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
by email to:

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	ems (Short Form) ctions are located of this workbook	08/29/2018	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(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 t title of the subsidiary, not that of the pare		idiary of another corporation, give the full corpo	prate
Owner	List any other name or names under whic	th the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should sub ting period.	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	63660
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Woodsfield Municipal Cable			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite n	umber)		
1				

Woodsfield, OH 43793 (City, town, state, zip INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names 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 IDENTIFICATION OF CABLE SYSTEM: 1 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Woodsfield Municipal Cable	63660
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
ocived		
	CITY OR TOWN	STATE
First	Woodsfield	OH
Community	Lewisville Center	ОН ОН
Add Rows as Necessary	Summit	ОН
Add hows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM [.]						FORM SA1	-2E. PAG
Name	Woodsfield Municipal C							010	6366
		ane							
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover all	categories of	secondary				
Secondary	about other services (including p								
Transmission	last day of the accounting period								
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	· · ·	,		iy stanuai		s within a p		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note	to their subsc	ribers. Gi	ve the numbe	r of subsc	ribers and rate	for each lis	ted category	
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		Ŭ			•			
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:		500	00.05					
	Service to first set		598	32.05					
	Service to additional set(s) EM radio (if concrete rate)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			I						I
	SERVICES OTHER THAN SEC	-				l vour ochlo ov	tom'a conv	iooo that wora	
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•				
	service for a single fee. There ar	e two exceptio	ns: you d	o not need to	give rate i	nformation con	cerning (1)	services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually b	liled. If any ra	tes are ch	arged on a vari	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) descrip				ineu. List	linese oliner ser	vices in the	IOTTI OLA	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ion: Non-resi					
	Pay cable		• Mote	el, hotel					
	 Pay cable—add'l channel 			mercial					ļ
	Fire protection		• Pay						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	29.95	u u	lar protection					
	 Additional set(s) 			ervices:					
	.,			nnn o c ¹					
	• FM radio (if separate rate)			onnect					
	.,		• Disc	onnect					
	• FM radio (if separate rate)		• Disc • Outle		255				

				0.407514.10
ime	LEGAL NAME OF OWNER OF			SYSTEM ID 6366
	Woodsfield Municipa			
G nary nitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and b basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann 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	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. With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he 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 evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community 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
	WTRF	7	N	
				Wheeling, WV
	WTRF-DT2	7.2	I-M	Wheeling, WV Wheeling, WV
Necessary		7.2 7.3		
lecessary	WTRF-DT2		I-M	Wheeling, WV
lecessary	WTRF-DT2 WTRF-DT3	7.3	I-M N-M	Wheeling, WV Wheeling, WV
ecessary	WTRF-DT2 WTRF-DT3 WHIZ	7.3 40	I-M N-M N	Wheeling, WV Wheeling, WV Zanesville, OH
Vecessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB	7.3 40 27	I-M N-M N E	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH
ecessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3	7.3 40 27 27.3	I-M N-M N E E-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH
ecessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV	7.3 40 27 27.3 9	I-M N-M N E E-M N	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
Vecessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
lecessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
vecessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH Steubenville, OH
Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH Steubenville, OH
Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH Steubenville, OH
Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH Steubenville, OH
5 Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
5 Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH
s Necessary	WTRF-DT2 WTRF-DT3 WHIZ WOUB WOUB-DT3 WTOV WTOV-DT2	7.3 40 27 27.3 9 9.2	I-M N-M N E E-M N N-M	Wheeling, WV Wheeling, WV Zanesville, OH Athens, OH Athens, OH Steubenville, OH

Woodsfield	FOWNER OF C		SIEM:					SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed infor paper 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 if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the the static tion's sign g a chech n's locati	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. In is AM or FM. In al was electronically process of wark in the "S/D" column. In the community to which the the community with which the the the the the the the the community with which the the community with which which was with which which was we community with which was we commun	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 ige (v) of the g system as a se sed by the FC	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	
		+						
		+						
		<u> </u>						
					1	Г	T	

Accounting Perio	od: 2018-1					F	ORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Woodsfield Municipal	Cable					63660
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ccific present and former FC	a <i>distant</i> stat CC rules, regul	ations, or authorization	ns. For a further
Substitute Carriage:	explanation of the programm				e general inst	uctions in the paper 5	A 1-2 101111.
Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	is, any nonne		
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning	j is
				ision program ("substitute	program") tha	it, during the account	ing
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.		VIES OF DASKE	toall. List specific program		ample, Those Lucy	0
				r "Yes." Otherwise enter "N			
				sting the substitute progra to community to which the		nsed by the ECC or	in
	the case of Mexican or Can						
	Column 5: Give the mon	th and day		tem carried the substitute			nonth
	first. Example: for May 7 giv		aubatituta pro	arom was corriad by your	aabla avatam	List the times seeur	atoly
	to the nearest five minutes.			gram was carried by your ed by a system from 6.01.			ately
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.						
						N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		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
						_	
					-		
					-		
					-		
					-		
						_	
			1				
					-	<u></u>	
					-		
						_	
					-		
					-		
1							
					-		

Accounting Period:	2018-1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Woodsfield Municipal Cable	S	*STEM ID 63660
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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	9 995.40
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,	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	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		
	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		nts!

Accounting Period:	2018-1							FORM SA1	-2E. PAGE 7.
Name	LEGAL NAME OF OW Woodsfield Mun	NER OF CABLE SYSTEM: icipal Cable						S	STEM ID# 63660
M Channels	to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n on which the cab	a must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations . number of activated channels ele system carried television is st services	otal numbe n the cable s broadcast	er of activated chan	nels during the ac			9 65	
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accoun		RMATION IS NEED	ED (Identify an inc	lividual to whom	I		
for Further Information		Bruce E. Beard					Telephone	314-394-1535	
		1714 Deer Tracks Tra (Number, street, rural route, apartin St. Louis, MO 63131 (City, town, state, zip)							
	Email	Bbeard@Cinnar	monMuell	ler.com		Fax (optional)	314-394-353	8	
O Certification		his statement of account mu		-	accordance with C	opyright Office r	egulations)		
	(Owner o	other than corporation or pa	artnership)) I am the owner of the owner owner of the owner owner of the owner of the owner of the owner owner owner of the owner own	he cable system as	identified in line	1 of space B;	or	
	in lin (Officer in lin • I have examined th	of owner other than corporat the 1 of space B and that the owner or partner) I am an officer (if the 1 of space B. The statement of account and h and correct to the best of my I 1001(1986)]	wner is not f a corporat	a corporation or par tion) or a partner (if a lare under penalty of	tnership; or a partnership) of the f law that all statem	e legal entity ident	tified as owne		
			Enter an e	/s/ Samuel Mc electronic signature o lature using an "/s/ si	n the line above to		ient.		
		Typed or printed	I name:	Samuel D. Mo	:Peek				
		Title: (Title of of		ntendent	partnership)				
		Date:				8/29/2018	3		

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 telephon 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 lave

inting Period: 2018-1	
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
dsfield Municipal Cable	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. 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?	P Special Statemer Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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.	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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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
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
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
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
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
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
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. 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. 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. Line 1 Enter the amount of late payment or underpayment	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
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
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
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

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 th 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 sufficiency of the fling, a determination that would be made by a court of law.