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> For additional information.
General instructions are located in the first tab of this workbook	7/19/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	35309
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BENKELMAN TELEPHONE CO INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 684 (Number, street, rural route, apartment, or suite number)	
		BENKELMAN NE 69021-0684 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		
	BENKELMAN TELEPHONE CO INC.	35309
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, a list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community		
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	BENKELMAN TELEPHO	NE CO INC.							3530
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s			-	-	y transmission s	ervice of th	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•		,	,	,	le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu	umber of billing	s in tha	t category (the	number o	f persons or orga	anizations		
	separately for the particular servi							a and the	
	Rate: Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc				any standa		, within a b		
	Block 1: In the left-hand block	in space E, the	e form li	sts the catego					
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A ty	wo- or three	e-word description	on of the s	service is	
		DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		100	\$66.45		DED CABLE		57	\$26.1
	<ul> <li>Service to additional set(s)</li> </ul>		33	\$2.00	HBO			4	\$20.8
	<ul> <li>FM radio (if separate rate)</li> </ul>				SHOW	TIME/MOVIE		5	\$19.8
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS' RATE	s			·	•
-	In General: Space F calls for rat	-			-	ll your cable syst	em's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany	2				og.a 200.0,	
ransmissions:									
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				isneu. List	these other serv	ices in the	e ionn of a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mot	tel, hotel		\$29.85			
	Pay cable—add'l channel	\$8.95	• Cor	mmercial		\$29.85			
	-		• Pay	/ cable					
	<ul> <li>Fire protection</li> </ul>		• Pav	امالامامم ماماما	hannel	\$8.95			
	Fire protection     Burglar protection		1 0 3	/ cable-add'l cł					
				protection					
	•Burglar protection	\$29.85	• Fire						
	•Burglar protection Installation: Residential		• Fire • Bur	e protection					
	•Burglar protection Installation: Residential • First set		• Fire • Bur Other s	e protection glar protection		\$34.50			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur • Bur • Rec	e protection glar protection services:					
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire • Bur • Bur • Rec • Dis	e protection glar protection services: connect					

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	BENKELMAN TELEP	PHONE CO INC.		35
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Insmitters: levision	FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	he carriage of certain network progr 1(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 instruc program services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the station	rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWNB	6	N	HAYES CENTER, NE
	KSNK	8	N	MCCOOK, NE
ws as Necessary	KSNK	9	N N	MCCOOK, NE DENVER, CO
ws as Necessary				
ws as Necessary	KCNC	9	N	DENVER, CO
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE
ws as Necessary	KCNC	9	N	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KPNE	11	E	NORTH PLATTE, NE

EGAL NAME OF								SYSTEM II 353
								535
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed 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 in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-				C/D		
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	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	BENKELMAN TELEPH	ONE CO	INC.					35309
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	G			
I I	In General: In space I, identi		-			ion that your c	able 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 p	aper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	n program	
Program Log	broadcast by a distant sta	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 th	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	orogram") tha	t during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further in	formation	1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	ith
	first. Example: for May 7 giv	/e "5/7."		·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system nom 6.01.	15 p.m. to 6.2	6.30 p.m. snot	lid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	no regulations	in	
					<u>гт</u>			I
						IN SUBSTITU		
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCUR 6. TIMI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENKELMAN TELEPHONE CO INC.	S	STEM ID# 35309
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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	e <b>5,418.56</b>
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: BENKELMAN TELEPHONE CO INC.	SYSTEM ID 35309
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	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	80
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 JENNA BURRELL Telephone	308-423-2000
	Address           607 CHIEF STREET           (Number, street, rural route, apartment, or suite number)           BENKELMAN NE 69021           (City, town, state, zip)	
	Email jenna@bwtelcom.net Fax (optional)	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	<ul> <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</li> </ul>	
	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)] X /s/ Kacey L. Fries, VP	
	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: KACEY L. FRIES	
	Title: VICE-PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 7-19-18	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
IKELMAN TELEPHONE CO INC.	3530
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 su scribers 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 transmission made by satellite carriers to satellite dish owners?	D- Special Statement Concerning Gross Receipts Exclusion
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.	nt. Q
	Q
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	Q
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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 Assessme  days  se
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 Assessme  days  se
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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 Assessme  days  se

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