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	08/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

A	ACCC	UNTING PERIOD COVERED BY THI	S STATEMENT: (Y	YYY/(Period))	
		2018/1 Period 1	= January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode	Data Filing Period (optional	II - see instructions)	
Period					
В		Instructions: Give the full legal name of the owner of the cable sys of the subsidiary, not that of the parent corporation.		diary of another corporation, give the full corporate t	title
Owner		List any other name or names under which the owne	r conducts the business of th	he cable system.	
		f there were different owners during the accounting ingle statement of account and royalty fee payment		he last day of the accounting period should submit a ting period.	
		Check here if this is the system's first filing. If not, en	ter the system's ID number a	assigned by the Licensing Division.	6064
		LEGAL NAME OF OWNER/MAILING ADDRE	SS OF CABLE SYSTEM		
		Great Plains Cable Television, Inc.			
		BUSINESS NAME(S) OF OWNER OF CABLE	SYSTEM (IF DIFFERENT))	
		MAILING ADDRESS OF OWNER OF CABLE S	YSTEM		
		P. O. Box 500 Number, street, rural route, apartment, or suite number)			
		Blair, NE 68008 City, town, state, zip)			
•	INSTR		ade names used to ide	ntify the business and operation of the syst	em unless these
С				ne system, if different from the address give	
System	1	DENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2				
	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.

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Т

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Great Plains Cable Television, Inc.	6064
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m	ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	···· · · · · · · · · · · · · · · · · ·
	CITY OR TOWN	STATE
First	Elgin	NE
Community	Ewing	NE
	Oakdale Petersburg	NE NE
Add Rows as Necessary	Neligh	

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name								515	606
	Great Plains Cable Telev	vision, inc.							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	blocks in spac	e E cal	I for the number	er of subsc	ribers to the cat			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate c							e and the	
	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								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted o					convice that are	different fr	am thaca	
	Block 2: If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.		0	,		•			
	BLC	DCK 1 NO. OF	<u> </u>				BLOCK	2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		587	23.49	Broado	aster Fee		587	13.7
	 Service to additional set(s) 								
	• FM radio (if separate rate)				Addito	nal Converte	rs	79	3.9
	Motel, hotel								
	Commercial				HD Equ	uipment Leas	Se .	190	19.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NGMIG		s				
-	In General: Space F calls for rat	-			-	ll your cable syst	em's servi	ces that were	
F	not covered in space E, that is, th	•	,		•	• •			
. .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If any ra		largeu on a vana	ine hei-hir	grain basis,	
ransmissions:	Block 1: Give the standard rat	e charged by th							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	ices in the	form of a	
		BLOO						BLOCK 2 DRY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:			BORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	• Pay cable	17.00		tel, hotel	luentiai				
	Pay cable—add'l channel	17.00		mmercial					
	Fire protection	15.00		/ cable					
	•Burglar protection			/ cable-add'l cl	annel				
	Installation: Residential			e protection					
	First set	65.00		glar protection					
	Additional set(s)	03.00		services:					
	• FM radio (if separate rate)			connect		65.00			
	i mi iaulo (il separate iate)					05.00			
	Converter		 Dic. 	connect					
	Converter			connect		6E 00			
	• Converter		• Out	connect tlet relocation ve to new addr	000	65.00 65.00			

	1			FORM SA1-2E. PAGE 3
ame	LEGAL NAME OF OWNER O			SYSTEM ID#
	Great Plains Cable To	,		6064
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie 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-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program og)—if the og)—if the on some other ons. PN, etc. Identify each ort multistream the air in its community 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
	KTIV	4.1	N	
	KTIV KTIV -LA	4.1	I-M	Sioux City, Iowa
•	KTIV-LA KFXL	51	I-IVI N	Sioux City, Iowa Lincoln, NE
Nececore		31	11	
Necessary	KHCI	13	N	
y	KHGI	13	N	Kearney
y	KSNB	5.1	N	Kearney Lincoln, NE
cuessodi y		5.1 10.1	N N	Kearney Lincoln, NE Lincoln, NE
CUESSICI Y	KSNB KOLN	5.1 10.1 10.3	N N N-M	Kearney Lincoln, NE Lincoln, NE Lincoln, NE
CUESSICI Y	KSNB KOLN KUON	5.1 10.1 10.3 12.1	N N N-M E	Kearney Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE
cccssdl y	KSNB KOLN KUON KUON EW	5.1 10.1 10.3 12.1 12.2	N N N-M E E-M	Kearney Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE
cccosd I y	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
veccessdi y	KSNB KOLN KUON KUON EW	5.1 10.1 10.3 12.1 12.2	N N N-M E E-M	Kearney Lincoln, NE
vicuessal i y	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
cssdiy	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
vecessel y	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
, necessally	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
-recessed y	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
s vecessdiy	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
recessed y	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
s welesselfy	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
vecessel y	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
, necessali y	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE
us necessary	KSNB KOLN KUON KUON EW KUON EC	5.1 10.1 10.3 12.1 12.2 12.3	N N N-M E E-M E-M	Kearney Lincoln, NE

EGAL NAME OF								SYSTEM II
Great Plains	Cable Tele	evision	, Inc.					60
RIMARY TRA	NEMITTERS							
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
	-	-	I-Band FM Carriage: Under (-		Primary
eceivable if (1) n the basis of	it is carried by monitoring, to	y the sys be recei	tem whenever it is received a ved at the headend, with the pyright Office regulations on	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Transmitters Radio
	dentify the call		each station carried. on is AM or FM.					
			nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
ignal, indicate	this by placing	g a checl	k mark in the "S/D" column.					
			on (the community to which the community with which the			C or, in	the case of	
		0.15				0 / 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						FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Great Plains Cable Tel	evision, I	nc.				6064
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorizati	ons. For a further
Substitute Carriage:					general insu		5A1-2 10111.
Special	1. SPECIAL STATEMEN					huark talaviaian nra	aram
Statement and	During the accounting per	•	r cable system	carry, on a substitute basi	s, any nonne		-
Program Log	broadcast by a distant sta					YE	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning	ng is
				sion program ("substitute p	program") tha	t, during the accou	nting
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another	station
	under certain FCC rules, re Do not use general categor	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further inform	ation.
	"NBA Basketball: 76ers vs.		vies of Daske	toall. List specific program	Tulles, for exa	ample, TLOVE LUCY	0I
			dcast live, ente	"Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			r, in
				tem carried the substitute			month
	first. Example: for May 7 giv	/e "5/7."			-		
				gram was carried by your o			
	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	15 p.m. to 6:2	8:30 p.m. snould be	2
		er "R" if the	listed program	was substituted for progra	mming that y	our system was red	quired
	to delete under FCC rules a						rogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	s	UBSTITUT	E PROGRAM	<u> </u>		N SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — T	DELETION
						_	
						<u></u>	
						_	

ccounting Period:	LEGAL NAME OF OWNER OF CABL	E SYSTEM:				S	A1-2E. PAGE
Name	Great Plains Cable Tele						60
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you all amounts (gross receipts) ((as identified in space E) dur page (vii) of the general instr Gross receipts from sub during the accounting pe	paid to your cable system ing the accounting period uctions located in the pa scribers for secondary tr	n by subscribers for the d. For a further explana per SA1-2 form. ansmission service(s)	e system's s tion of how	econdary trans to compute thi	smission servic s amount, see	e
	IMPORTANT: You must com					(Amount of gr	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the r • Complete block 1, block 2, o • Use block 1 if the amount of • Use block 2 if the amount of • Use block 3 if the amount of See page (vi) of the general instr	oyalty fee you owe: r block 3. gross receipts in space I gross receipts in space I gross receipts in space I	K is more than \$137,10 K is more than \$263,80	0 but less th	nan \$527,600	\$263,800	
		BLOCK 1: GROS	S RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable systen accounting period is \$52.00	n with gross receipts of \$1	37,100 or less, the roya	ty fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for account	ing period					
	Line 2. Interest charge. Enter	the amount from line 4 sr	nace O nage 8				0.00
	Line 2. merest enarge. Enter		bace @, page 0				0.00
	Line 3. TOTAL ROYALTY FEI					-	
		2: GROSS RECEIPTS				,	
	1. Base amount under statutor				263,800.00	-	
	2. Enter amount of gross recei						
	3. Subtract line 2 from line 1					-	
	4. Enter the amount of gross re					143,125.98	
	5. Enter the amount from line 3					120,674.02	
	6. Subtract line 5 from line 4.					22,451.96	440.00
	7. Multiply line 6 by .005 (enter						112.26
	8. Interest charge. Enter the a	imount from line 4, space	Q, page 8				0.00
	9. TOTAL ROYALTY FEE PA	YABLE FOR ACCOUNTI	NG PERIOD. Add lines	7 and 8		\$	112.26
	BLOCK	3: GROSS RECEIPTS	OF MORE THAN \$26	3.800 (but	less than \$52	7.600)	
				-, (,,	
	1. Enter the amount of gross re	eceipts from space K				-	
	2. Base amount under statutor	y formula		\$	263,800.00	-	
	3. Subtract line 2 from line 1					-	
	4. Multiply line 3 by .01			••••••			
	5. Royalty due on the first \$26	3,800 of gross receipts (u	nder statutory formula).	••••••	\$	1,319.00	
	6. Interest charge. Enter the a	mount from line 4, space	Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PA	YABLE FOR ACCOUNTI	NG PERIOD. Add lines	4, 5, and 6 .			
		FILING FEE AND TOT	TAL REMITTANCE D	JE			
Eiling Fee and							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Acc	counting Period (from Bloo	ck 1, 2, or 3, above)		\$	112.26	
Due	2. Filing Fee (See the instruction	ons for more information o	on filing fee calculations)	•••••	\$	20.00	
	3. TOTAL AMOUNT DUE FOR	R ACCOUNTING PERIOD	D. Add lines 2 and 3			\$	132.26
	-	ttance must be in the fo			-		jhts!
	See pag	ge i of the general instru	ctions in the paper SA	I-2 form for	more informa	tion.	

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Cable Television, Inc.				SYSTEM ID# 6064
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	You must give (1) the number of ers, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried televisior dcast services	total number of acti th the cable 	vated channels during the	accounting period.	19 125
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		N IS NEEDED (Identify an	individual to whom	
for Further Information	Name	LeaAnn Quist			Telephone 4	102-426-6434
	Address	P. O. Box 500 (Number, street, rural route, apar	rtment, or suite number)			
		Blair, NE 68008 (City, town, state, zip)				
	Email	lquist@gpcom.	.com		Fax (optional)	
O Certification	(Owr (Age in X (Offi in • I have examine are true, completion	nt of owner other than corpora n line 1 of space B and that the o	partnership) I am the ation or partnership owner is not a corpor (if a corporation) or a hereby declare unde y knowledge, informa	e owner of the cable system b) I am the duly authorized a ration or partnership; or partner (if a partnership) of er penalty of law that all state		tem as identified
		Typed or printer	Enter an electronic Enter signature usi	nelle Allison : signature on the line above 1 ng an "/s/ signature" (e.g., /s		
		Title:	CFO & COO	corporation or partnership)		
		Date:			March 1, 2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
at Plains Cable Television, Inc.	606
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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 Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. 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	
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	
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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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 Assessment - ys -
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	
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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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	
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	
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	
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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