basic nclude sub- on 119." Special Stater Concerning G Receipts Exclusion	ross
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 under		
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1		
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1		sme
	I-2 form.	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form.	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1	I-2 form.	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form.	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Q Interest Assess	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess days 	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess days 	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess days - 0274 -	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess days - 0274 - charge)	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess days - 0274 - charge)	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess days - 0274 - charge)	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess days - 0274 - charge)	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess Interest Assess days - days - 0274 - charge) nce please	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess Interest Assess days - days - 0274 - charge) nce please	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess Interest Assess days - days - 0274 - charge) nce please	sme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1 Line 1 Enter the amount of late payment or underpayment	I-2 form. Interest Assess Interest Assess days - days - 0274 - charge) nce please	sme
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