This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	configence @loc gov
Cable Syste General instru in the first tab	ictions	are located	08/22/2018	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	2018/1	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	<b>YYY/(Period))</b> Period 2 = July 1 - December 31	
		20181	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
<b>B</b> Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. In the owner conducts the business of the accounting period, only the owner on the e payment covering the entire account	he last day of the accounting period should s ing period.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		NEX-TECH LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite n	umber)		
		LENORA, KS 67645 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busin		tify the business and operation of the	
System	names	s already appear in space B. In line 2 IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of the	e system, if different from the address	s given in space B.
e jetem	1				
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
	1	(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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	NEX-TECH LLC	6151
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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 filing	munity" is the same as a "community unit" as defined in FCC rules ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ALMENA	KS
Community	NORTON	KS
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	NEX-TECH LLC								6151
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	l cover a	Il categories of	seconda	•			
Secondary Transmission Service: Sub-	about other services (including p last day of the accounting period Number of Subscribers: Both	ay cable) in sr I (June 30 or D	bace F, r Decembe	not here. All the er 31, as the cas	facts you se may be	u state must be e).	those exis	ting on the	
scribers and Rates	down by categories of secondar each category by counting the n separately for the particular serv	umber of billing	gs in tha indicate	t category (the d—not the num	number of se	of persons or org ts receiving serv	ganizations /ice).	s charged	
	Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	. (Example: "\$ ounts allowed	20/mth") for adva	. Summarize ar ince payment.	ıy standa	rd rate variatior	is within a	particular rate	
	systems most commonly provide that applies to your system. <b>Not</b> categories, that person or entity	e to their subso e: Where an ir	cribers. C ndividual	Give the number or organization	r of subso is receiv	cribers and rate	for each li falls unde	sted category r different	
	subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again unc has rate categ iers of service	ler "Serv ories for s that inc	rice to additiona secondary tran clude one or mo	l set(s)." smission re secon	service that are dary transmissi	e different i ons), list th	from those nem, together	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIVID		TUTE	0/11		WICE	OODCONDENC	1011
	Service to first set		964	24.95	PREMI	ERE		745	48.
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra 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	te (not subscril hose services re two exceptio or facilities furn hit in which it is rate column. re charged by	ber) info that are ons: you nished to usually the cable	rmation with res not offered in c do not need to o nonsubscriber billed. If any rat	spect to a ombination give rate rs. Rate in the are ch ch of the	on with any secon information con nformation shout narged on a var applicable servi	ondary tran icerning (1 ild include iable per-p ces listed.	nsmission ) services both the rogram basis,	
	listed in block 1 and for which a brief (two- or three-word) descrip		-		hed. List	these other ser	vices in th	e form of a	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	70.05		tion: Non-resid	dential		Snorte	& Entortain	13.
	Pay cable     Pay cable—add'l channel	72.95		el, hotel nmercial			Cinema	& Entertain.	יס. 11.
	Fire protection			cable			НВО		17.
	•Burglar protection			cable-add'l cha	annel			me & TMC	14.
	Installation: Residential			protection			Starz!	Encore	12.
	First set	99.00	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	110.00	Other s	ervices:					
	• FM radio (if separate rate)			connect		110.00			
	Converter			connect					
				let relocation /e to new addre	~~	110.00 110.00			

ting Period:	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	NEX-TECH LLC			61519
G Primary nsmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	t (1) stations carried only on a part- he carriage of certain network progr	time basis under rams [sections
Isinitters: elevision	Substitute Basis Stations basis under specific FCC m • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio 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	With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	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, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (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	Log)—if the so on some other tions. PN, etc. Identify each fort 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
	KSNC	2	N	GREAT BEND, KS
	KLNE	3	E	LEXINGTON, NE
ws as Necessary	KLBY	4	N	COLBY, KS
	KBSH	7	N	HAYS, KS
	KSNK	8	Ν	McCOOK, NE
	KOOD	9	E	HAYS, KS
	KAKE	10	Ν	WICHITA, KS
	KGIN	11	Ν	GRAND ISLAND, KS
	KHGI	13	Ν	KEARNEY, NE
	кмтw	17	I-M	WICHITA, KS
	KSCW	23	I-M	WICHITA, KS
	KSAS	24	Ν	WICHITA, KS
	KSAS KWCH-DT2	24 110		WICHITA, KS WICHITA, KS
	KSAS KWCH-DT2 KAKE-DT2	24 110 180	N N-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2	110	N-M	WICHITA, KS
	KWCH-DT2 KAKE-DT2	110 180	N-M N-M	WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3	110 180 181	N-M N-M I-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2	110 180 181 182	N-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4	110 180 181 182 183	N-M N-M I-M I-M E-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2	110 180 181 182 183 183	N-M N-M I-M I-M E-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3	110 180 181 182 183 184 184 185	N-M N-M I-M I-M E-M I-M N-M I-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS
	KWCH-DT2 KAKE-DT2 KMTW-DT2 KSCW-DT3 KOOD-DT4 KSCW-DT2 KSAS-DT3 KMTW-DT3	110 180 181 182 183 183 184 185 186	N-M N-M I-M I-M E-M I-M N-M	WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS WICHITA, KS

LEGAL NAME O		CABLE 5	ITSTEM:					SYSTEM   615
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived 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. ion (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQNK	FM							
	FM		NORTON, KS BURDETT, KS					
(RSL	FM		RUSSELL, KS					
			· · ·					

Accounting Perio	od: 2018/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEX-TECH LLC							61519
	SUBSTITUTE CARRIAG				G			
I	In General: In space I, ident substitute basis during the a	ify every no	nnetwork telev	<i>ision program,</i> broadcast by becific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizatio	ns. For a further
Substitute	explanation of the programm				ne general in:	structions in tr	he paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must complet	e the prog	gram
	log in block 2.				-			
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa				o program") t	hat during th		ina
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs.			<b>%</b> / <b>* • •</b>				
				er "Yes." Otherwise enter " asting the substitute progr				
				the community to which th		censed by the	e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals,	with the r	nonth
	first. Example: for May 7 gi		e substitute or	ogram was carried by you	r cahla sveta	m List the tir	nes accur	ately
	to the nearest five minutes.							alely
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe for programe for the substituted for program effect on October 19, 1976	•	your system w	as permitted to delete und		s and regulati	onsin	
					WHE	N SUBSTIT		
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
								"
						_		
						_		
1	1	I	I	I	<b></b>	I		

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC			S	YSTEM ID# 61519
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	tem's sec of how to	condary transm compute this a	ission service amount, see	<b>1,843.39</b> Dess receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor BLOCK 1: GROSS RECEIPTS OF \$137,10	less thai prmation.	n \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that yo	ou must pay for	Inis six-mon	
	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	a 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (	(but mor	re than \$137,1	00)	
	1. Base amount under statutory formula\$	;	263,800.00		
	2. Enter amount of gross receipts from space K	;	151,843.39		
	3. Subtract line 2 from line 1	5	111,956.61		
	Enter the amount of gross receipts from space K			51,843.39	
	5. Enter the amount from line 3	-		11,956.61	
	6. Subtract line 5 from line 4	-		39,886.78	
	7. Multiply line 6 by .005 (enter figure here)	-			199.43
	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		\$	199.43
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263.800.00		
	3. Subtract line 2 from line 1	,	203,000.00		
	—				
	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	-			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Foc and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · · · · · · · ·	\$	199.43	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\ldots$	· · · · · · · · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	219.43
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f		-		hts!

Name	LEGAL NAME OF OWNER OF NEX-TECH LLC	CABLE SYSTEM:				SYSTEM ID# 61519
<b>M</b> Channels	CHANNELS Instructions: You must giv to its subscribers, and (2) to 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast service	he cable system's t f channels on which broadcast stations f activated channel n carried television	otal number of activa h the cable s broadcast stations	ted channels during the a		22
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CON we can contact about this s Name Scott	statement of accour		S NEEDED (Identify an ir		e <b>785-625-7070</b>
Information	Address 2418 V (Number, s Hays,	Vine Street street, rural route, apart KS 67601 , state, zip) sroe@nex-tech				
O Certification	(Agent of owner in line 1 of sp X (Officer or partu in line 1 of sp	certify that (Check of an corporation or p other than corpor- ace B and that the of her) I am an officer ( ace B. ment of account and ect to the best of my	one, <i>but only one</i> , of th <b>partnership)</b> I am the <b>ation or partnership)</b> owner is not a corporation) or a p hereby declare under	e boxes.) owner of the cable system I am the duly authorized a ion or partnership; or vartner (if a partnership) of penalty of law that all state	as identified in line 1 of space gent of the owner of the cabl the legal entity identified as o ements of fact contained here	e B; or le system as identified owner of the cable system
		Typed or printed Title: (Title of o	Enter an electronic sig Enter signature using			
					00/20/2010	

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bunting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
X-TECH LLC	6151
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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