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	T OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/27/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	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	
		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	
		Zito West Holding LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	
<u> </u>	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	3
С	name	es 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:	
		Zito Media - Ewing	
		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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Holding LLC	28025
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated co 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.	ommunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
-	CITY OR TOWN	STATE VA
First Community	Ewing Lee County	
•••••••	Rose Hill	VA
Add Rows as Necessary		VA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA	
Name	Zito West Holding LLC								2802
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic 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 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	pace E should on of television hay cable) in sp I (June 30 or Du blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed in space E, the e to their subsc	cover al and rad ace F, n ecembe ce E call service. (s in that ndicated h catego 20/mth"). for adva e form list ribers. G	I categories of s io broadcasts by ot here. All the r 31, as the case for the number In general, you category (the n d—not the numb ry of service. In Summarize an nce payment. sts the categories ive the number	econdary y your sy facts you e may be of subsc can com umber of set clude bo y standar es of sec of subsc	stem to subscr state must be pribers to the ca pute the numb f persons or org s receiving sen th the amount ord rate variation ondary transmi ribers and rate	ibers. Give those exist ble system er of subsci ganizations vice). of the charg as within a p ssion servic for each lis	information ing on the , broken ribers in charged ge and the particular rate ce that cable sted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a once again undo has rate catego iers of services	nted as a additiona er "Serv pries for that inc	a subscriber in e al sets would be ice to additional secondary trans lude one or mor	ach appl included set(s)." mission re second	icable category I in the count un service that are dary transmissi	 Example: nder "Servio different filons), list the 	a residential ce to the rom those em, together	
	BLO	DCK 1					BLOC		<u> </u>
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		33	21.95					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	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, ti service for a single fee. There ar furnished at cost or (2) services 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 brief (two- or three-word) description	e (not subscrib hose services t re two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor that are ns: you hished to usually he cable stem furn e was m	mation with resp not offered in co do not need to g nonsubscribers billed. If any rate system for eac nished or offered nade or establish	ombinatio live rate in s. Rate in es are ch h of the a d during f	in with any sec information cor formation shou arged on a var applicable servi the accounting	ondary tran icerning (1) Id include I iable per-pr ces listed. period that	smission services ooth the rogram basis, were not	
		BLOO						BLOCK 2	T
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	17.50		tion: Non-resid el, hotel	ientiäl				
	Pay cable—add'l channel			nmercial					
	• Fire protection			cable					
	•Burglar protection		• Pay	cable-add'l cha	nnel				
	Installation: Residential			protection					
	• First set	50.00		glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)		• Rec	connect		30.00			
	· · · /		- Die						
	• Converter			connect let relocation		30.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
ame	Zito West Holding LL	С		2802
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	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	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepu- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATE	6.1	Ν	Knoxville TN
	WBXX	20.1	l	Crossville TN
		h h		
cessary	WCYB	5.1	Ν	Bristol VA
essary	WCYB WEMT	<u>5.1</u> 39.1	N	
essary				Bristol VA
essary	WEMT	39.1	N	Bristol VA Greenville TN
cessary	WEMT WETP	39.1 41	N E	Bristol VA Greenville TN Knoxville TN
ecessary	WEMT WETP WJHL	39.1 41 11.1	N E	Bristol VA Greenville TN Knoxville TN Johnson City TN
ecessary	WEMT WETP WJHL WJHL	39.1 41 11.1 11.2	N E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN
ecessary	WEMT WETP WJHL WJHL WLFG	39.1 41 11.1 11.2 68.1	N E N I I	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA
Vecessary	WEMT WETP WJHL WJHL WLFG WSBN	39.1 41 11.1 11.2 68.1 15.1	N E N I I E	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Vecessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA
lecessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Necessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Necessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Necessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Necessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
lecessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Necessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Vecessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Necessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN
Necessary	WEMT WETP WJHL WJHL WLFG WSBN WVLT	39.1 41 11.1 11.2 68.1 15.1 8.1	N E N I I E N	Bristol VA Greenville TN Knoxville TN Johnson City TN Johnson City TN Grundy VA Norton VA Knoxville TN

EGAL NAME OF		ABLE SY	SIEM:					SYSTEM I 280
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourm. 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 at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes (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 leneral 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	od: 2019/1						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC							28025
	SUBSTITUTE CARRIAGI				^			
I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					s general mat			2 101111.
Special	1. SPECIAL STATEMEN					hunder folge date		
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	s, any nonne			
Program Log	broadcast by a distant star	tion?					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 th	ne progran	n
	log in block 2.			-	-	·		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa							
				sion program ("substitute				·
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							-
	"NBA Basketball: 76ers vs.						2009 0.	
				r "Yes." Otherwise enter "N				
				sting the substitute progra		=		
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv		inion your eye			numerale, m		
	Column 6: State the time	es when the	substitute pro	gram was carried by your	cable system.	List the times	accuratel	у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."		lists d was succes	was substituted for sus and				al
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.	<u> </u>	· · · , · · · ·	- -				
					11			
						N SUBSTITU		
	S		E PROGRAN			AGE OCCUF		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. TIM FROM —	ES TO	BEELIION
		103 01 110	ONEE OIGH	4. 61/1101/0 200/1101		TROM	10	
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1								

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	STEM ID# 28025
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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	e 7,055.16
Copyright	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		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)	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		hts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito West H	F OWNER OF CABLE SYSTEM: Diding LLC	SYSTEM ID: 2802
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried tele ers, and (2) the cable system's total number of activated channels during the acc otal number of channels on which the cable ed television broadcast stations	20unting period.
N Individual to Be Contacted for Further		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indict about this statement of account.) Teri McMullen	Telephone 814-260-0434
Information	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915	
	Email	(City, town, state, zip) teri.mcmullen@zitomedia.com	Fax (optional)
O Certification	I, the undersi (Ov (Ag X (O I have exami are true, comp	This statement of account must be certified and signed in accordance with Constraints of the statement of account must be certified and signed in accordance with Constraints of the statement of the cable system as in the other than corporation or partnership) I am the owner of the cable system as in the 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B. The the statement of account and hereby declare under penalty of law that all statement lete, and correct to the best of my knowledge, information, and belief, and are made in cition 1001(1986)] $\frac{\chi}{rs/James Rigas}$ Enter an electronic signature on the line above to constrain the signature using an "/s/ signature" (e.g., /s/ Jocean et al. 1000 et a	identified in line 1 of space B; or It of the owner of the cable system as identified legal entity identified as owner of the cable system ents of fact contained herein n good faith.
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date:	08/27/2019

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unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 280
West Holding LLC	200
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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusio
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	
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
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessm

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