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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 9-3-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	АССС	DUNTING 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.	33963
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CableSouth Media III, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd (Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358	
	INCTO	(City, town, state, zip)	aloog theory
С	names	RUCTIONS: 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 a	space B.
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 fing, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CableSouth Media III, LLC	33963
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Lumberton	MS
Community		
Add Rows as Necessary		
		การการการการการการการการการการการการการก

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	
Name	CableSouth Media III, LL							3396
Е	SECONDARY TRANSMISSION			-				
<b>L</b>	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondary each category by counting the nu							
Rales	separately for the particular servi						chargeu	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed.	•	,		rd rate variations	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ondary transmis	sion servi	re 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				d in the count un	der "Servi	ce to the	
	Block 2: If your cable system I				service that are	different f	rom those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	ind rates, in the	e right-hand block.	A two- or thre	e-word descripti	on of the s	service is	
	sufficient.	DCK 1		11		BLOC	K 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		74 28.9	-				
	Service to additional set(s)		74 28.9	5				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RA	TES				
F	In General: Space F calls for rat	•	,	•	, ,			
•	not covered in space E, that is, the service for a single fee. There are							
Services	furnished at cost or (2) services of	•		•		• • • •		
Other Than	amount of the charge and the un		usually billed. If any	/ rates are ch	narged on a varia	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ho cablo system for	oach of the	applicable sonvic	oc listod		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a s							
	brief (two- or three-word) descrip	otion and inclue	le the rate for each.			- <b>-</b>		
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-	residential				
	• Pay cable		• Motel, hotel					
	Pay cable—add'l channel		Commercial					
	Fire protection		Pay cable     Additional additiona	-				
	•Burglar protection		Pay cable-add	channel				
	Installation: Residential	20.00	Fire protection	ion				
	First set	39.99	Burglar protect	ION				
	Additional set(s)     EM radio (if separate rate)		• Reconnect		40.00			
	<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect		49.99			
	Convertor	E 00						
	Converter	5.00	Disconnect     Outlot relegation	n				
	• Converter	5.00	Outlet relocation     Move to new a		39.99			

	L CAL MARE OF OWNED O			SVSTEM I
е	LEGAL NAME OF OWNER OF CABLESOUTH MEDIA III,			SYSTEM I 339
	PRIMARY TRANSMITTERS:	•		
ry ters: ion	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "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 te <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra a(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sut he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- uctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community n 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
	WLBT	2	N	Biloxi, MS
	WLOX	3	l	Biloxi, MS
conv	WDAM	4	N	Laurel, MS
ary				
лу	WXXV	5	I	Gulfport, MS
ai y	WXXV WHLT	5	l N	
n y				Gulfport, MS
y	WHLT	6	N	Gulfport, MS Hattiesburg, MS
sary	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
isar y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
55di y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
issal y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
saiy	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
223di y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
ssal y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
SSGI Y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
SSGI Y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
sood y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
sood y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
cessary	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS
Jessal y	WHLT WMAH	6 7	N E	Gulfport, MS Hattiesburg, MS Biloxi, MS

EGAL NAME OF			(STEM:					SYSTEM   339
	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 or detailed info aper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check 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	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 eneral 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	
		+						
		<b>†</b>						

	d: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						33963
	SUBSTITUTE CARRIAG	E: SPECIA			 G			
I	In General: In space I, ident	ify every nor	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati			
	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				general instr			-2 101111.
Special	During the accounting per				e anv nonnet	work television	n nroaram	
Statement and	broadcast by a distant sta	•	r cable system	carry, on a substitute basi	s, any nonner			
Program Log	,						YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete th	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lee abbreviations v	wherever nos	sihle if their m	eanina is	
	clear. If you need more spa				wherever pos		canny is	
	Column 1: Give the title	of every no	nnetwork televi	sion 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	i titles, for exa	ample, "I Love	Lucy" or	1.
	"NBA Basketball: 76ers vs.						-	
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the FC	CC 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	n the mon	ith
			substitute pro	gram was carried by your o	able system.	List the times	accuratel	У
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system wa	s require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	TE	
	S		E PROGRAM			AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S			o <b>T</b> 11 (7		1
		163 01 140	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	ES TO	DELETION
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
	 		CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CableSouth Media III, LLC		33963
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ential amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service	8
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,10		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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) FALS	SE	
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	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID 33963
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 which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	7 177
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Cristy Workman Telephone 7	31-723-9913
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> </ul>	em as identified
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Thomas Pate         Title:       CFO (Title of official position held in corporation or partnership)         Date:       8/29/2019	

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unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
leSouth Media III, LLC	3396
<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     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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
	Q Interest Assessment
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 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	Q Interest Assessmen
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