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

<b>STATEME</b>	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	_
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	02/28/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVER			
Accounting Period	2018/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
<b>B</b> Owner	of the subsidiary, not that of the pare List any other name or names under If there were different owners during single statement of account and roya	ent corporation. which the owner conducts the business of th	he last day of the accounting period should s ing period.	
	Ronan Telephone Company BUSINESS NAME(S) OF OWNER	ILING ADDRESS OF CABLE SYSTEM	,	
	MAILING ADDRESS OF OWNER 312 Main St SW (Number, street, rural route, apartment, or s Ronan, MT 59864 (City, town, state, zip)	suite number)		
С	<b>INSTRUCTIONS:</b> In line 1, give any b names already appear in space B. In			
System	IDENTIFICATION OF CABLE SYSTE			· ·
	Ronan			
	MAILING ADDRESS OF CABLE SYS	STEM:		
	2 (Number, street, rural route, apartment, or s	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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Ronan Telephone Company	63377
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future	'community" is the same as a "community unit" as defined in FCC rules: iorated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Ronan	MT
Community		
dd Rows as Necessary		
	ากสายการการการการการการการการการการการการการก	

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 633
	Ronan Telephone Com	pany							033
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n					•		s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	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. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca				••	•••	•		
	first set" and would be counted of							<b>.</b>	
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		o ngin n						
	BLO	OCK 1					BLOCK		r
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		109	31.51					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				e				
_	In General: Space F calls for ra					ll vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t		,		-	• •			
	service for a single fee. There are	•			0		0 (	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If ally is		larged on a var	iable pei-p	lografii basis,	
ransmissions:				e system for ea	ach of the	applicable servi			
ransinissions.	Block 1: Give the standard rat							t were not	
Rates	Block 2: List any services that			nished or offer	•	the accounting	•		
	<b>Block 2:</b> List any services that listed in block 1 and for which a	separate charg	ge was r	nished or offer nade or establ	•	the accounting	•	e form of a	
	Block 2: List any services that	separate charge	je was r de the ra	nished or offer nade or establ	•	the accounting	•		
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and inclue BLO	ge was r de the ra CK 1	nished or offer nade or establ ate for each.	shed. List	the accounting these other se	vices in th	BLOCK 2	RAT
	<b>Block 2:</b> List any services that listed in block 1 and for which a	separate charge	ge was r de the ra CK 1 CATEG	nished or offer nade or establ	shed. List	the accounting	vices in th		RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa	nished or offer nade or establ ate for each. GORY OF SER	shed. List	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res	shed. List	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor	nished or offer nade or establ ate for each. GORY OF SER tion: Non-res el, hotel	shed. List	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay	nished or offer nade or establ ate for each. GORY OF SER tion: Non-res el, hotel nmercial	shed. List	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	nished or offer nade or establ ate for each. GORY OF SER ation: Non-res el, hotel nmercial r cable	shed. List	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate charge ption and inclue BLO	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	nished or offer nade or establ ate for each. GORY OF SER titon: Non-res el, hotel nmercial r cable r cable-add'l ch	vice vice	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg ption and inclue BLOO RATE 50.00	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	nished or offer nade or establ ate for each. GORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection	vice vice	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg ption and inclue BLOO RATE 50.00	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	nished or offer nade or establ ate for each. GORY OF SER tition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	vice vice	the accounting these other se	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and inclue BLOO RATE 50.00	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec	nished or offer nade or establ ate for each. CORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	vice vice	RATE	vices in th	BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and inclue BLOO RATE 50.00	e was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	nished or offer nade or establ ate for each. GORY OF SER tion: Non-res el, hotel nmercial r cable cable-add'l ch protection glar protection services: connect	vice vice	RATE	vices in th	BLOCK 2	RAT

Juning Ferrour	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O	CABLE SYSTEM:		SYSTEM ID#
	Ronan Telephone Co	mpany		63377
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat	me basis under ms [sections ions carried on a
Television	basis under specific FCC rr • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on	ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie 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	he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo	.og)—if the o on some other ons. 'N, etc. Identify each rt multistream
	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 FCC. For Mexican or Cana	(RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It he community to which the station he community with which the station	noncommercial endent), "I-M" onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTMF	4	N	MISSOULA, MT
	KPAX	8.1	N	MISSOULA, MT
ows as Necessary				

EGAL NAME OF			YSTEM:					SYSTEM   633
	t every radio s	station ca	rried on a separate and discre 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: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5		S. LE SIGN		3,0		
							·	
						·		

Accounting Perio	od: 2018/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Ronan Telephone Con	npany						63377
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	)G			
	In General: In space I, ident	ifv every no	nnetwork telev	ision program broadcast b	v a distant sta	tion that v	our cable svs	tem carried on a
-	substitute basis during the a			1 0	,	· .	,	
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any non	network te	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank lf vour answer i	e "Vee " vou	must comr		
		, leave life	rescortins pa	ige blatik. It your answer t	s res, you	nusi comp	iele lile pioù	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meaning	a is
	clear. If you need more spa					,		
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						-	
	Column 2: If the program	n was broa	dcast live, ent	er "Yes." Otherwise enter asting the substitute prog	"No."			
				the community to which the		censed bv	the FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	entified).		
			when your sy	stem carried the substitut	e program. U	se numera	ls, with the n	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	ır cahle svste	m List the	times accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		,			, and rega		
						N SUBST		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							<u> </u>	
							_	
							_	
							_	
							_	
					1			
							_	
					] [	[		
							_	
					·		_ _	
					· · · · · · · · · · · · · · · · · · ·			
					-			

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Ronan Telephone Company		63377
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	<b>),235.47</b> ss 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 formation.	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)		02.00
	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		
	A. 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		
	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		
	2. 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		
	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
	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 informati		hts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ronan Telephone Company	SYSTEM ID# 63377
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 vhich the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	8 115
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 Michelle Marengo Telephone	(406) 676-9218
	Address 312 Main St SW (Number, street, rural route, apartment, or suite number) Ronan, MT 59864 (City, town, state, zip)	
	Email michellem@ronan.net Fax (optional) (406) 676-88	89
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia 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)]</li> </ul>	system as identified /ner of the cable system
	Y       /s/ Michelle Marengo         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:       Michelle Marengo	
	Title: Accounting Manager (Title of official position held in corporation or partnership)	
	Date:	

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 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 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.

unting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
nan Telephone Company	6337
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. 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 Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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.