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>
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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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.	60829
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	inless these
С		is 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:	
		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 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	MEDIACOM ILLINOIS LLC	608
	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated commur	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Gilberts	
Community	KIRKLAND	н <u>с</u> IL
Community		
	HAMPSHIRE	IL
d Rows as Necessary	MALTA	IL
	DEKALB CTY	IL
	MONROE CENTER	IL
	CORTLAND	IL
	MAPLE PARK	
	DAVIS JUNCTION	IL
	ROLLING MEADOWS MOBILE HOME PARK	IL

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM ILLINOIS LI	_C							6082
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 m 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 vay cable) in sp (June 30 or Du blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed in space E, the e to their subsci	cover a and rac ace F, l ecember ce E ca service s in tha ndicate h categ 20/mth" for adva e form I ribers. (all categories of dio broadcasts not here. All the er 31, as the ca ll for the number . In general, yo at category (the ed—not the num ory of service.). Summarize a ance payment. ists the categor Give the number	secondar by your sy a facts you se may be er of subso u can com number o hber of set Include bo ny standa ries of sec er of subso	sistem to subscri u state must be b). cribers to the ca pute the number of persons or or s receiving serv- oth the amount of rd rate variation ondary transmis- cribers and rate	bers. Give those existi- ble system er of subscr ganizations vice). of the charg us within a p ssion servic for each lis	information ng on the broken ibers in charged e and the particular rate we that cable ted category	
	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.	should be cour ble service to a once again undo has rate catego iers of services	nted as addition er "Serv ories for that in	a subscriber in al sets would b vice to addition secondary trai clude one or me	each app e included al set(s)." nsmission ore second	licable category d in the count un service that are dary transmission	y. Example: nder "Servic e different fr ons), list the	a residential be to the rom those em, together	
	BLO	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIDI	ERG	NATE	CAI	LOOKT OF SE	RVICE	SUBSCRIBERS	NAIL
	Service to first set		1,482	29.95-48.54					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	29.95-48.54					
	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 e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished to usually ne cable stem fur e was r	rmation with re- not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- mished or offer- made or establi	spect to a combinatio give rate rs. Rate ir ates are ch ach of the a ed during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran cerning (1) Id include to able per-pr ces listed. period that	smission services ooth the ogram 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		otel, hotel			Family	Cable	78.4
	Pay cable—add'l channel Fire protection	PP		mmercial y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
	• FM radio (if separate rate)			connect		29.00			
	· · · /	40.50							
	Converter	10.50	* Dia	sconnect					
	• Converter	10.50		tlet relocation		15.00-29.00			

ounting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	MEDIACOM ILLINOIS			60829
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • 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 Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carrie in 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-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program 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 indep- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	WBBM/WBBM(HD) CBS	12	N	Chicago, IL
	WCIU IND	27		Chicago, IL
s Necessary	WCPX ION	48	I	Chicago, IL
	WFLD/WFLD(HD) FOX	31	I	Joliet, IL
	WGBO UNIVISION	38	I	Joliet, IL
	WGN/WGN(HD) CW	19	l	Chicago, IL
	WGN-DT2 ANTENNATV	19.2	I	Chicago, IL
	WGN-DT3 ThisTV	19.3	I	Chicago, IL
	WIFR CBS	41	N	FREEPORT, IL
	WLS/WLS(HD) ABC	7	N	Chicago, IL
	WMAQ/WMAQ(HD) NBC	29	Ν	Chicago, IL
	WPWR MYNET	51	I	Chicago, IL-Gary, IN
	WQRF FOX	42	I	Rockford, IL
	WREX NBC	13	N	Rockford, IL
	WREX-DT2 (CW)	13.2	I	Rockford, IL
	WSNS/WSNS (HD)Telemundo	45	l	Chicago, IL
	WSNS-DT2 exitos	45.2	I	Chicago, IL
	WTTW/WTTW(HD) PBS	47	E	Chicago, IL
	WTTW-DT2 Prime	47.2	E	Chicago, IL
	WTTW-DT3 PBS Create	47.3	E	Chicago, IL
	WTTW-DT4 V-ME	47.4	E	Chicago, IL
	WTVO ABC	16	Ν	ROCKFORD, IL

EGAL NAME OF								SYSTEM II 608
	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 Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive 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 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 anter this point, see particle sed by the cable so he station is licen	adend, 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
		0/0				0 /D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/1					FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LC					60829
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi				•	ion that your cable sys	stem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
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 progra	am
Statement and Program Log	broadcast by a distant star	tion?				YES	× NO
Program Log	,		waat of this was	e bleek. Kusun ensuur is (·//	_	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete the progr	am
	log in block 2.		MC				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if their meaning	is
	clear. If you need more spa						
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.			toall. List speeline program		ample, i Love Lucy e	<i>,</i>
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			_
	the case of Mexican or Can			e community to which the			n
				tem carried the substitute			onth
	first. Example: for May 7 giv		, ,		Ū		
				gram was carried by your			tely
	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:	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was requi	ired
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed pro	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRED	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. TIMES FROM — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT		
						<u> </u>	
						_	
						—	
						_	
						_	

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
	MEDIACOM ILLINOIS LLC				60829
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy: (as identified in space E) during the accounting period. For a further explanation 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	vstem's se n of how t	condary trans o compute this	mission servi amount, see \$ 29	се
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 bi • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bi See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less that	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR LI	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that yo	u must pay for	this six-month	I
	Line 1. Royalty fee for accounting period				
	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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS		e 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	· · · · · · · - <u>-</u>			
	5. Enter the amount from line 3	· · · · · · · <u> </u>			
	6. Subtract line 5 from line 4	. <u> </u>			
	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	nd 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but le	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K		293,127.78		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		29,327.78		
	4. Multiply line 3 by .01	····· <u> </u>	\$	293.28	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	· · · · · · · · <u>-</u>	\$	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,	i, and 6	· · · · · · · · · · · · · · · · · · ·	\$	1,612.28
	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)	·····-	\$	1,612.28	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · -	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,632.28
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE MEDIACOM ILLINO					SYSTEM ID# 60829
M Channels	 to its subscribers, and 1. Enter the total numbra system carried televi 2. Enter the total numbra on which the cable system 	(2) the cable system's per of channels on wh sion broadcast station per of activated chann ystem carried televisio	s total numl ch the cab s els n broadcas		[29 68
N Individual to Be Contacted	INDIVIDUAL TO BE C			RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Kei	nneth J. Kohrs		Τ.	elephone 8	345-443-2762
	(Num Me	e Mediacom Wa iber, street, rural route, ap diacom Park, NY town, state, zip)	artment, or su	ite number)		
	Email	Copyrights@	nediacom	cc.com Fax (optional)		
	CERTIFICATION (This	statement of account	nust be ce	tified and signed in accordance with Copyright Office reg	ulations)	
O Certification	X (Agent of ov in line 1 (Officer or p in line 1 • I have examined the st	er than corporation or vner other than corpo of space B and that the partner) I am an officer of space B. tatement of account an- correct to the best of m	partnershi ration or pa owner is no (if a corpor	<i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of artnership) I am the duly authorized agent of the owner of the ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified clare under penalty of law that all statements of fact contained te, information, and belief, and are made in good faith.	e cable syst	tem as identified
				/s/ Kenneth J. Kohrs electronic signature on the line above to certify this statemen nature using an "/s/ signature" (e.g., /s/ John Smith)	t.	
		Typed or print		Kenneth J. Kohrs President, Financial Reporting		
				on held in corporation or partnership)		

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM ILLINOIS LLC	6082
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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	Isic de sub- 19." Concerning Gross Receipts Exclusion
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 underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of late payment or underpayment	orm. Q Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment - days - 4 -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Interest Assessmer - days - 4 - arge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessment days days days days days days days days days days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Interest Assessme - days - 4 - arge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form. Interest Assessme - days - 4 - arge) please
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