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 workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
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	ACCO	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			
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.	28537
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ILLINOIS 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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM ILLINOIS LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	P.O. Box 334, 1102 N. Fourth Street	
	2	(Number, street, rural route, apartment, or suite number)	
		Chillicothe, IL 61523 (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:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	28537
D	Instructions: List each separate community served by the cable syste "a separate and distinct community or municipal entity (including un discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first comm	em. A "community" is the same as a "community unit" as defined in FCC rules: nincorporated communities within unincorporated areas and including single, nunity that you list will serve as a form of system identification hereafter known
Area Served	as the "first community." Please use it as the first community on all Note: Entities and properties such as hotels, apartments, condomin identified city.	ituture filings. iums, or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Coffeen	IL
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	MEDIACOM ILLINOIS LI	_C							2853
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	SERVICE: SL pace E should on of television vay cable) in sp (June 30 or D h blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the e to their subsc	cover a and rac ace F, i ecember ce E cal service gs in tha ndicate h categ 20/mth") for adva e form l ribers. (Il categories of tio broadcasts not here. All the er 31, as the ca Il for the numbe . In general, yo at category (the d—not the num ory of service.). Summarize a ance payment. ists the categor Give the numbe	secondar by your sy a facts you se may be er of subso u can com number of set include bo ny standa ries of sec er of subso	state no subscr u state must be e). cribers to the ca pute the numb of persons or or ts receiving ser oth the amount rd rate variation ondary transmi cribers and rate	ibers. Give those exist able system er of subsc ganizations vice). of the charg ns within a ssion servio for each lis	information ing on the ribers in charged ge and the particular rate ce that cable sted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be cour ble service to a once again und has rate catego iers of services	nted as addition er "Serv pries for s that ind	a subscriber in al sets would b vice to additiona secondary trai clude one or mo	each app e included al set(s)." nsmission ore secon	licable categor d in the count u service that ar dary transmissi	y. Example nder "Servi e different f ions), list th	a residential ce to the rom those em, together	
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	OODOORID			UAI			SUBSCITIBEITS	
	Service to first set		2	2.00-73.49					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	2.00-73.49					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services to the two exception or facilities furr- nit in which it is rate column. the charged by to your cable sys- separate charg	ber) info that are ns: you ished to usually he cable stem fur e was r	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to a combination give rate rs. Rate in ates are ch ates of the ed during	on with any sec information con- nformation shout narged on a var applicable serv the accounting	ondary tran ncerning (1) uld include iable per-p ices listed. period that	ismission) services both the rogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		E a reall	T \/	75
	Pay cable Add'l abannal	PP		tel, hotel			Family	IV	75.4
	Pay cable—add'l channel Eire protection	PP		mmercial					
	Fire protection Burglar protection			y cable y cable-add'l cł	annal				
	Installation: Residential			e protection					
	First set	49.99		rglar protection					
	Additional set(s)	15.00-29.00		services:					
						29.00			
	 FM radio (if separate rate) 			connect					
	FM radio (if separate rate) Converter			connect connect		25.00			
	· · · /		• Dis			15.00-29.00			

	2018/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM 285
	MEDIACOM ILLINOIS			203
	PRIMARY TRANSMITTERS:			
G		entify every television station (including t m during the accounting period, except		
	FCC rules and regulations i	in effect on June 24, 1981, permitting th	ne carriage of certain network progr	ams [sections
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	i1(e)(2) and (4))]; and (2) certain sta	ations carried on a
elevision	Substitute Basis Stations	: With respect to any distant stations ca	arried by your cable system on a su	bstitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	he Special Statement and Program	Log)—if the
	station was carried only on	a substitute basis.		
	basis. For further informatio	also in space I, if the station was carried on concerning substitute basis stations,	see page (v) of the general instruc	tions.
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the		
	"WETA-2" as the same on t	the form.		
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
	Column 3: Indicate in each	case whether the station is a network s	•	
		ring the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), o		
	For the meaning of these te	erms, see page (iv) of the general instru-	uctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list dian stations, if any, give the name of the		
	FUC. FUL WEARCAIL OF CARA	JIdli Stations, il any, give the name of an	The community with which the states	TIS Identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL (ABC)	31	N	St. Louis, MO
	KETC (PBS)	39	E	St. Louis, MO
s as Necessary	KMOV (CRS)	24	N	
s as necessary	KMOV (CBS)	24	N	St. Louis, MO
s as Necessary	KPLR (CW)	24 26	N I	St. Louis, MO St. Louis, MO
as Necessary		•		
s as ivelessally	KPLR (CW)	26		St. Louis, MO
s as necessal y	KPLR (CW) WAND (NBC)	26 17	1 N	St. Louis, MO Decatur, IL
is as inclessally	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
vs as inecessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ws as ivelessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
iws as necessally	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ing as necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
ing as necessary	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jus as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jus as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jus as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
uws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jurs as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
uws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
uws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
uws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
Jws as necessally	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL
uws as necessal y	KPLR (CW) WAND (NBC) WICS (ABC)	26 17 42	I N N	St. Louis, MO Decatur, IL Springfield, IL

MEDIACOM	OWNER OF C		YSTEM:					SYSTEM I 285
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper 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 state whether f the radio state 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 check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0.0				2.2		
		+						
		1						

Accounting Perio	od: 2018/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LLC					28537
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
I I	In General: In space I, identi				-	ion that your cable sy	stem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television prog	ram
Statement and Program Log	broadcast by a distant star	tion?				YES	
Program Log	Notes If your energy is "No?			a blank. Kusun anavuania (·//	-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	rres, you mu	ist complete the prog	Jram
	log in block 2.		MO				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations i	wherever nos	sible if their meaning	n ie
	clear. If you need more spa				wherever pos		y 15
	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						
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		ample, TLOVE LUCY	0i
			dcast live, ente	""Yes." Otherwise enter	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			in
				tem carried the substitute			nonth
	first. Example: for May 7 giv	/e "5/7."	, , , , , , , , , , , , , , , , , , ,		0		
				gram was carried by your			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	imming that v	our system was real	uired
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		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
		165 01 140	CALL SIGN	4. STATION S LOCATION	AND DAT		,
						_	
						_	
						_	
						_	
]				
						_	
						_	
]				

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	STEM ID#
			28537
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	, 218.54
	COPYRIGHT ROYALTY FEE		
L 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	(,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		hts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	SYSTEM ID# 28537
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	7 46
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted 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)	
O	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 a partnership) of the legal entity identified as owner in line 1 of space B. (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)] Multiple of space I and example 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	stem as identified
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/21/2019	

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 fing, a determination that would be made by a court of lave

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM ILLINOIS LLC	285
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? X NO XES. Enter the total hore and list the satellite carrier(c) below.	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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.