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

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
2	tions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab c	of this workbook	03/01/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		20182 Barcode Data Filing Period (optional - see instructions)	
		20182	
Accounting Period			
		Instructions:	
В		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.	014680
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
	INCTO	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	inloss those
С		a 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:	
	1	BOONVILLE, AR	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
		(Number, street, rural route, apartment, or sulte 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	014680
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
	CITY OR TOWN	STATE
First	BOONVILLE	AR
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							01468
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose exist	ing on the	
Transmission	last day of the accounting period						le evetem	brokon	
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		wiu iir a j		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servio	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 I								
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nu rates, in the	e ngnt-n	and block. A lw		e-word description	on or the s	Service is	
		DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		224	34.99					
	 Service to additional set(s) 		187	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		11	34.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3				
E	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, the								
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.	-	-		-		-	
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mot	tel, hotel					
	 Pay cable—add'l channel 		• Cor	mmercial					
	Fire protection		-	/ cable					
	 Burglar protection 		-	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	99.00		glar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)			connect		40.00			
	Converter			connect					
			• Out	tlet relocation		25.00			
				ve to new addr		99.00			

Inting Period:	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM I
	CEQUEL COMMUNIC			0146
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
U	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t		
rimary		e)(2) and (4), or 76.63 (referring to 76.1		
smitters:		s explained in the next paragraph.		
evision		: With respect to any distant stations on les, regulations, or authorizations:	carried by your cable system on a su	bstitute program
		e in space G—but do list it in space I (the Special Statement and Program	Log)—if the
	station was carried only on			
		also in space I, if the station was carrie		
		n concerning substitute basis stations i's call sign. Do not report origination		
		with a station according to its over-th		
	"WETA-2" as the same on t		evision station for brandonsting ever	the circle is the community
		el number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
		case whether the station is a network	station, an independent station, or a	a noncommercial
		ring the letter "N" (for network), "N-M"		
		"E" (for noncommercial educational),		ional multicast).
		rms, see page (iv) of the general instr n of each station. For U.S. stations, lis		is licensed by the
		dian stations, if any, give the name of		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAFT-1	9	E	FAYETTEVILLE, AR
	KFSM-1	18	N	FORT SMITH, AR
vs as Necessary	KFTA-1	27	I. I.	FORT SMITH, AR
	KHBS-1	21	Ν	FORT SMITH, AR
	KHBS-2	21	I-M	FORT SMITH, AR
	KNWA-1	50	N	ROGERS, AR
	KXNW-1	34	l	EUREKA SPRINGS, AR

							SYSTEM IE 01468
Nemittede							
t every radio s	station ca	arried on a separate and discr					Н
) it is carried b monitoring, to ormation abou rm.	y the sys be recei it the Cc	tem whenever it is received a ved at the headend, with the spyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
State whether f the radio stat	the static tion's sig	on is AM or FM. nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
Give the station	n's locati	on (the community to which th			C or, in	the case of	
	0/0				0.10		
AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
+							
	ANSMITTERS at every radio s whose signals ctions Conce) it is carried b monitoring, to ormation abou rrm. dentify the call State whether f the radio state this by placing Give the station	DMMUNICATIONS ANSMITTERS: RADIO at every radio station ca whose signals were ge ctions Concerning AI) it is carried by the syst monitoring, to be recei- ormation about the Co orm. dentify the call sign of of State whether the station f the radio station's sig this by placing a check Dive the station's location hadian stations, if any,	whose signals were generally receivable by your cab ctions Concerning All-Band FM Carriage: Under () it is carried by the system whenever it is received a monitoring, to be received at the headend, with the formation about the Copyright Office regulations on the rm. dentify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically process this by placing a check mark in the "S/D" column. Give the station's location (the community to which the hadian stations, if any, the community with which the	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list whose signals were generally receivable by your cable system during ctions Concerning All-Band FM Carriage: Under Copyright Office re) it is carried by the system whenever it is received at the system's he monitoring, to be received at the headend, with the system's FM ante ormation about the Copyright Office regulations on this point, see pa rm. dentify the call sign of each station carried. State whether the station is AM or FM. f the radio station's signal was electronically processed by the cable s this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licen hadian stations, if any, the community with which the station is identify	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list those FM state whose signals were generally receivable by your cable system during the accountine ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, and) it is carried by the system whenever it is received at the system's headend, and (2 monitoring, to be received at the headend, with the system's FM antenna, during to formation about the Copyright Office regulations on this point, see page (v) of the g m. dentify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable system as a set this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FC madian stations, if any, the community with which the station is identified).	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list those FM stations can whose signals were generally receivable by your cable system during the accounting period ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sig) it is carried by the system whenever it is received at the system's headend, and (2) it can monitoring, to be received at the headend, with the system's FM antenna, during certain st formation about the Copyright Office regulations on this point, see page (v) of the general in rm. dentify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable system as a separate this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC or, in hadian stations, if any, the community with which the station is identified).	ANSMITTERS: RADIO at every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period. ctions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. ormation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. rm. dentify the call sign of each station carried. State whether the station is AM or FM. If the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. Sive the station's location (the community to which the station is licensed by the FCC or, in the case of hadian stations, if any, the community with which the station is identified).

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					014680
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, identi				-	ion, that your c	able svste	m carried on a
_	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	aper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete th	ne prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") tha	t, during the a	ccounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of an	other stat	ion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	toall. List specific program	i titles, for exa	ampie, i Love	Lucy or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			00 an in	
	the case of Mexican or Can			e community to which the community with which the			CC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	ith
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example: c	i program ourn		o p.m. to 0.2	0.00 p.m. 0100		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulations	,	
	s	UBSTITUT	E PROGRAM	1		N SUBSTITU AGE OCCUF		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. TIM FROM —	ES TO	DELETION
		163 01 110	CALL SIGN				10	
						_		
						_		
						<u> </u>		
						_		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 014680
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 transmit (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	201.00 Is receipts)
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	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		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	<u> </u>	
	6. Subtract line 5 from line 4	<u> </u>	
	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		
	2. Dase aniount uncer statutery formula 2. Solution 4		
	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		
	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
	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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 014680
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 and nonbroadcast services 	7 53
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 SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
ο	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	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	; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 own 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)] 	
	X /s/ Alan Dannenbaum 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: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2019	

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unting Period: 2018/2	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0146
 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 sul scribers 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 	Concerning Gross Receipts Exclusio
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.	^{it.} Q
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	Interest Assessme
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