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	08/17/2018	\$ 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	
Accounting Period		20181 Barcode Data Filing Period (optional - see instructions)	
Fenou			
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.	62412
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TRUVISTA COMMUNICATIONS OF GEORGIA LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 160 (Number, street, rural route, apartment, or suite number)	
		CHESTER, SC 29706 (City, town, state, zip)	
<b>^</b>	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	space B.
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)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TRUVISTA COMMUNICATIONS OF GEORGIA LLC	62412
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, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CARNESVILLE	GA
Community	LAVONIA	GA
	MARTIN	GA
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA						FORM SA1	TEM IC
Name							515	6241
			GLORGIA LLC					
Е	SECONDARY TRANSMISSION			-				
<b>_</b>	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period	(June 30 or D	ecember 31, as the	case may be	e).		0	
Service: Sub-	Number of Subscribers: Both							
scribers and Rates	down by categories of secondary each category by counting the nu							
Nates	separately for the particular servi						charged	
	Rate: Give the standard rate c							
	unit in which it is generally billed.				ard rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmis	sion servic	e that cable	
	systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted o				a in the count un	uer Servic		
	Block 2: If your cable system i				service that are	different fr	om those	
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	nd rates, in the	e right-hand block. A	two- or thre	e-word descripti	on of the se	ervice is	
		DCK 1		П		BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	50BSCRIB	27.9		EGORT OF SEI	<b>VICE</b>	SUBSCRIBERS	RAI
	Service to first set	540	27.5	5				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	-		-		hom'o oonii	and that ware	
F	In General: Space F calls for rat not covered in space E, that is, the	•	,	•	• •			
	service for a single fee. There ar							
Services	furnished at cost or (2) services of							
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually billed. If any	rates are cr	narged on a varia	able per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable system for	each of the	applicable servic	es listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a s brief (two- or three-word) descrip			blished. List	these other serv	rices in the	form of a	
	bler (two- or timee-word) descrip					1		
		BLO				CATEO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SI Installation: Non-I		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	12.95	Motel, hotel	esidentiai				
	Pay cable—add'l channel	11.95	Commercial					
		11.33	Pay cable					
	•		,	channel				
	Fire protection		<ul> <li>Pav cable-and</li> </ul>					
	Fire protection     Burglar protection		<ul> <li>Pay cable-add'</li> <li>Fire protection</li> </ul>					
	Fire protection	30.00	Fire protection	on				
	Fire protection     Burglar protection Installation: Residential	30.00	,	on				
	Fire protection     Burglar protection Installation: Residential     First set	30.00	<ul><li>Fire protection</li><li>Burglar protection</li></ul>	on				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	30.00	Fire protection     Burglar protecti Other services:	on				
	<ul> <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>	30.00	Fire protection     Burglar protectio      Other services:     Reconnect					

	7			0/0751
ame	LEGAL NAME OF OWNER O			SYSTEM 624
	TRUVISTA COMMUN			024
G mary mitters: evision	carried by your cable syste 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 charn of license. For example, V <b>Column 3:</b> Indicate in eact 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, son's call sign. <i>Do not</i> report origination pred with a station according to its over-the-	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program d both on a substitute basis and all see page (v) of the general instruct rogram services such as HBO, ES i-air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	E-time basis under prams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGA	27	1	ATLANTA, GA
	WLOS	13	Ν	ASHVILLE, NC
Necessary	WYFF	30	Ν	GREENVILLE, SC
	WHNS	17	l	GREENVILLE, SC
	WNTV	8	Е	GREENVILLE, SC
	WNTV WXIA	8	E	GREENVILLE, SC ATLANTA, GA
	WXIA	10	N	ATLANTA, GA
	WXIA WSB	10 32	N N	ATLANTA, GA ATLANTA, GA
	WXIA WSB WGTV	10 32 7	N N E	ATLANTA, GA ATLANTA, GA ATHENS, GA
	WXIA WSB WGTV WYFF-D2	10 32 7 30.1	N N E	ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC
	WXIA WSB WGTV WYFF-D2 WYCW	10 32 7 30.1 11	N N E N-M I	ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA	10 32 7 30.1 11 35	N N E N-M I I	ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA	10 32 7 30.1 11 35 11	N N E N-M I I	ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC ASHVILLE, NC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WYCW	10 32 7 30.1 11 35 11 11 11	N N E N-M I I I N I	ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WYCW WNTV-DT2	10 32 7 30.1 11 35 11 11 8.1	N N E N-M I I I N I E-M	ATLANTA, GA ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC ASHVILLE, NC GREENVILLE, SC GREENVILLE, SC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WYCW WNTV-DT2 WNTV-DT3	10 32 7 30.1 11 35 11 11 8.1 8.2	N N E N-M i i i i i E-M E-M	ATLANTA, GA ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC ASHVILLE, NC GREENVILLE, SC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WSPA WYCW WNTV-DT2 WNTV-DT3 WSPA-DT2	10 32 7 30.1 11 35 11 11 8.1 8.2 11.1	N N E N-M I I I N I E-M E-M E-M N-M	ATLANTA, GA ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC GREENVILLE, SC GREENVILLE, SC SPARTANBURG, SC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WSPA WYCW WNTV-DT2 WNTV-DT3 WSPA-DT2	10 32 7 30.1 11 35 11 11 8.1 8.2 11.1	N N E N-M I I I N I E-M E-M E-M N-M	ATLANTA, GA ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC GREENVILLE, SC GREENVILLE, SC SPARTANBURG, SC
	WXIA WSB WGTV WYFF-D2 WYCW WMYA WSPA WSPA WYCW WNTV-DT2 WNTV-DT3 WSPA-DT2	10 32 7 30.1 11 35 11 11 8.1 8.2 11.1	N N E N-M I I I N I E-M E-M E-M N-M	ATLANTA, GA ATLANTA, GA ATLANTA, GA ATHENS, GA GREENVILLE, SC ASHVILLE, NC ANDERSON, SC SPARTANBURG, SC GREENVILLE, SC GREENVILLE, SC SPARTANBURG, SC

Accounting P	eriod: 2018	/1						FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF									SYSTEM ID#
	COMMUNIC		S OF GEORGIA LLC						62412
all-band basis w Special Instruct receivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation abour m. dentify the call tate whether the radio stat this by placing Sive the station	station ca were ge rning Al y the syst be received the static tion's sig g a checi n's locati	arried on a separate and disc nerally receivable by your ca <b>I-Band FM Carriage:</b> 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 proces k mark in the "S/D" column. on (the community to which the the community with which the	bl C at the	e system during opyright Office i the system's he ystem's FM anten is point, see pa ed by the cable s e station is licen	the accountin regulations, an adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng perioo n FM sig 2) it can vertain st veneral i veneral i	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
		1	1	<b>—</b>					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/1						FORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TRUVISTA COMMUNIC	CATIONS	OF GEORGI	A LLC			62412
					•		
	SUBSTITUTE CARRIAGE						
I	In General: In space I, identi						
Substitute	substitute basis during the ac explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				general mour		
Special	During the accounting period				s any nonnet	work television n	rogram
Statement and		-	r cable system	carry, on a substitute basi	s, any nonnet		
Program Log	broadcast by a distant stat	lion?				LY	YES NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete the p	orogram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their mea	ning is
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during the acco	ounting
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further infor	rmation.
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lu	cy" or
	"NBA Basketball: 76ers vs.		1 t I' t	• "V( " Otherseiter			
				"Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC	or. in
	the case of Mexican or Can						0.,
	Column 5: Give the mon	th and day		tem carried the substitute			ne month
	first. Example: for May 7 giv						
				gram was carried by your			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:26	5:30 p.m. should	be
		er "R" if the	listed program	was substituted for progra	mming that ve	our svstem was <i>r</i>	reauired
	to delete under FCC rules a						
	was substituted for program	iming that y	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	l		AGE OCCURRE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						_	
						_	
						<u> </u>	
						_	
						_	
1							

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC	S	*STEM ID# 62412
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 9,682.53
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,		
	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		
	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 \$ 263,800.00		
	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		F OWNER OF CABLE SYSTEM: OMMUNICATIONS OF GEORGIA LLC	SYSTEM ID# 62412
<b>M</b> Channels	to its subscribe 1. Enter the to system carrie	You must give (1) the number of channels on which the cable system carried television broadcast stations 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	17
		cable system carried television broadcast stations dcast services	103
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	AUTUMN CASTLES Telephone 803	-581-9148
	Address	P.O. BOX 160 (Number, street, rural route, apartment, or suite number) CHESTER, SC 29706 (City, town, state, zip)	
	Email	ACASTLES@TRUVISTA.BIZ Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Off     I have examinare true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identified as owner of the in line 1 of space B. ede the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] 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: Allison A. Jakubecy Title: Center VP - Sales & Marketing (Title of official position held in corporation or partnership)	
		Date:	

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•	)18/1	
L NAME OF OWN	ER OF CABLE SYSTEM:	SYSTEM
VISTA COMN	IUNICATIONS OF GEORGIA LLC	624
The Satellite Ho lowing sentence "In deterr service o scribers a For more inform located in the pa During the accound made by satellite NO	mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter		
Name Mailing Address	Name       Mailing Address	
	SSESSMENT	
You must compl		
	ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanati	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanati		Q
For an explanati	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanati	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanati	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	<b>Q</b> Interest Assessme
For an explanati	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	<b>Q</b> Interest Assessme
For an explanati	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
For an explanati	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  e amount of late payment or underpayment	<b>Q</b> Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  e amount of late payment or underpayment	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  e amount of late payment or underpayment	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  e amount of late payment or underpayment	Q Interest Assessme
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