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: 8-29-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

| A | ACC | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|------------|-----|---|
| | | 2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| Accounting | | Barcode Data Filing Period (optional - see instructions) |
| Period | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | | |
| | | Swayzee Communications |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | 214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number) |
| | | Swayzee, IN 46986 |
| | | (City, town, state, zip) |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (City, town, state, zip code) |
| | | |
| 1 | | |

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 | Swayzee Communications | 21548 |
| D | Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community 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: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, a identified city. | |
| | | OTATE |
| First | CITY OR TOWN | STATE IN |
| Community | | |
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| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | FORM SA1 | -2E. PAGE |
|--|---|--|---|--|---|---|--|-----------|
| Name | Swayzee Communication | | | | | | 010 | 2154 |
| E Secondary Transmission Service: Sub- scribers and Rates | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv | SERVICE: SU pace E should on of television ay cable) in spa (June 30 or De blocks in spac y transmission s umber of billing ice at the rate in | cover all cate and radio br ace F, not he ecember 31, ce E call for t service. In ge s in that cate ndicated—no | egories of seconda badcasts by your s are. All the facts yours as the case may le he number of sub- eneral, you can co egory (the number of the number of s | system to subscrib ou state must be t be). scribers to the cat onpute the numbe of persons or org ets receiving serv | bers. Give i hose existi ble system, r of subscr anizations ice). | information ng on the broken ibers in charged | |
| | Rate: Give the standard rate c 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. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted c Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. | . (Example: "\$2 counts allowed f in space E, the to their subscr Where an inc should be coun ble service to a once again und has rate catego iers of services and rates, in the | 20/mth [*]). Sun for advance e form lists th ribers. Give t dividual or or nted as a sub additional set er "Service to ories for seco that include | nmarize any stand payment. le categories of se he number of sub ganization is recei scriber in each ap s would be include additional set(s). ndary transmissio one or more seco | dard rate variations econdary transmis scribers and rate t iving service that f oplicable category. ed in the count un " on service that are ondary transmissio | s within a p sion servic for each lis alls under Example: der "Servic different fr ins), list the on of the s | e that cable ted category different a residential te to the om those em, together ervice is | |
| | BLO | OCK 1 NO. OF | | | | BLOCK | K 2 NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBE | | ATE CA | TEGORY OF SEI | RVICE | SUBSCRIBERS | RATI |
| | Residential: • Service to first set | | 58 22 | .98/mo. | | | | |
| | Service to additional set(s) FM radio (if separate rate) | | | | | | | |
| | Motel, hotel | | | | | | | |
| | Commercial Converter | | | | | | | |
| | Residential | | | | | | | |
| | Non-residential | | | | | | | |
| F Services Other Than Secondary Iransmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip | e (not subscrib hose services t e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys separate charge | er) information hat are not cons: you do not ished to non usually billed the cable system tem furnishe e was made | on with respect to ffered in combination to need to give rate subscribers. Rate I. If any rates are of the for each of the d or offered during or established. Lis | tion with any seco e information cond information shoul charged on a varia e applicable servic g the accounting p | ndary trans cerning (1) d include b able per-pro- ces listed. period that | smission services ooth the ogram basis, were not | |
| | | BLOO | | | | OATEO | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | | | OF SERVICE | RATE | CATEGO | ORY OF SERVICE | RAT |
| | • Pay cable | 69.95 | • Motel, h | | | | | |
| | Pay cable—add'l channel | | Comme | cial | | | | |
| | Fire protection | | Pay cab | | | | | |
| | •Burglar protection | | , | e-add'l channel | | | | |
| | Installation: Residential | 20.00 | Fire prot | | | | | |
| | | 20.00 | Burglar | | | | | |
| | First set Additional set(s) | | Other convi | CAS. | | | | |
| | Additional set(s) | | • Reconne | | 40.00 | | | |
| | | | • Reconne • Disconn | ect | 40.00 | | | |
| | Additional set(s)FM radio (if separate rate) | | • Reconne | ect | 40.00 50.00 | | | |

| counting Period: 2 | 2019/1 | | | FORM SA1-2E. PAGE 3. |
|---|--|---|---|---|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# |
| | Swayzee Communica | | | 21548 |
| G Primary Transmitters: Television | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location | ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrier in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the | t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is | me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WFYI | 20 | E | INDIANAPOLIS |
| | WHMB | 40 | | INDIANAPOLIS |
| Rows as Necessary | WTTV | 4 | N | INDIANAPOLIS |
| , , , , , , , , , , , , , , , , , , , | WRTV | 6 | N | |
| | WCLJ | 42 | I | BLOOMINGTON |
| | WISH | 8 | N | |
| | WNDY | 23 | | MARION |
| | WXIN | 59 | N | INDIANAPOLIS |
| | WTHR | 13 | N | |
| | | | | INDIANAPOLIS |
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| .egal name of Swayzee Co | OWNER OF C | | /STEM: | | | | | SYSTEM II 215 |
|--|---|--|---|--|---|---|--|----------------------------------|
| | innunicati | 0113 | | | | | | 215 |
| | every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of i or detailed info aper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: 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 the Co sign of e the static ion's sign g a chech n's locati | 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. 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 | t the system's he system's FM ante this point, see pa ed by the cable s he 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 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 | |
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| Accounting Ferro | d: 2019/1 | | | | | | FORM SA1-2E. PAGE 5 |
|----------------------|---|------------------------------|---------------------------|--|------------------|----------------------------|-----------------------|
| News | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | Swayzee Communicat | ions | | | | | 21548 |
| | SUBSTITUTE CARRIAG | E: SPECIA | | NT AND PROGRAM LOO | G | | |
| I | In General: In space I, ident substitute basis during the a | ccounting pe | eriod, under spe | cific present and former FC | C rules, regula | ations, or authoriza | ations. For a further |
| Substitute | explanation of the programm | | | | e general instri | uctions in the pape | er SA 1-2 101111. |
| Carriage: Special | 1. SPECIAL STATEMEN | | | | | | |
| Statement and | During the accounting per | • | r cable system | carry, on a substitute basi | s, any nonnei | | |
| Program Log | broadcast by a distant sta | tion? | | | | Y | ES XNO |
| | Note: If your answer is "No | , leave the | rest of this pag | e blank. If your answer is " | 'Yes," you mu | st complete the p | orogram |
| | log in block 2. | | | | | | |
| | 2. LOG OF SUBSTITUTE | | | | | | |
| | In General: List each subst clear. If you need more spa | | | | wherever pos | sible, if their mear | ning is |
| | | | | sion program ("substitute p | program") tha | t, during the acco | unting |
| | period, was broadcast by a | | | | | | |
| | under certain FCC rules, re Do not use general categor | gulations, o ies like "mo | r authorizations | s. See page (v) of the gene thall " List specific program | eral instruction | ns for further information | mation. |
| | "NBA Basketball: 76ers vs. | | | toall. List speeine program | | | |
| | | | | "Yes." Otherwise enter "N | | | |
| | | | | sting the substitute progra e community to which the | | ased by the ECC | or in |
| | the case of Mexican or Can | | | | | | 01, 111 |
| | Column 5: Give the mor | th and day | | tem carried the substitute p | | | ne month |
| | first. Example: for May 7 giv | | aubatituta pro | arom was corriad by your a | able avetem | List the times as | ourotoly |
| | to the nearest five minutes. | | | gram was carried by your o ed by a system from 6:01:1 | | | |
| | stated as "6:00–6:30 p.m." | | | | | | |
| | | | | was substituted for progra | | | |
| | to delete under FCC rules a was substituted for program | | | | | | program |
| | effect on October 19, 1976. | | | | | ina regulatione in | |
| | | | | | | N SUBSTITUTE | |
| | S | UBSTITUT | E PROGRAM | <u> </u> | | AGE OCCURRE | D 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | | 5. MONTH | 0 TH (EO | DELETION |
| | | | | 4. STATION'S LOCATION | | 6. TIMES FROM — | то |
| | | | | 4. STATION'S LOCATION | AND DAY | | |
| | | | | | | | |
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| Accounting Period: | 2019/1 FORM SA | 1-2E. PAGE 6. |
|---|--|---------------------------------|
| Name | | STEM ID# |
| | Swayzee Communications | 21548 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$ 23 IMPORTANT: You must complete a statement in space P concerning gross receipts. | 3,219.07 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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00 | |
| | 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 \$137,100) | |
| | 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 | |
| | 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 | |
| | 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 | |
| Duc | 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 # | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information | |

| Accounting Period: | 2019/1 | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---|---|---------------------|
| Name | | OWNER OF CABLE SYSTEM: nmunications | | SYSTEM ID# 21548 |
| M Channels | to its subscrib 1. Enter the to system carri 2. Enter the to on which the | You must give (1) the number of channels on which the cable system carried telev ers, and (2) the cable system's total number of activated channels during the accou al number of channels on which the cable ed television broadcast stations | unting period. | 12 145 |
| N Individual to Be Contacted | | O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indivi- t about this statement of account.) | dual to whom | |
| for Further Information | Name | Tim Miles | Telephone | 765-922-7916 |
| | Address | 214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number) Swayzee, IN 46986 (City, town, state, zip) | āx (optional) | |
| O Certification | • I, the undersig | N (This statement of account must be certified and signed in accordance with Cop ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as ide nt of owner other than corporation or partnership) I am the duly authorized agent of | entified in line 1 of space B; | |
| | I have examinare true, comp | in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statement ate, and correct to the best of my knowledge, information, and belief, and are made in a tion 1001(1986)] | gal entity identified as owne s of fact contained herein | |
| | | Enter an electronic signature on the line above to cert Enter signature using an "/s/ signature" (e.g., /s/ John | | |
| | | Typed or printed name: AUDRA HICKS Title: OFFICE MANAGER (Title of official position held in corporation or partnership) | | |
| | | Date: | 08/29/19 | |

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

| Inting Period: 2019/1 | FORM SA1-2E. PAGE |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| yzee Communications | 2154 |
| 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 carriers to satellite dish owners? | P Special Statement Concerning Gross Receipts Exclusion |
| X NO YES. Enter the total here and list the satellite carrier(s) below | |
| | _ |
| Name Name Mailing Address Mailing Address | |
| | |
| | |
| INTEREST ASSESSMENT | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late 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. 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. | 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 |
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