This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/29/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			l

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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Great Plains Cable Television
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P. O. Box 50 (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip)
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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)
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Cable Television	24984
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	community" is the same as a "community unit" as defined in FCC rules: prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	North Bend	Nebraska
Community	Dodge	Nebraska
	Snyder	Nebraska
Add Rows as Necessary	Scribner	Nebraska
		000000000000

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM ID
Name	Great Plains Cable Telev							010	2498
		151011							
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp 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 servi Rate: Give the standard rate c unit in which it is generally billed.	pace E should on of television ay cable) in sp (June 30 or D blocks in span y transmission umber of billing ice at the rate harged for eac	cover al and rad ace F, n ecember ce E call service. Is in that ndicated h catego	I categories of to broadcasts to ot here. All the r 31, as the cas for the numbe In general, you category (the I—not the num ry of service. I	secondar by your sy facts you se may be r of subsc u can com number o ber of set nclude bo	stem to subscrib state must be th). ribers to the cab pute the number f persons or orga s receiving servi th the amount of	ers. Give i nose existin le system, r of subscr anizations ce). f the charg	information ng on the broken ibers in charged e and the	
	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 o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ounts allowed in space E, the to their subsc Where an ine should be cour ble service to once again und has rate catego iers of services	for adva e form lis ribers. G dividual nted as a additiona er "Servi pries for that inc	nce payment. sts the categori ive the numbe or organization a subscriber in al sets would be ce to additiona secondary trar lude one or mo	es of seco r of subsc is receivi each appl e included il set(s)." ismission ore second	ondary transmiss ribers and rate fing service that fa icable category. I in the count und service that are dary transmissio	sion servic or each list alls under o Example: der "Servic different fr ns), list the	e that cable ted category different a residential te to the om those em, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		484	24.95	Broadc	aster Fee		484	14.9
	 Service to additional set(s) 								
	• FM radio (if separate rate)				HD Equ	ipment Leas	ie	351	14.9
	Motel, hotel								
	Commercial				Additio	nal Conv Re	ntal	47	3.9
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un 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 s brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	her) infor that are to ns: you of hished to usually to he cable stem furr e was m	mation with res not offered in c do not need to nonsubscriber billed. If any ra system for each hished or offere ade or establis	spect to al ombinatic give rate rs. Rate in tes are ch ch of the a ed during f	n with any secon information conc formation should arged on a varia applicable servic the accounting p	ndary trans erning (1) d include b ible per-pro es listed. eriod that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATI
	Continuing Services:			tion: Non-resi	dential				
	• Pay cable	17.00		el, hotel					
	 Pay cable—add'l channel 	15.00		nmercial					
	• Fire protection			cable	annal				
	Fire protection Burglar protection		• Dov	cable_add'l ch					
	•Burglar protection			cable-add'l ch	annei				
	•Burglar protection Installation: Residential	65.00	• Fire	protection	annei				
	•Burglar protection Installation: Residential • First set	65.00 65.00	• Fire • Burg	protection glar protection	annei				
	•Burglar protection Installation: Residential • First set • Additional set(s)	65.00 65.00	• Fire • Burg Other s	protection glar protection ervices:	anner	65 00			
	•Burglar protection Installation: Residential • First set		• Fire • Burg Other s • Rec	protection glar protection	anner	65.00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other s • Rec • Disc	protection glar protection ervices: onnect	anner	65.00			

ccounting Period: 2	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Great Plains Cable Te	levision		24984
G Primary	carried by your cable system FCC rules and regulations i	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting tl e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-tin he carriage of certain network program	me basis under ms [sections
Transmitters: Television	substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t	s explained in the next paragraph. With respect to any distant stations cules, 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	arried by your cable system on a sub- the Special Statement and Program L ad 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, repor	stitute program og)—if the on some other ons. N, etc. Identify each t multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	(RC is channel 4 in Washington, D.C. in 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- on 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 educatio uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMTV	3.1	N	Omaha, NE
	КРТН	42.1	N	Omaha, NE
Rows as Necessary		42.2	I-M	
		42.3	I-M	
	WOWT	6.1	N	Omaha, NE
		6.2	I-M	
		6.3	I-M	
	KETV	7.1	N	Omaha, NE
		7.2	I-M	
	κχνο	15.1	N	Omaha, NE
	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	E-M	
	KUON-EC	12.3	E-M	

EGAL NAME OF								SYSTEM II 249
	every radio s	station ca	rried on a separate and discrene of the second s					Н
eceivable if (1) in the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein to 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 a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c 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 general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
				1 '				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Great Plains Cable Tel	levision						24984
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LOO	G			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	aper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonne	work television	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	st complete th	e prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	eaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute p	orogram") tha	t during the ar	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	lo "			
				isting the substitute program				
				ne community to which the			CC or, in	
	the case of Mexican or Can			community with which the steep the steep the steep the second second second second second second second second s			h the mor	oth
	first. Example: for May 7 give		when your sys		ologiani. Ose	numerais, wit		
			e substitute pro	gram was carried by your o	cable system.	List the times	accurate	ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. shou	uld be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that y	our system wa	s roquiro	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
						N SUBSTITU		
	s			1	CARRI	AGE OCCUR	RED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	TE PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			RED	7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIME	RED ES	1

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	Great Plains Cable Television		24984
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	, 423.70 s receipts)
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	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		
	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
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Cable Television		SYSTEM ID# 24984
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to	rs, and (2) the cable system's to al number of channels on which		19
				108
N Individual to Be Contacted		O BE CONTACTED IF FURTHE about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	LeaAnn Quist	Telephon	e <u>402-456-6434</u>
	Address	P. O. Box 500 (Number, street, rural route, apartm Blair, NE 68808 (City, town, state, zip)	ient, or suite number)	
	Email	lquist@gpcom.co	om Fax (optional)	
O Certification	• I, the undersig	ned, hereby certify that (Check one	st be certified and signed in accordance with Copyright Office regulations e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as identified in line 1 of space	
	(Ag	nt of owner other than corporati n line 1 of space B and that the ow	ion or partnership) I am the duly authorized agent of the owner of the cable oner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as ow	system as identified
	are true, comp		ereby declare under penalty of law that all statements of fact contained hereir nowledge, information, and belief, and are made in good faith.	1
			X /s/Janelle Allison 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 r	name: Janelle Allison	
			CFO & COO ficial position held in corporation or partnership)	
		Date:	Aguust 29, 2109	

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unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
at Plains Cable Television	249
 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? X NO 	P Special Statemen Concerning Gros Receipts Exclusio
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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	
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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	

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