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

Cable Systems (Short Form)     For additional information of the U.S. Cop       Constitution     Contact the U.S. Cop	STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Beturn completed workbool by email to:
General instructions are located 8/29/2018 Office Licensing Division		DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,
		8/29/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 Barcode Data Filing Period (optional - see instructions)	
		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		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	
B		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	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
		(City, town, state, zip)	
<u> </u>	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	name	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:	
		FORT SILL, OK	
		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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	035149
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	nity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
Area Served	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 identified city.	home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First Community	FORT SILL	OK
Community		
Add Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03514
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ace F, no	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	ndicated-	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	barticular 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 of					I in the count un	der "Servic	ce to the	
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:     Service to first set		390	29.99					
	Service to additional set(s)		399	29.99					
	• FM radio (if separate rate)		333	V					
	Motel, hotel								
	Commercial		22	29.99					
	Converter			29.99					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	IONS: RATE	3				
Б	In General: Space F calls for rat	e (not subscribe	er) inforn	nation with re	spect to al	I your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		- <b>3</b> ,	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip				SIIEU. LISI	linese oliner serv		norm of a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res					
	• Pay cable	17.00	<ul> <li>Mote</li> </ul>	l, hotel					
	Pay cable—add'l channel	19.00	• Com	mercial					
	Fire protection		• Pay	cable					1
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	40.00		lar protection					
			Other se						
	<ul> <li>Additional set(s)</li> </ul>	25.00	0	ervices:					
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	25.00		onnect		40.00			
		25.00	• Reco			40.00			
	• FM radio (if separate rate)	25.00	• Reco • Disco	onnect		40.00 25.00			

-	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNICA			03514
G Primary insmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	Iso in space I, if the station was carrier n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under tams [sections ations carried on a lostitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUZ-CW	22	I-M	WICHITA FALLS, TX
	KAUZ-HD	22	N-M	WICHITA FALLS, TX
ows as Necessary	KAUZ-TV	22	Ν	WICHITA FALLS, TX
	KETA-HD	13	E-M	OKLAHOMA CITY, OK
	KETA-TV	13	E	OKLAHOMA CITY, OK
	KFDX-HD	28	N-M	WICHITA FALLS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35		
		~~	<b> </b>	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX WICHITA FALLS, TX
	KJTL KJTL-HD		II I	
		15	I	WICHITA FALLS, TX
	KJTL-HD	15 15	i i-M	WICHITA FALLS, TX WICHITA FALLS, TX
	KJTL-HD KSWO-CW	15 15 11	I I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD	15 15 11 11	I I-M I-M N-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO	15 15 11 11 11	I I-M I-M N-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO KSWO-THIS	15 15 11 11 11 11 11	I I-M I-M N-M I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO KSWO-THIS	15 15 11 11 11 11 11	I I-M I-M N-M I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO KSWO-THIS	15 15 11 11 11 11 11	I I-M I-M N-M I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO KSWO-THIS	15 15 11 11 11 11 11	I I-M I-M N-M I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO KSWO-THIS	15 15 11 11 11 11 11	I I-M I-M N-M I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO KSWO-THIS	15 15 11 11 11 11 11	I I-M I-M N-M I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK LAWTON, OK
	KJTL-HD KSWO-CW KSWO-HD KSWO-TELEMUNDO KSWO-THIS	15 15 11 11 11 11 11	I I-M I-M N-M I-M I-M	WICHITA FALLS, TX WICHITA FALLS, TX LAWTON, OK LAWTON, OK LAWTON, OK LAWTON, OK

EGAL NAME OF								SYSTEM I 0351
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
ceivable 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 gnal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a wed 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 anter this point, see particle sed by the cable so he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/5			AN4 514	0 / 5		
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						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					035149
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your ca	ible syste	m 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	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	1
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blank. If your anowar is "	Voo "vou mi	unt complete the	-	
		, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete the	e program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their me	eaning is	
	clear. If you need more spa						ourning to	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ove I	ucv" or	l.
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nood by the CC	C or in	
	the case of Mexican or Can						C OI, III	
				tem carried the substitute			the mon	th
	first. Example: for May 7 giv				•			
				gram was carried by your o				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snou	id be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	s required	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations i	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURI	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	S TO	DELETION
						_		
						_		
						_		
						<u> </u>		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 035149
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 transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 5,112.87
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 \$ 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)	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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035149
M Channels	<ul> <li>CHANNELS</li> <li>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.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	15
	on which the cable system carried television broadcast stations and nonbroadcast services	226
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM 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</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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> <li>K /s/ Alan Dannenbaum</li> </ul>	istem as identified
	Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING         (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

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 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 I
QUEL COMMUNICATIONS LLC	0351
<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 su scribers 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 transmission made by satellite carriers to satellite dish owners?</li> </ul>	ub- Special Statemen Concerning Gross Receipts Exclusio
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. 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.	L L
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.