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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 8/21/2018 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20181 Barcode Data Filing Period (optional - see instructions)	
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.	63633
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		The Farmers Telephones Company, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152 (City, town, state, zip)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	Inless these
C		s 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:	
		TDS Telecom, Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	The Farmers Telephones Company, LLC	63633
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	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Lancaster	WI
Community	Cassville	WI
	Potosi	WI
Add Rows as Necessary		

								FORM SA1	
Name								515	TEM ID 6363
	The Farmers Telephone	s Company	, LLC						0303
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	ERS AND R	TES				
E	In General: The information in s								
Casandami	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	, , ,	,		,		nose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary 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								
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A tv	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1			[BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Service to first set		1,085	20.00/mo					
	Service to additional set(s)		1,005	20.00/1110					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		1,085	0-8.00/mo					
	Non-residential		1,005	0-0.00/1110					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
F	In General: Space F calls for rat								
	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-			-		- 3 ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SHEU. LISU				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	14-19.99/mo	• Mote	el, hotel					
	• Pay cable—add'l channel		• Com	mercial					
	Fire protection		• Pay	cable					[
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set			Iar protection					
	 Additional set(s) 	0-49.95		ervices:					
	• FM radio (if separate rate)			onnect					
	• Converter			onnect					
				et relocation					
				e to new addr	000				
					699				

	т			FORM	
lame					SYSTEM II
	The Farmers Telepho				6363
G imary smitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta	time basis under rams [sections ations carried on a	
evision	basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the statior	Log)—if the tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STA	TION
	wkow	27.1	Ν	Madison, WI	
	WKOW-DT2	27.2	N-M	Madison, WI	
	WKOW-DT3	27.3	N-M	Madison, WI	
	WISC	3.1	Ν	Madison, WI	
Necessary	WISC-DT2	3.2	N-M	Madison, WI	
	WMSN	47.1	Ν	Madison. WI	
	WMSN WMSN-DT2	47.1 47.2	N	Madison, WI Madison, WI	
	WMSN-DT2	47.2	N-M	Madison, WI	
		•••		Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2	47.2 15.1 15.2	N-M N N-M	Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3	47.2 15.1 15.2 15.3	N-M N N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	47.2 15.1 15.2 15.3 15.4	N-M N N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA	47.2 15.1 15.2 15.3 15.4 21.1	N-M N N-M N-M E	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2	47.2 15.1 15.2 15.3 15.4 21.1 21.2	N-M N N-M N-M E E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	
	WMSN-DT2 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WHA WHA-DT2 WHA-DT3 WHA-DT4	47.2 15.1 15.2 15.3 15.4 21.1 21.2 21.3 21.4	N-M N N-M N-M E E E-M E-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI	

Accounting P	Period: 2018	/1					FORM	/I SA1-2E. PAGE 4
								SYSTEM ID#
The Farmers	s l elephon	es Con	npany, LLC					6363
all-band basis w Special Instruc receivable if (1) on the basis of i	t every radio s vhose signals ctions Conce it is carried by monitoring, to	station ca were ge rning Al y the sys be recei	arried on a separate and disco nerally receivable by your cal I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the	ble system during Copyright Office r at the system's he system's FM ante	the accountin regulations, ar adend, and (2 enna, during c	ng period n FM sig 2) it can ertain si	l. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
coaper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	rm. dentify the call tate whether f the radio stat this by placing Give the station	sign of o the static ion's sig g a checl n's locati	ppyright 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	sed by the cable s	system as a se sed by the FC	eparate	and discrete	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								

Accounting Perio	od: 2018/1						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	The Farmers Telephon	es Comp	any, LLC					63633
	SUBSTITUTE CARRIAGE				6			
I								
I I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				s general met			2 101111.
Special						hunder folge date		
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute bas	s, any nonne			
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne progran	n
	log in block 2.	-				·		
	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						Ū	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.		vies of baske	Iball. List specific program		ampie, i Love	LUCY OI	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can							46
	first. Example: for May 7 giv		when your syst	tem carried the substitute	program. Use	numerais, wit	n the mon	tn
	. , , ,		substitute pro	gram was carried by your	cable system	List the times	accuratel	v
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."					·		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming mat y	our system wa	s permitted to delete unde	r FCC rules a	nu regulations	5 111	
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUP	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	-	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Farmers Telephones Company, LLC			S	WSTEM ID# 63633
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar 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 on of how	secondary tran to compute th	smission servio is amount, see	0,666.80
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tl	han \$527,600	\$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 accounting period is \$52.00 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	2	·· <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but m	ore than \$137	,100)	
	1. Base amount under statutory formula		263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	220,666.80	-	
	3. Subtract line 2 from line 1	\$	43,133.20	-	
	4. Enter the amount of gross receipts from space K		\$	220,666.80	
	5. Enter the amount from line 3		\$	43,133.20	
	6. Subtract line 5 from line 4		\$	177,533.60	
	7. Multiply line 6 by .005 (enter figure here)			\$	887.67
	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		\$	887.67
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			_	
	3. Subtract line 2 from line 1			_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	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	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	887.67	
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			\$	907.67
	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		OWNER OF CABLE SYSTEM: Telephones Company, LLC	;	SYSTEM ID# 63633
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations tal number of activated channels cable system carried television	s broadcast stations	ions 16
N Individual to			IER INFORMATION IS NEEDED (Identify an individual to whom t.)	
Be Contacted for Further Information	Name	Peggy Smykal	Telep	hone (802) 485-9748
	Address	24 Depot Square, Un (Number, street, rural route, aparts	it 2 ment, or suite number)	
		Northfield, VT 05663 (City, town, state, zip)		
	Email	finance@tdstele	ecom.com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Off	ned, hereby certify that (Check or ner other than corporation or part ent of owner other than corpora in line 1 of space B and that the o icer or partner) I am an officer (if in line 1 of space B.	artnership) I am the owner of the cable system as identified in line 1 of spation or partnership) I am the duly authorized agent of the owner of the ca wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as	ace B; or ble system as identified s owner of the cable system
	are true, compl		hereby declare under penalty of law that all statements of fact contained he knowledge, information, and belief, and are made in good faith.	rein
			X /s/ Sharon V. Tisdale 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: Sharon V. Tisdale	
		Title: (Title of c	Assistant Treasurer	
		Date:	21 August 2018	

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unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Farmers Telephones Company, LLC	636
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemen Concerning Gros Receipts Exclusio
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?	
X NO	
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 underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
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 Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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