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	IT 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	7/3/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING 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.	29642
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Central Telcom Services LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 7 (Number, street, rural route, apartment, or suite number)	
		Fairview, Ut 84629-0007 (City, town, state, zip)	
С		SuCTIONS: 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:	
		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.

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Т

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Central Telcom Services LLC	29642
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
	CITY OR TOWN	STATE
First	Santaquin	Utah
Community	Utah County	Utah
	Mona	Utah
Add Rows as Necessary	Goshen	Utah
	Eureka	Utah
	การแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกรงการแกร	

	LEGAL NAME OF OWNER OF CA								TEM IC
Name								515	2964
	Central Telcom Services	S LLC							200-
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCR	IBERS AND R	ATES				
E	In General: The information in s			-					
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existi	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne							charged	
	separately for the particular serv Rate: Give the standard rate c							ie and the	
	unit in which it is generally billed								
	category, but do not include disc	· · ·		•	ing otaniaal		o mani a p		
	Block 1: In the left-hand block	in space E, the	e form l	ists the categoi					
	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					service that are	different fi	rom those	
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word descript	ion of the s	ervice is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	EKS	NATE	CAT	LOOKT OF 3L	RVICE	SUBSCRIBERS	INA I
	Service to first set		427	26.95	Expand	led		283	52.
	Service to additional set(s)			20.00	Expand	.04			· · ·
	• FM radio (if separate rate)								
	Motel, hotel		11	26.95					
	Commercial			20.00					
	Converter		283	_					
	Residential		200						
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	, ,			
•	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services				•		• • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		-		-			
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip				Shea. List				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	17.95	• Mo	otel, hotel		Varies			
	<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	• Co	mmercial		-			
	Fire protection	-	• Pa	y cable		-			
	<ul> <li>Burglar protection</li> </ul>	-	• Pa	y cable-add'l ch	nannel	-			
	Installation: Residential		• Fire	e protection		-			
	• First set	100.00	• Bu	rglar protection		-			Ι
	<ul> <li>Additional set(s)</li> </ul>	29.95	Other	services:					Ι
	• FM radio (if separate rate)	-	• Re	connect		29.95			Ι
		_	• Dis	sconnect		-			
	Converter	-							
	• Converter			tlet relocation		49.95			
	• Converter	-	• Ou		ress	49.95 29.95			

	•			FORM SA1-2E. PAGE 3
ame				SYSTEM ID#
	Central Telcom Servic			29642
G mary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie n concerning substitute basis stations s's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tin the 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 ed 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 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
	κυτν	2	N	Salt Lake City, Utah
	κτνχ	4	Ν	Salt Lake City, Utah
lecessary	KSL	5	N	Salt Lake City, Utah
ecessary	KSL KUED	5	N E	Salt Lake City, Utah Salt Lake City, Utah
ecessary				
cessary	KUED	7	E	Salt Lake City, Utah
ecessary	KUED KUEN	7 9	E	Salt Lake City, Utah Ogden, Utah
ecessary	KUED KUEN KSTU	7 9 13	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah
ecessary	KUED KUEN KSTU KJZZ	7 9 13 14	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah
Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
s Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
s Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
s Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
5 Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
; Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
s Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
5 Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
as Necessary	KUED KUEN KSTU KJZZ KUPX	7 9 13 14 16	E	Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah

EGAL NAME OF								SYSTEM I
Central Telc	om Service	es LLC						296
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under them whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the the community with which the	at the system's h e system's FM an n this point, see p esed by the cable the station is lice	eadend, and (2 tenna, during c age (v) of the g system as a so nsed by the FC	2) it can pertain st general 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	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Central Telcom Servic	es LLC						29642
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis	ion program, broadcast by	a distant stat			
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>is</u>	<u>ion</u> progran	1 <u> </u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Frogram Log	-		root of this pag	o blank. If your anowar in '			-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever nos	sible if their	meaning is	
	clear. If you need more spa						incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.			List specific program		ampie, i Lo	C Luby Of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra			<b>FCC</b> and in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			_			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sr	ioula pe	
		er "R" if the	listed program	was substituted for progra	imming that y	our system v	was require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
			E PROGRAM			N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?			5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						<i>_</i>		
						<u>-</u>		
					•			
					•			
							_	
							_	
							_	
1							_	

Accounting Period:	2019/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	Central Telcom Services LLC			29642
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation or 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 receipting the statement in space P concerning the stat	em's secondary tran f how to compute th	smission servio iis amount, see	ce 2,406.00
	COPYRIGHT ROYALTY FEE			
Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but I</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more infor</li> </ul>	less than \$527,600	o \$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 accounting period is $52.00$	, , ,		
	Line 1. Royalty fee for accounting period		··	
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out more than \$137	(,100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	202,406.00	_	
	3. Subtract line 2 from line 1	61,394.00	_	
	4. Enter the amount of gross receipts from space K	<b>\$</b>	202,406.00	
	5. Enter the amount from line 3	<b>\$</b>	61,394.00	
	6. Subtract line 5 from line 4	\$	141,012.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	705.06
	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	8	. \$	705.06
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$52	27,600)	
	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	nd 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)	<b>\$</b>	705.06	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\ldots$	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	725.06
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			jhts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Telcom Services LLC	SYSTEM ID# 29642
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         and nonbroadcast services .	9 252
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Paul Peckham Telephone	(435) 427-0561
	Address P.O. Box 7 (Number, street, rural route, apartment, or suite number) Fairview, Utah 84629 (City, town, state, zip)	
	Email p.peckham@centracom.com Fax (optional) (435) 427-32	00
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> <li>X (S/ Eddie L. Cox</li> </ul>	stem as identified
	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 name: <b>Eddie L. Cox</b>	
	Title: President & General Manager (Title of official position held in corporation or partnership)	
	Date: 7/1/2019	

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 law

Inting Period: 2019/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
tral Telcom Services LLC	296
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? 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	
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
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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.