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

for Secondary Transmissions by Cable Systems (Short Form)DATE REGeneral instructions are located in the first tab of this workbook8/29/201	RECEIVED AMOUNT coplicsoa@loc.gov \$ For additional information,
0/00/004	
	019 Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 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.	24171
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Mediacom Southeast LLC (Carl Junction, MO) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(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 is 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:	
	I	Mediacom Southeast LLC (Carl Junction, MO)	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	ONE MEDIACOM WAY	
	2	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918	
		(City, town, state, zip code)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Mediacom Southeast LLC (Carl Junction, MO)	24171
_	Instructions: List each separate community served by the cable system. A "commu" a separate and distinct community or municipal entity (including unincorporated	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	ist will serve as a form of system identification hereafter known
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
Control		
First	CITY OR TOWN Diamond	STATE MO
Community	Anderson	MO
	Goodman	MO
Rows as Necessary	Granby	MO
lows as necessary	Newtonia	MO
	Sarcoxie	MO
	Stark City	MO

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Mediacom Southeast LL	.C (Carl Jur	nction	, MO)					2417
	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of the	ne cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						hose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondar	, transmission	service	. In general, yo	u can com	pute the numbe	r of subsci	ribers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	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 of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		s light i		o or the				
	BL	DCK 1	-				BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		504	40.49-49.54					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		1	40.49-49.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	6				
E	In General: Space F calls for rat								
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
Fransmissions:	Block 1: Give the standard rat							woro pot	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Instal	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	Cable	79.4
	 Pay cable—add'l channel 	PP	• Cc	ommercial					
	Fire protection		• Pa	y cable					
	 Burglar protection 		• Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	First set	99.99	• Bu	rglar protection					
	 Additional set(s) 	15.00-29.00	Other	services:					
	• FM radio (if separate rate)		۰Re	connect		29.00			
		10.50	• Die	sconnect					Τ
	Converter	10.50		Sconnect					
	• Converter	10.50		itlet relocation		15.00-29.00			

	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
		LLC (Carl Junction, MO)		2417
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 th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (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>excep</i> in effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.4 is explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri- n of each station. For U.S. stations, lis	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program S1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs the Special Statement and Program Lo by both on a substitute basis and also of , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a n (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 the community with which the station is	ne basis under ns [sections ons carried on a titute program ag)—if the on some other ns. I, etc. Identify each multistream e air in its community noncommercial ident), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCLJ TRINITY	46	I	Joplin, MO
	KFJX/KFJX(HD) FOX	13	I	Joplin, MO
	KFJX-DT2/KFJX-DT2 (HD) CV	13.2	I-M	Joplin, MO
d Rows as Necessary	KGCS (MO Southern State 22	22	l	JOPLIN, MO
	KJPX RTV 44	35	I	JOPLIN, MO
	KOAM/KOAM(HD) CBS	7	Ν	Joplin, MO
	KODE/KODE(HD) ABC	43	Ν	
			14	Joplin, MO
	KODE-DT2 Grit	43.2	I-M	Joplin, MO Joplin, MO
	KODE-DT2 Grit KODE-DT3 Bounce TV	43.2 43.3		
			I-M	Joplin, MO
	KODE-DT3 Bounce TV	43.3	I-M I-M	Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS	43.3 25	I-M I-M E	Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids	43.3 25 25.2	I-M I-M E E-M	Joplin, MO Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create	43.3 25 25.2 25.3	I-M I-M E E-M I-M	Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF(HD)NBC	43.3 25 25.2 25.3 46	I-M I-M E E-M I-M N	Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF(HD)NBC KSNF-DT2 Laff	43.3 25 25.2 25.3 46 46.2	I-M I-M E E-M I-M N I-M	Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF(HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	43.3 25 25.2 25.3 46 46.2 46.3	I-M I-M E E-M I-M N I-M I-M I-M	Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF(HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	43.3 25 25.2 25.3 46 46.2 46.3	I-M I-M E E-M I-M N I-M I-M I-M	Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF(HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	43.3 25 25.2 25.3 46 46.2 46.3	I-M I-M E E-M I-M N I-M I-M I-M	Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO
	KODE-DT3 Bounce TV KOZJ/KOZJ(HD) PBS KOZJ-DT2 PBS Kids KOZJ-DT3 Create KSNF/KSNF(HD)NBC KSNF-DT2 Laff KSNF-DT3 Escape	43.3 25 25.2 25.3 46 46.2 46.3	I-M I-M E E-M I-M N I-M I-M I-M	Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO Joplin, MO

Accounting F	Period: 2019	/1					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Mediacom S	Southeast L	LC (Ca	arl Junction, MO)					24171
all-band basis v Special Instrue receivable if (1) on the basis of	t every radio s whose signals ctions Conce i ti is carried b monitoring, to ormation abou	station ca were ge rning Al y the sys be recei	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (item whenever it is received a ived at the headend, with the opyright Office regulations on t	le system during Copyright Office r t the system's he system's FM ante	the accountin egulations, ar adend, and (2 enna, during c	ig period n FM sig ?) it can ertain st	1. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	dentify the cal State whether f the radio stat this by placing Give the station	the static tion's sig g a check n's locati	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	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
		+						

Accounting Perio	od: 2019/1					FOR	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	Mediacom Southeast L	LC (Carl	Junction, M	0)			24171
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi					ion. that vour cable svste	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations.	. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	During the accounting peri-	•	r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant stat					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their meaning is	3
	clear. If you need more spa						,
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	es like "mo					
	"NBA Basketball: 76ers vs.		taaat liva aata	r "Vaa" Othanwiga optar "N	lo "		
				r "Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		
	the case of Mexican or Can			community with which the tem carried the substitute			oth
	first. Example: for May 7 giv		when your sys		biogram. Use		iiui
	Column 6: State the time	es when the		gram was carried by your o			ely
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our svstem was <i>require</i>	ed
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
						N SUBSTITUTE	
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
							"
							"
						<u> </u>	
						_	
							"
						<u></u>	
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	Mediacom Southeast LLC (Carl Junction, MO)		24171
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, 379.59
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 • 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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	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		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		<u> </u>
	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)	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)	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 informat		nts!

Accounting Period:	2019/1							FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Dutheast LLC (Carl Junction	n, MO)					SYSTEM ID# 24171
M Channels	to its subscribe1. Enter the tot system carrie2. Enter the tot on which the	You must give (1) the number of ers, and (2) the cable system's f al number of channels on whic ed television broadcast stations tal number of activated channel cable system carried television dcast services	total numb th the cabl the cabl the cabl the cable the c	ber of activated of the stations	channels during the	accounting period.	ons 2 :	
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of account		DRMATION IS N	EEDED (Identify an	individual to whom		
for Further Information	Name	Kenneth J. Kohrs				Teleph	one 845-443-2762	
	Address	One Mediacom Way (Number, street, rural route, apart	tment, or su	uite number)				
		Mediacom Park, NY (City, town, state, zip)	10918					
	Email	Copyrights@m	ediacom	ICC.COM		Fax (optional)		
O Certification		N (This statement of account m		-		Copyright Office regulatio	ns)	
	(Owr	ner other than corporation or p	partnershi	ip) I am the owne	r of the cable system	as identified in line 1 of spa	ce B; or	
	i (Off i • I have examine are true, comple	nt of owner other than corpora n line 1 of space B and that the o icer or partner) I am an officer (i n line 1 of space B. ed the statement of account and ete, and correct to the best of my tion 1001(1986)]	owner is no (if a corpora hereby de	ot a corporation o ration) or a partne eclare under pena	r partnership; or r (if a partnership) of Ity of law that all state	the legal entity identified as ements of fact contained her	owner of the cable system	
				-		to certify this statement. 5/ John Smith)	_	
		Typed or printed	d name:	Kenneth J	. Kohrs			
		Title: (Title of o		President, Fi	nancial Report	ing		
		Date:				08/13/2019		

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 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 fing, a determination that would be made by a court of lave

Inting Period: 2019/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
iacom Southeast LLC (Carl Junction, MO)	241
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 su 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	b- 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?	s
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
	L L
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	Interest Assessm
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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.