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@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 9-3-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Assessmetting		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.	63610
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CableSouth Media III, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd (Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358 (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	1	IDENTIFICATION OF CABLE SYSTEM:	
		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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CableSouth Media III, LLC	63610
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
First	CITY OR TOWN Bogalusa	STATE MS
Community	Franklinton	MS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					FORM SA1	
Name	CableSouth Media III, LL						010	6361
		-0						
Е	SECONDARY TRANSMISSION			-				
E	In General: The information in sp							
Secondary	system, that is, the retransmissic about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					le system	, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the nu						charged	
	separately for the particular servi Rate: Give the standard rate cl						ne and the	
	unit in which it is generally billed.							
	category, but do not include disc	ounts allowed	for advance payme	ent.				
	Block 1: In the left-hand block							
	systems most commonly provide							
	that applies to your system. <b>Note</b> categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted o							
	Block 2: If your cable system h							
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	ind rates, in the	e right-hand block.	A two- or thre	e-wora descripti	on of the s	service is	
		DCK 1				BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIAD		0,11			CODOCI (IDEI (C	1011
	Service to first set		255 28.9	5				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RA	TES				
F	In General: Space F calls for rat	•	,	•	, ,			
	not covered in space E, that is, the							
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.	-	-	-		-	
ransmissions:	Block 1: Give the standard rate						wara not	
Rates	Block 2: List any services that listed in block 1 and for which a s							
	brief (two- or three-word) descrip							
		BLO	СК 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-					
	• Pay cable		Motel, hotel					
	• Pay cable—add'l channel		Commercial					
	Fire protection		Pay cable					1
	•Burglar protection		• Pay cable-add	'l channel				
	Installation: Residential		Fire protection					
	• First set	39.99	Burglar protec					
	<ul> <li>Additional set(s)</li> </ul>		Other services:					
	• FM radio (if separate rate)		Reconnect		49.99			
	Converter	5.00	<ul> <li>Disconnect</li> </ul>					
	• Converter	5.00	Disconnect     Outlet relocation	on				
	• Converter	5.00			39.99			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	CableSouth Media III			63
	PRIMARY TRANSMITTERS:	•		
G Primary Ismitters: Ievision	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 here station was carried <i>only</i> or • List the station here, and basis. For further informatii <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 eacl 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 ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDSU	6	N	Greenville, LA
	WBRZ	2	N	Baton Rouge, LA
/s as Necessary	WVLA	13	N	Baton Rouge, LA
vs as Necessary		8	l	New Orleans, LA
	WVUE			
	WAFB	9	N	Baton Rouge, LA
			N E	
	WAFB	9		Baton Rouge, LA
	WAFB WYES	9 12	E	Baton Rouge, LA New Orleans, LA
	WAFB WYES WNOL	9 12 20	E N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA
	WAFB WYES WNOL WGN	9 12 20 18	E N I	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL
	WAFB WYES WNOL WGN WGNO	9 12 20 18 11	E N I N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL
	WAFB WYES WNOL WGN WGNO WWL	9 12 20 18 11 4	E N I N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA
	WAFB WYES WNOL WGN WGNO WWL WHNO	9 12 20 18 11 4 3	E N I N N N	Baton Rouge, LA New Orleans, LA Baton Rouge, LA Chicago, IL Chicago, IL New Orleans, LA New Orleans, LA

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
CableSouth	Media III, L	LC						636
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of n for detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate f <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal 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	2) it can ertain st eneral in 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	
							+	

Accounting Perio							FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CableSouth Media III,	LLC					63610
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
<b>I</b>	In General: In space I, identi substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authorizat	tions. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				s general mot		0/1-2 10/11.
Special	During the accounting per					twork tolovision pro	ogram
Statement and	broadcast by a distant sta		i cable system	carry, on a substitute bas	s, any nonne		
Program Log	,					<b>YE</b>	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete the pr	ogram
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3</b> : Give the call	itute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s	Im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute program	program") tha d for the prog eral instruction n titles, for exa lo." m.	t, during the accou ramming of anothe ns for further inforn ample, "I Love Luc	unting er station nation. y" or
	the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	adian static oth and day /e "5/7." es when the Example: a	ons, if any, the owner, when your systems, if any, the owner systems when your systems are substitute program carried program carried systems are substituted by the owner systems are substituted b	tem carried the substitute gram was carried by your	station is ider program. Use cable system. 15 p.m. to 6:2	ntified). numerals, with the List the times acc 8:30 p.m. should b	e month urately pe
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
	s		E PROGRAM	1	CARR	EN SUBSTITUTE	D 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. TIMES FROM —	то
						_	
					·		
						_	
						_	
						_	
1	,						
						_	

Accounting Period:	2018/2	FORM SA1	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CableSouth Media III, LLC		63610
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	26
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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)		52.00
	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
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) FALS	SE	
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	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	<b>Important:</b> 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: CableSouth Media III, LLC	SYSTEM ID# 63610
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	12 323
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 Cristy Workman Telephone	731-723-9913
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	stem as identified
	Date: 8/29/2019	

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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
leSouth Media III, LLC	6361
<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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	Q Interest Assessment
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
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