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	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/28/2019	\$ 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
Accounting		20182 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.
	<u> </u>	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Uintah Basin Electronic Telecommunications
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Boc 398 (Number, street, rural route, apartment, or suite number)
		Roosevelt, Utah 84066 (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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Duchesne
		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 suffciency of the fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STSIEM
	Uintah Basin Electronic Telecommunications	
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Duchesne	Utah
Community	Vernal	Utah
	Uintah County	Utah
d Rows as Necessary	Roosevelt	Utah
	Naples	Utah
	Duchesne County	Utah

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	
	Uintah Basin Electronic	Telecomm	unicati	ons					
Е	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	BERS AND R	ATES				
–	In General: The information in sp								
Secondary	system, that is, the retransmissic about other services (including p								
Secondary Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	blocks in spa	ce E call	for the number	er of subsc	ribers to the cat			
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							e and the	
	unit in which it is generally billed.	(Example: "\$2	20/mth").	Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	subscriber in	each appl	licable category.	Example:	a residential	
	subscriber who pays extra for ca					d in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.				-		DLOOK		
	BLC	DCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,239	24.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		1,120	6.50					
	Non-residential		100	5.64					
	SERVICES OTHER THAN SEC		NSMISS		<u>م</u>				
-	In General: Space F calls for rat					Il your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, th								
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	rate column.	-	-		-		· 9· ··· · · · · · · · ,	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	~K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	24.99	• Mot	el, hotel					
	Pay cable—add'l channel	39.00	• Con	nmercial					
	Fire protection		• Pay	cable					
			• Pay	cable-add'l ch	nannel				
	 Burglar protection 		• Fire	protection					
	•Burglar protection			•			1		
	÷ .	40.00		glar protection	l				
	Installation: Residential	40.00 50.00	• Burg	•	I				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s	glar protection	I	40.00			
	Installation: Residential • First set • Additional set(s)		• Burç Other s • Rec	glar protection	I	40.00 -			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc	glar protection ervices: onnect	I	40.00 - 35.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTE
Name		ic Telecommunications		01012
	PRIMARY TRANSMITTERS:			
G rimary ssmitters: levision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1 : List each statior multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	also in space I, if the station was carrie n concerning substitute basis stations so call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tir the 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 ed 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, repor evision station for broadcasting over the station, an independent station, or a to (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 ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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
	KUTV	2	N	Salt Lake City, Utah
	κτνχ	4	N	
				Salt Lake City, Utah
vs as Necessary	KSL-TV	5	N	Salt Lake City, Utah Salt Lake City, Utah
vs as Necessary		5		·····
vs as Necessary	KSL-TV		N	Salt Lake City, Utah
vs as Necessary	KSL-TV KUED-PBS	7	N E	Salt Lake City, Utah Salt Lake City, Utah
vs as Necessary	KSL-TV KUED-PBS KUEN	7 9	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah
vs as Necessary	KSL-TV KUED-PBS KUEN ION	7 9 10	N E E I	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW	7 9 10 11 12	N E E I	Salt Lake City, Utah Salt Lake City, Utah
vs as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS	7 9 10 11	N E E i i E i	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah
ws as Necessary	KSL-TV KUED-PBS KUEN ION KBYU-PBS KUCW KSTU-FOX	7 9 10 11 12 13	N E E i i E i N	Salt Lake City, Utah Salt Lake City, Utah

Accounting P							FORM	/I SA1-2E. PAGE
EGAL NAME OF								SYSTEM II
Jintah Basir	n Electroni	c Telec	communications					
RIMARY TRA		-		oto basis and list	these EM stat	tiona aa	rriad on an	н
			arried on a separate and discr nerally receivable by your cat					
	-	-				-		
			I-Band FM Carriage: Under (stem whenever it is received a					Primary Transmitters
			ved at the headend, with the					Radio
	-		pyright Office regulations on		-			
aper SA1-2 for								
			each station carried. on is AM or FM.					
			nal was electronically process	ed by the cable s	system as a se	enarate	and discrete	
			k mark in the "S/D" column.			sparato		
			on (the community to which th	ne station is licen	sed by the FC	C or, in	the case of	
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0		UALL SIGN		3/0	LOUATION OF STATION	
		+						
		+						
		+						
		+						
		1						
							+	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Uintah Basin Electroni	ic Telecoi	nmunicatior	IS				0
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	· cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	1
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' loovo tho	rest of this nad	e blank. If your answer is '	Yee " vou mi	ust complete	-	
	-	, leave the	rest of this pag	e bialik. Il your allower is	res, you mu	ist complete	ine prograi	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their	meaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample. "I Lov	ve Lucv" or	1.
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 give				-			
				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:	15 p.m. to 6:2	8:30 p.m. sr	ioula 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							am
	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 OCCL	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
		100 01 110	ONEE OIGH		THE BITT	TROM	10	
						-	_	
						-	_	
							_	
							_	
							_	
							_	

Accounting Period:	2018/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Uintah Basin Electronic Telecommunications	S	YSTEM ID# 0
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 transm (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.	ission service amount, see	2,840.00 oss 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the set of \$137,100 or less.		
	accounting period is \$52.00 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 lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 232,840.00		
	3. Subtract line 2 from line 1 \$ 30,960.00		
		32,840.00	
	5. Enter the amount from line 3	30,960.00	
	6. Subtract line 5 from line 4	201,880.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	1,009.40
	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	\$	1,009.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,009.40	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	1,029.40
	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		OWNER OF CABLE SYSTEM: Electronic Telecommunications	SYSTEM ID# 0
M Channels	to its subscrib 1. Enter the to system carri	You must give (1) the number of channels on which the cable system carried te rs, and (2) the cable system's total number of activated channels during the ac al number of channels on which the cable d television broadcast stations	counting period.
	on which the	cable system carried television broadcast stations	256
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an ind about this statement of account.)	dividual to whom
for Further Information	Name	Rashelle Richardson	Telephone 435 622-5411
	Address	PO Box 398 (Number, street, rural route, apartment, or suite number) Roosevelt, Utah 84066 (City, town, state, zip)	
	Email	rrichardson@stratanetworks.com	Fax (optional) 435 622 0033
O Certification	I, the undersig (Ow (Ag	N (This statement of account must be certified and signed in accordance with C ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Her other than corporation or partnership) I am the owner of the cable system as Int of owner other than corporation or partnership) I am the duly authorized age	s identified in line 1 of space B; or
	X (Of • I have examinare true, comp	In line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the In line 1 of space B. ad the statement of account and hereby declare under penalty of law that all statemete, and correct to the best of my knowledge, information, and belief, and are made tion 1001(1986)]	ients of fact contained herein
		Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ signature)	
		Typed or printed name: Jason McKee Title: Chief Financial Officer	
		(Title of official position held in corporation or partnership) Date:	2/27/2019

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unting Period: 2018/2		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
ah Basin Electronic Telecommunications		
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the con- service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions. For more information on when to exclude these amounts, see the note on page (vii) of the g located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts to	yright Act by adding the fol- able system for the basic system shall not include sub- s pursuant to section 119." general instructions	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?		
X NO		
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	e payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located		Q
For an explanation of interest assessment, see page (viii) of the general instructions located		Q Interest Assessme
		Q
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located	d in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x	Q
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x x days x 0.00274 \$	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 	d in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q
 For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) - For further assistance please - late. -	Q
 For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) For further assistance please late. o the Copyright Office, please	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) For further assistance please late. o the Copyright Office, please	Q Interest Assessm
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