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

## SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER 02/28/2019

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20182 Barcode Data Filing Period (optional - see instructions)	
		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.	32934
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		CABLE ONE, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE	
		(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626	
		(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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	99 BISBEE RD, STE A (Number, street, rural route, apartment, or suite number)	
		BISBEE, AZ 85603 (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.

Name		SYSTEM ID#
	CABLE ONE, INC.	32934
D	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor 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 fil	ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BISBEE	AZ
Community		AZ
	NACO	AZ
d Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						515	TEM II 3293
	CABLE ONE, INC.								329.
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar	d rate variation	s within a p	oarticular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servio	e that cable	
	systems most commonly provide	e to their subsci	ribers. (	Give the numbe	r of subsc	ribers and rate	for each lis	ted 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	once again unde	er "Serv	vice to additionation	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, ngin n						
	BLO	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		1,603	40.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		19	30.31					
	Commercial		16	30.31					
	Converter								
	Residential     Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	3				
F	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha aabl	a avetam for as	oh of tho o		a listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.			1		
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable	17.00		ation: Non-res tel, hotel	Idential	90.00		IDED BASIC	40.
	• Pay cable—add'l channel	7.00		mmercial		50.00			4 <b>0</b> .
	• Fire protection	7.00		y cable					
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	90.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>	30.00	Other	services:					
	• FM radio (if separate rate)		• Re	connect		30.00			
			• Dis	connect					
	Converter		010	CONNECT					
	• Converter		• Out	tlet relocation ve to new addr		30.00 30.00			

ne		F CABLE SYSTEM:		SYSTEM ID# 32934
	CABLE ONE, INC.			52354
hary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGUN	9	N	
	KMSB	25		TUCSON, AZ
2ssary	KMSB KMSB-2	25 25	l I-M	TUCSON, AZ TUCSON, AZ
ssary	KMSB KMSB-2 KOLD	25 25 32	I I-M N	TUCSON, AZ TUCSON, AZ TUCSON, AZ
essary	KMSB KMSB-2 KOLD KOLD-2	25 25 32 32 32	I I-M N I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
ssary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3	25 25 32 32 32 32	I I-M N I-M I-M	TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ TUCSON, AZ
essary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU	25 25 32 32 32 32 19	I I-M N I-M	TUCSON, AZ
essary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT	25 25 32 32 32 19 30	I I-M N I-M I-M	TUCSON, AZ
essary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA	25 25 32 32 32 19 30 23	I I-M N I-M I-M I I I I I	TUCSON, AZ
essary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2	25 25 32 32 32 19 30 23 23	I I-M N I-M I-M I I I I I I I I I I	TUCSON, AZ
ressary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA	25 25 32 32 32 32 19 30 23 23 23 44	I I-M N I-M I-M I I I I I I I I I I I I I I I	TUCSON, AZ
cessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3	25 25 32 32 32 32 19 30 23 23 23 44 44 25	I I-M N I-M I-M I I I I I I I I I I I I I I I I	TUCSON, AZ         TUCSON, AZ
cessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ
ecessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3	25 25 32 32 32 32 19 30 23 23 23 44 44 25	I I-M N I-M I-M I I I I I I I I I I I I I I I I	TUCSON, AZ         TUCSON, AZ
ecessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ
ecessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ
Necessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ
Necessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ
Necessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ
Necessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ
s Necessary	KMSB KMSB-2 KOLD KOLD-2 KOLD-3 KTTU KUAT KVOA KVOA-2 KWBA KMSB-3 KTTU-2	25 25 32 32 32 32 32 19 30 23 23 23 44 44 25 19	I I-M N I-M I I I I I I I I I I I I I I I I I I	TUCSON, AZTUCSON, AZ

Accounting F			/STEM:					I SA1-2E. PAGE
								329
	•							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried b monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under 0 stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen:	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can certain si general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-				S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						+		

Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							32934
	SUBSTITUTE CARRIAGE							
I I			-		-	on that your	achla avata	m corriad on a
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<b>J</b>			-
Special	During the accounting period				s any nonnet	work televisi	on program	
Statement and	• •		r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant stat	lion ?					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	the progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa							
	period, was broadcast by a	of every no	nnetwork televi	ision program ("substitute	program") tha	t, during the	accounting	ion
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."				<b>I</b> = -, -	· · · <b>,</b> ·	
				r "Yes." Otherwise enter "N				
				sting the substitute progra			500 en in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			ith the mon	th
	first. Example: for May 7 giv		innen year eye			namoralo, n		
	. , , ,		substitute pro	gram was carried by your	able system.	List the time	es accuratel	у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	5 p.m. to 6:2	8:30 p.m. sh	ould be	-
	stated as "6:00-6:30 p.m."	"D" :6 45 -	Reference and					-1
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
						N SUBSTIT		
	S		E PROGRAN			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES - TO	DELETION
							-	
						-	-	
						_	_	
							-	
							_	
						_	_	
							-	
							-	
						_	_	
							-	
							-	
						_	_	
							-	
						_	_	
							-	
							-	
1							-	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I
Name	CABLE ONE, INC.				3293
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fi all amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further expla page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s	he system nation of h	n's secondary tran now to compute th	smission servio is amount, see	
	during the accounting period IMPORTANT: You must complete a statement in space P concerning gro			\$ 18 (Amount of gr	5,526.00
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, • Use block 3 if the amount of gross receipts in space K is more than \$263, See page (vi) of the general instructions located in the paper SA1-2 form for m	100 but les 800 but les	ss than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$	137,100 C	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the ro accounting period is \$52.00	yalty fee th	at you must pay fo	r 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 Ad	d lines 1 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR			-	
	1. Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	185,526.00	_	
	3. Subtract line 2 from line 1			_	
	4. Enter the amount of gross receipts from space K		\$		
	5. Enter the amount from line 3		\$	78,274.00	
	6. Subtract line 5 from line 4			107,252.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	536.26
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 7 and 8 .		\$	536.26
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$.	263,800 (1	but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K	· · <u> </u>		-	
	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	)	\$		
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	s 4, 5, and	16	. <u> </u>	
	FILING FEE AND TOTAL REMITTANCE	DUE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) .		<b>\$</b>	536.26	
Due	2. Filing Fee (See the instructions for more information on filing fee calculation	ıs)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	556.26
			weble to the D		
	Important: Your remittance must be in the form of an electronic p See page i of the general instructions in the paper S				jnts:

Accounting Period:	2018/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF CABLE ONE,	OWNER OF CABLE SYSTEM: INC.					SYSTEM ID# 32934
M Channels	<ul> <li>to its subscribe</li> <li>1. Enter the tot: system carrie</li> <li>2. Enter the tot: on which the</li> </ul>	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television dcast services	total number th the cable the cable the cable the cable the cable the cable to broadcast s	of activated channels d	uring the a		s 
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		MATION IS NEEDED (Id	entify an in	dividual to whom	
for Further Information	Name	EMERSON YEARWO				Telepho	ne <u>602-364-6195</u>
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar PHOENIX, AZ 85012 (City, town, state, zip)	tment, or suite r	number)			
	Email	emerson.yearv	vood@cable	eone.biz		Fax (optional) 602-364-6	013
O Certification	• I, the undersign	V (This statement of account m ned, hereby certify that (Check o ner other than corporation or p	one, but only c	one, of the boxes.)			
	(Age ir X (Offi ir • I have examine are true, comple	nt of owner other than corporation of p n line 1 of space B and that the of icer or partner) I am an officer ( n line 1 of space B. ad the statement of account and tee, and correct to the best of my tion 1001(1986)]	ation or partr owner is not a if a corporation hereby decla	nership) I am the duly aut a corporation or partnershi on) or a partner (if a partne re under penalty of law th	thorized age ip; or ership) of th at all staten	ent of the owner of the cable e legal entity identified as or nents of fact contained herei	system as identified wner of the cable system
			Enter an ele	/s/ Raymond Storck ectronic signature on the li ture using an "/s/ signature	ne above to		_
		Typed or printed		RAYMOND STOR	СК		
		Title: (Title of ) Date:		RESIDENT held in corporation or partner	ship)	2/28/2019	
ı							

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 fling, a determination that would be made by a court of lay

unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
BLE ONE, INC.	329
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 dish owners?	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         x       0.00274	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         k       -       - <t< td=""><td>-</td></t<>	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -         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       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       For further assistance please	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -         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       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       For further assistance please	-
x	-
x	
x	
x	
x	

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.