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	08/23/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2010/1	
		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.	62021
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 19579 (Number, street, rural route, apartment, or suite number)	
		Colorado City, CO 81019 (City, town, state, zip)	
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system us 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)	
1			

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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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Cable Co LLC	62021
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mol	ile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Colorado City	CO
Community	Rye	СО
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SVSTEM						FORM SA1	-2E. PAGE
Name		ADLE STOTEIVI.						515	6202
	Cable Co LLC								0201
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the ca	se may be	).		-	
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								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny otanaa		o manir a p		
	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					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	s that inc	lude one or m	ore second	ary transmissio	ons), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A ty	vo- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		827	56.95	Digital			427	75.
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential     Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	svstem for ea	ich of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	your cable sys	stem furi	nished or offer	ed during t	he accounting p	period that		
	listed in block 1 and for which a brief (two- or three-word) descrip				shed. List	these other serv	vices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
				tion: Non-res			CATLO	SITT OF SERVICE	
	Continuing Services:		• Mot	el, hotel			Digital	Additional	10.
	Continuing Services:     Pay cable	52.95	10100				Digital	Additional	16.
	-	52.95		nmercial					
	• Pay cable	52.95	• Cor	-			Conver	ter	4.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	52.95	• Cor • Pay • Pay	nmercial cable cable-add'l cl	nannel		DVR HI	ter	4. 19.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Cor • Pay • Pay • Fire	nmercial cable cable-add'l ch protection				ter	4.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	52.95	• Cor • Pay • Pay • Fire • Bur	nmercial cable cable-add'l cl protection glar protection				ter	4.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Cor • Pay • Pay • Fire • Bur <b>Other s</b>	nmercial cable cable-add'l cl protection glar protection services:				ter	4.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <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>		• Cor • Pay • Pay • Fire • Bun <b>Other s</b>	nmercial cable cable-add'l cl protection glar protection <b>services:</b> connect		38.00		ter	4.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Cor • Pay • Pay • Fire • Bun <b>Other s</b> • Rec • Disc	nmercial cable cable-add'l cl protection glar protection services:		38.00		ter	4.

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Cable Co LLC			62021
G rimary smitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an <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 the <b>Column 2:</b> Give the channel of license. For example, W <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	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne 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- vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt 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
	ккту	49	N	Colorado Springs, CO
	KOAA-TV	42	N	Pueblo, CO
vs as Necessary	KRDO-TV	24	N	Colorado Springs, CO
us necessary	KSPK-LP	28	I	Walsenburg, CO
		8	E	
	KISC .			Pueblo, CO
	KTSC KWGN-TV		<u> </u>	Pueblo, CO Denver, CO
	KWGN-TV	34	E	Denver, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV	34		Denver, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO

Accounting I	Period: 2018	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME O		CABLE S	YSTEM:					SYSTEM ID
Cable Co Ll	_C							6202
	st every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1 on the basis of For detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried by monitoring, to formation about orm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under 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. ion (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c age (v) of the c system as a so	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-			-		_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KDZA	FM		Pueblo, CO					
KFM	FM		Colorado Springs, CO					
KPK	FM		Colorado Springs, CO					
	+							
	+							
	+							
	+							
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Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cable Co LLC							62021
					•			
	SUBSTITUTE CARRIAGI							
I	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general inst		Japer SAT-	2 101111.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	-	r cable system	carry, on a substitute basi	is, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		<b>, ,</b>	, <b>j</b>	····	- 1 - 5 -	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			List specific program			2009 01	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv		inten year eye			namoralo, m		
			substitute pro	gram was carried by your	cable system.	List the times	accuratel	у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	r"D"iftha	listed program	was substituted for progra	mming that y		n roguiro	4
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.	0,				0		
						IN SUBSTITU		
	S		E PROGRAM			AGE OCCUF 6. TIM		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO	-
		100 01 110	ONLE CICIL				10	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
1						I		

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cable Co LLC			ŝ	62021
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	system's s	econdary trans to compute this	mission servi s amount, see \$ 28	ce
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 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that ye	ou must pay for	this six-month	1
	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 line	es 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore 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 a	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	283,895.75		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	20,095.75		
	4. Multiply line 3 by .01	· · · · · · · · · · ·	\$	200.96	
	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, 3	5, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	1,519.96
	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)	· · · · · · · · · · · ·	\$	1,519.96	
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			\$	1,539.96
	Important: Your remittance must be in the form of an electronic paym 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 O Cable Co LL	F OWNER OF CABLE SYSTEM: C	SYSTEM ID# 62021
M Channels	to its subscrib 1. Enter the to system carri	You must give (1) the number of channels on which the cable system carried television broadca ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	9
	on which the	cable system carried television broadcast stations dcast services	214
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Steven Stiles	Telephone 719-676-1623
	Address	P.O. Box 19579 (Number, street, rural route, apartment, or suite number)	
		Colorado City, CO 81019	
		(City, town, state, zip)	
	Email	Fax (optional)	
•	CERTIFICATIO	${f N}$ (This statement of account must be certified and signed in accordance with Copyright Office r	regulations)
O Certification	• I, the undersig	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	ner other than corporation or partnership) I am the owner of the cable system as identified in line	1 of space B; or
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of	f the cable system as identified
		in line 1 of space B and that the owner is not a corporation or partnership; or	
		ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity iden in line 1 of space B.	tified as owner of the cable system
	are true, comp	ted the statement of account and hereby declare under penalty of law that all statements of fact conta lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	ined herein
		X /s/ David Shipley	
		Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ient.
		Typed or printed name: David Shipley	
		Title: Business Manager (Title of official position held in corporation or partnership)	
		Date: 08/22/18	

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 telephoi 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 lay

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
le Co LLC	620
<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> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
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. 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 Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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 Assessm
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