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@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 9-3-19 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		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.	10027
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CableSouth Media III, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd	
		(Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358 (City, town, state, zip)	
С		RUCTIONS: 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)	

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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CableSouth Media III, LLC	10027
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 t as the "first community." Please use it as the first community on all future	community" is the same as a "community unit" as defined in FCC rules: orated 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.	
	CITY OR TOWN	STATE
First	Jena	LA
Community	LaSalle Parrish	LA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM					FORM SA1	TEM ID
Name							010	1002
	CableSouth Media III, LL	-0						100
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS A	ND RATES				
E	In General: The information in sp							
Secondam.	system, that is, the retransmissic about other services (including p							
Secondary Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					ble system	, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the nu separately for the particular service						charged	
	Rate: Give the standard rate cl						ge and the	
	unit in which it is generally billed.	(Example: "\$2	20/mth"). Summa	rize any standa				
	category, but do not include disc						44 - 4 4 1 -	
	Block 1: In the left-hand block systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity	should be cou	nted as a subscri	ber in each ap	plicable category	. Example:	a residential	
	subscriber who pays extra for ca					ider "Servi	ce to the	
	first set" and would be counted o Block 2: If your cable system h					different f	rom those	
	printed in block 1 (for example, ti							
	with the number of subscribers a							
	sufficient.							
	BLU	DCK 1 NO. OF	-			BLOC	NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIB	ERS RAT	E CA	TEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		308 2	8.95				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: I	RATES				
E	In General: Space F calls for rat	-		-	all your cable sys	tem's serv	rices that were	
F	not covered in space E, that is, the							
Services	service for a single fee. There are furnished at cost or (2) services of							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the							
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that						were not	
Nates	listed in block 1 and for which a s							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	F SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: No	on-residential				
	• Pay cable		 Motel, hotel 					
	Pay cable—add'l channel		Commercial					ļ
	Fire protection		Pay cable					
	 Burglar protection 		• Pay cable-a					
	Installation: Residential		Fire protecti					
	First set	39.99	• Burglar prot					
			Other services					
	 Additional set(s) 							
	Additional set(s)FM radio (if separate rate)		Reconnect		49.99			
	 Additional set(s) 	5.00	Reconnect Disconnect		49.99			
	Additional set(s)FM radio (if separate rate)	5.00	Reconnect		49.99 			

ame	LEGAL NAME OF OWNER OF			SYSTEM ID# 10027
	CableSouth Media III, PRIMARY TRANSMITTERS:			10021
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie 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-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOE	6	N	
		v		Little Rock, AR
	KLAX	3	N	Little Rock, AR Little Rock, AR
Necessary				
lecessary	KLAX	3	N	Little Rock, AR
lecessary	KLAX KLTM	3 7	N E	Little Rock, AR Little Rock, AR
ecessary	KLAX KLTM KALB	3 7 2	N E N	Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KLAX KLTM KALB KAQY	3 7 2 4	N E N N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KLAX KLTM KALB KAQY KARD	3 7 2 4 5	N E N N I	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Necessary	KLAX KLTM KALB KAQY KARD KLAX	3 7 2 4 5 12	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR
Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
; Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
s Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
: Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
s Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
as Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
as Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
as Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
as Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
as Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
15 Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
as Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
as Necessary	KLAX KLTM KALB KAQY KARD KLAX KNOE	3 7 2 4 5 12 9	N E N N I N	Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR

EGAL NAME OF			/STEM:					SYSTEM ID
SableSouth		.LO						1002
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					Н
eceivable if (1) on the basis of For detailed info 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 tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl 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. 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	at the system's he system's FM ante this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated 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	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIM	5/D	LOCATION OF STATION	
	L							

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CableSouth Media III, I	LLC						10027
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that you	r cable svste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	sion program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "			
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	· meaning is	
	clear. If you need more spa				Milerever poo		incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			VC LUCY OF	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sr	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCI	JRRED	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. T FROM -	IMES — TO	DELETION
							_	
							_	
						-	_	
							_	
							_	
						-	_	
							_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SY	STEM ID# 10027
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service	33
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 \$2 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	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)		02.00
	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		
	A. 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,	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)	SE	
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	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID 10027
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	9 172
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Cristy Workman Telephone	731-723-9913
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	stem as identified
	X /s/ Thomas Pate 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: Thomas Pate	
	(Title of official position held in corporation or partnership) Date: 8/29/2019	

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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
leSouth Media III, LLC	1002
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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