This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	3/1/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
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.	
		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.	
		Charle have if this is the system's first filling. If not, only the system's ID symbol projected by the Lippering Division	27106
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM WISCONSIN LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
	INIOT	h	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is a lready 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:	
		MEDIACOM WISCONSIN LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1504 Second Street S.E.	
	2	(Number, street, rural route, apartment, or suite number)	
		Waseca, MN 56093 (City, town, state, zip code)	
	I	ויטויו, וטאוו, אמוכ, גוף שעש)	

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.

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		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	MEDIACOM WISCONSIN LLC	271
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
Jerveu		
-	CITY OR TOWN	STATE WI
First Community	Viroqua Cashton	WI
Community		WI
	Gays Mills	
ld Rows as Necessary	La Crosse	WI
	La Crosse County	WI
	Viola (Vernon County)	WI
	La Farge	WI
	Readstown	
	Shelby	WI
	Soldiers Grove	WI
	Viola (Richland County)	WI
	Brookview	WI
	Westby	WI
	COON VALLEY	WI
	DeSoto	WI

Secondary Transmission Service: Sub- scribers and Rates	LEGAL NAME OF OWNER OF CA MEDIACOM WISCONSIN SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including p	ILLC						515	TEM ID 2710
Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission								
Secondary Transmission Service: Sub- scribers and Rates	In General: The information in sp system, that is, the retransmission	SERVICE: SU							
Secondary Transmission Service: Sub- scribers and Rates	system, that is, the retransmission					, transmission a	onvice of th		
Secondary Transmission Service: Sub- scribers and Rates									
Service: Sub- scribers and Rates	about other services (including p								
scribers and Rates	last day of the accounting period								
Rates	Number of Subscribers: Both down by categories of secondary								
	each category by counting the nu								
	separately for the particular servi	ce at the rate i	ndicate	d-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subsci	ribers. (	Give the numbe	r of subsc	ribers and rate f	or each list	ed category	
	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 h	nas rate catego	ories for	secondary trar	smission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF			CAT			NO. OF	
-	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		678	29.95-60.61					
	Service to additional set(s)		0/0	23.33-00.01					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		1	29.95-60.61					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO								
	In General: Space F calls for rate not covered in space E, that is, th								
-	service for a single fee. There are					,	,		
	furnished at cost or (2) services of								
	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cabl	e system for ea	ch of the a	annlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				shed. List	these other serv	vices in the	form of a	
-	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.			1		
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential			<b>.</b>	
	• Pay cable	PP 		tel, hotel			Family	Cable	78.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable	oppel				
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	00.00		e protection					
	First set	99.99		rglar protection					
	Additional set(s)     EM radio (if soparate rate)	15.00-29.00		services:		20.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	10.50		connect connect		29.00			
	- COnventer	10.50		tlet relocation		15 00-20 00			
				tiet relocation	266	15.00-29.00			

counting Period: 2	_			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF MEDIACOM WISCONS			SYSTEM ID# 27106
	PRIMARY TRANSMITTERS:			£1100
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	a during the accounting period, <i>except</i> or effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Iso in space I, if the station was carried or concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the for form. I number the FCC assigned to the tele CC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a subs the Special Statement and Program Low ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re (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 the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WEAU/WEAU(HD) NBC	38	N	Eau Claire WI
	WHLA/WHLA(HD) PBS	30	Е	La Crosse WI
ows as Necessary	WHLA-DT2 PBS	30.2	Е	La Crosse WI
	WHLA-DT3 PBS Create	30.3	E	La Crosse WI
	WHLA-DT4 Kids	30.3	E	La Crosse WI
	WKBT/WKBT(HD) CBS	8	N	La Crosse WI
	WKBT-DT2 (MyNET)	8.2	N	La Crosse WI
	WLAX/WLAX(HD) FOX	17	l	La Crosse WI
	WLAX-DT2 MeTV	17.2	I	La Crosse WI
	WXOW/WXOW(HD) ABC	48	N	La Crosse WI
	WXOW-DT2/WXOW-DT2 (HD)	48.2	I	La Crosse WI
	WXOW-DT3 Decades	48.3	I	La Crosse WI

EGAL NAME OF								SYSTEM I 271
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it 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 ( stem whenever it is received a wed at the headend, with the pyright Office regulations on the 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	t the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	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
0411 01011	A	0.15			AN/	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	·							

	d: 2018/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM WISCONS	IN LLC						27106
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	3			
I	In General: In space I, ident substitute basis during the a	ify every nor	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or auth	norizations.	For a further
Substitute Carriage:	explanation of the programm				e general insu		paper SAT	-2 101111.
Special	1. SPECIAL STATEMEN					work tolovici		-
Statement and	During the accounting per	•	i cable system	carry, on a substitute basi	s, any nonne		- · ·	
Program Log	broadcast by a distant sta						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 t	he program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst	titute progra	im on a separa		wherever pos	sible, if their r	meaning is	
	clear. If you need more spa				araaram") tha	t during the		
	period, was broadcast by a			ision program ("substitute p ur cable system substitute				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further i	informatior	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
	Column 6: State the time to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	a program cam	ed by a system norm 0.01.	15 p.m. to 0.2	0.50 p.m. she		
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete under		nu regulation	5 111	
					WHE	N SUBSTIT	UTE	
	S		E PROGRAM	1		AGE OCCU	DDEN	
	1. TITLE OF PROGRAM							7. REASON FOR
		2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN	/IES	7. REASON FOR DELETION
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM II
Name	MEDIACOM WISCONSIN LLC				2710
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's s tion of how	econdary trans to compute thi	mission servic s amount, see	e
	during the accounting period			\$ 16 (Amount of gr	5,670.41
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 • 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	0 but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	
	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 li	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	165,670.41		
	3. Subtract line 2 from line 1	\$	98,129.59		
	4. Enter the amount of gross receipts from space K		<b>\$</b> 1	65,670.41	
	5. Enter the amount from line 3		\$	98,129.59	
	6. Subtract line 5 from line 4		\$	67,540.82	
	7. Multiply line 6 by .005 (enter figure here)			\$	337.70
	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	7 and 8		\$	337.70
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		•		
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	1. 5. and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	337.70	
otal Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)			20.00	
			Ψ		
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	357.70

Accounting Period	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM WISCONSIN LLC	SYSTEM ID# 27106
M Channels	<ul> <li>CHANNELS</li> <li>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.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations .</li> <li>2. Enter the total number of activated channels on which the cable system carried television broadcast stations .</li> </ul>	18
	and nonbroadcast services	66
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email     Copyrights@mediacomcc.com     Fax (optional)	
	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O 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;	
	<ul> <li>X (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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner</li> </ul>	
	<ul> <li>in line 1 of space B.</li> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/21/2019	

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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM WISCONSIN LLC	2710
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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
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
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
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 Assessmer

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