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	01/15/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	37877
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ROCKWELL COMMUNICATIONS SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 416 (Number, street, rural route, apartment, or suite number)	
		ROCKWELL, IA 50469-0416 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1		
		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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNED OF CAPLE SYSTEM.	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name		
	ROCKWELL COMMUNICATIONS SYSTEMS INC	37877
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor 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, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	THORNTON	IA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name			VOTEN					515	3787
		SATIONS S	I SI EN						0.01
Е	SECONDARY TRANSMISSION			-	-				
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							ig on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate c	harged for eac	h catego	ory of service.	Include bo	oth the amount of	f the charge		
	unit in which it is generally billed				ny standa	rd rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note	e: Where an in	dividual	or organization	n is receivi	ing service that f	alls under o	different	
	categories, that person or entity					0,			
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t	iers of services	that inc	clude one or m	ore secon	dary transmissio	ns), list the	m, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word description	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		24	20.45					
	 Service to first set Service to additional set(s) 		31	36.45					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cable	e system for ea	ch of the	annlicable servic	as listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	e was n	nade or establi					
	brief (two- or three-word) descrip	ption and inclue	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		BORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	10.95		tel, hotel					
	Pay cable—add'l channel Fire protection	14.95		mmercial					
	Fire protection			/ cable					
	•Burglar protection		-	y cable-add'l che protection	anner				
				•					
	Installation: Residential	50.05		alar protoction					
	First set	59.95 46/HR		glar protection					
	First setAdditional set(s)	59.95 46/HR	Other s	services:		20 10			
	 First set Additional set(s) FM radio (if separate rate) 		Other : • Red	services: connect		20.10			
	First setAdditional set(s)		Other s • Rec • Dis	services:		20.10 46/HR			

Namo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	ROCKWELL COMMU	NICATIONS SYSTEMS INC		378
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: 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-t ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram 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 indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КІМТ	3	N	POCHESTER MN
				ROCHESTER, MN
	KYIN	4	E	MASON CITY, IA
ws as Necessary	KYIN WOI	4 5	E N	
ws as Necessary				MASON CITY, IA
ws as Necessary	WOI	5	N	MASON CITY, IA DES MOINES, IA
ws as Necessary	WOI KAAL	56	N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA
ws as Necessary	WOI KAAL KCCI	5 6 8	N N N	MASON CITY, IA DES MOINES, IA AUSTIN, MN DES MOINES, IA

Accounting F	Period: 2018	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
ROCKWELL	. COMMUN	ICATIO	NS SYSTEMS INC					37877
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the cal state whether the radio state this by placing Sive the station	station ca were ge rning AI y the sys be recei to the co l sign of o the static ion's sig g a check n's locati	arried on a separate and discre- nerally receivable by your cab I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the so pyright 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 the the community with which the	le system during Copyright Office it t the system's he system's FM ante his point, see pa ed by the cable s le station is licen	the accountin regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	g period n FM sig ?) it can ertain si eneral i eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		5/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
·								

Accounting Perio	od: 2018/2						FORM SA1-2	E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYS	TEM ID#
Name	ROCKWELL COMMUN	ICATION	S SYSTEMS	INC				37877
					_			
	SUBSTITUTE CARRIAGE							
I	In General: In space I, identi							
	substitute basis during the ac explanation of the programm							
Substitute Carriage:					e general mou			
Special	1. SPECIAL STATEMENT					huark talaviaia	n nrogram	
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant stat	lon?						0
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne program	
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their m	eaning is	
	clear. If you need more space Column 1: Give the title			ision program ("substitute	orogram") tha	t during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, reg							
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			h the month	
	first. Example: for May 7 giv		when your sys		program. Ose	numerais, wit		
			substitute pro	gram was carried by your	cable system.	List the times	accurately	
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shoi	uld be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that y	our system wa	s required	
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					W/HE	N SUBSTITU		
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		ASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		LETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	ROCKWELL COMMUNICATIONS SYSTEMS INC		37877
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 transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	,877.10 is receipts)
_	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 \$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. 	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	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
			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		
	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)	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26ENVHLI		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ROCKWELL COMMUNICATIONS SYSTEMS INC	SYSTEM ID# 37877
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	6 25
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name MARY KAYE KIRSCHBAUM Telephone	641-822-3211
	Address 111 4TH ST N PO BOX 416 (Number, street, rural route, apartment, or suite number)	
	ROCKWELL, IA 50469-0416 (City, town, state, zip)	
	Email Fax (optional) 641-822-355	0
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.	er of the cable system
	 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)] 	
	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: DAVID SEVERIN	
	Title: GEN MGR/ASSISTANT SEC/TREAS (Title of official position held in corporation or partnership)	
	Date: 01/15/2019	

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 telephol 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 lav

unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
KWELL COMMUNICATIONS SYSTEMS INC	378
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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.	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	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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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.