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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook 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	08/27/2019	\$ 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		20191 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	30050
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TELECOMMUNICATIONS MANAGEMENT, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 210 E. EARLL DRIVE	
		(Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	604 E. NATIONAL AVENUE (Number, street, rural route, apartment, or suite number)	
		BRAZIL, IN 47834 (City, town, state, zip code)	
	1		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	TELECOMMUNICATIONS MANAGEMENT, LLC	300
_	Instructions: List each separate community served by the cable system. A "commur	
D	"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 l	list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
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
First	JASONVILLE	IN
Community	DUGGER	IN
	VIGO	IN
	COALMONT	IN IN
ld Rows as Necessary		
	FARMERSBURG	IN
	WILFRED	IN
	GREEN(N)	IN
	HYMERA	IN
	WORTHINGTON	IN
	ROCKVILLE	IN
	MARSHALL	IN
	PARKE COUNTY	IN IN
	GREEN(S)	IN
	SHELBURN	IN
	MONTEZUMA	IN
	BLOOMINGDALE	IN
	MECCA	IN

	LEGAL NAME OF OWNER OF CA								-2E. PAGE
Name	TELECOMMUNICATION		MENT					010	3005
				, 220					
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
nuco	separately for the particular serv							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	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					In the count un	der Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tw	o- or three	e-word descript	ion of the se	ervice is	
	sufficient. BLC	DCK 1					BLOCK	2	
		NO. OF		DATE	0 A T			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		980	\$27.00					
	Service to additional set(s)		300	\$27.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		36	\$27.99					
	Converter			\$ 21100					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a vari	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	e system for ea	ch of the a	nnlicable servi	res listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other ser	vices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	dential				
	• Pay cable	\$9-\$18.00		tel, hotel				DED BASIC	57.0
	Pay cable—add'l channel			mmercial					13.0
	Fire protection			y cable					18.0
	•Burglar protection			y cable-add'l ch	annel				18.0
	Installation: Residential	\$25 AC		e protection					27.0
	First set	\$35.00		rglar protection			CINEM/ HBO	~ ∧	9.(18.(
	Additional set(s) EM radio (if soparato rato)			services:		\$25.00	пво		10.0
	 FM radio (if separate rate) Converter 			connect connect		\$35.00			
	- Converter			tlet relocation		\$30			
	1		- Oui			220			
			• Mo	ve to new addre	299	\$30.00			

-	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
lame	TELECOMMUNICATIO	ONS MANAGEMENT, LLC		30
	PRIMARY TRANSMITTERS:	•		
G	In General: In space G, ide carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part	-time basis under
imary	76.59(d)(2) and (4), 76.61(6	e)(2) and (4), or 76.63 (referring to 76.6		
smitters: evision		is explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a su	ubstitute program
//	basis under specific FCC ru	ules, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (tr a substitute basis.	ne Special Statement and Program	n Log)—if the
	List the station here, and a	also in space I, if the station was carried		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
	multicast stream associated	d with a station according to its over-the		
	"WETA-2" as the same on the channel of the channel	the form. el number the FCC assigned to the tele	vision station for broadcasting ove	r the air in its community
	of license. For example, W	/RC is channel 4 in Washington, D.C.	Ū.	
		n case whether the station is a network sering the letter "N" (for network), "N-M" (
	(for independent multicast)	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial education	
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		n is licensed hy the
		dian stations, if any, give the name of the	3	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAWV	39	N	TERRA HAUTE, IN
	WTHI	10	Ν	TERRA HAUTE, IN
s as Necessary	WTHI	10 13	N N	TERRA HAUTE, IN INDIANAPOLIS, IN
s as Necessary				
s as Necessary	WTHR	13	N	INDIANAPOLIS, IN
s as Necessary	WTHR WTIU	13 14	N E	INDIANAPOLIS, IN BLOOMINGTON, IN
s as Necessary	WTHR WTIU WTWO	13 14 36	N E N	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN
s as Necessary	WTHR WTIU WTWO WTHI-2	13 14 36 10	N E N I-M	INDIANAPOLIS, IN BLOOMINGTON, IN TERRA HAUTE, IN TERRA HAUTE, IN

Accounting F	Period: 2019	/1					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF			YSTEM: NAGEMENT, LLC					SYSTEM ID# 30050
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call	station ca were ge rning Al y the sys be recei it the Co I sign of e	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (tem whenever it is received a wed at the headend, with the opyright Office regulations on the each station carried.	le system during Copyright Office r t the system's he system's FM ante	the accountin regulations, an adend, and (2 enna, during c	ng perioo n FM sig 2) it can rertain st	1. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: G	the radio stat this by placing live the station	ion's sig g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th 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	

Accounting Perio	od: 2019/1					FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TELECOMMUNICATIO	NS MANA	GEMENT, L	LC			30050
					2		
	SUBSTITUTE CARRIAGE						
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN						
Special	During the accounting peri	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television progran	ı
Statement and Program Log	broadcast by a distant stat	tion?	-	-	-	YES	
Frogram Log	Note: If your answer is "No'		root of this nos	a blank. If your anowar is "	Voo "vou mi		
		, leave life	rest of this pag	je Dialik. Il your aliswer is	res, you mu	ist complete the program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their meaning is	
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.		-	
	Column 1: Give the title period, was broadcast by a			ision program ("substitute p			
	under certain FCC rules, re						
	Do not use general categori	es like "mo					
	"NBA Basketball: 76ers vs.		la a di Bara da anta	······································	- 72		
				r "Yes." Otherwise enter "N Isting the substitute program			
	Column 4: Give the broa	dcast static	on's location (th	ne community to which the	station is lice		
	the case of Mexican or Can						
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	program. Use	numerals, with the mor	ith
			substitute pro	gram was carried by your o	able system.	List the times accurate	lv
	to the nearest five minutes.						5
	stated as "6:00–6:30 p.m."	or"D"iftho	listed program	was substituted for progra	mming that y	our ovotom waa roguira	d
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						
	effect on October 19, 1976.						
						N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
1		1	1	I	II	I	1

Accounting Period:	2019/1		FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC		S	3005 3005
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 of h 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	's secondary trai	nsmission servi his amount, see \$ 14	се
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information	s than \$527,600		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the 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 ar			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but			
	1. Base amount under statutory formula	263,800.00	<u>)</u>	
	2. Enter amount of gross receipts from space K	140,064.53	3	
	3. Subtract line 2 from line 1	123,735.47	7	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	140,064.53	
	5. Enter the amount from line 3	\$	123,735.47	
	6. Subtract line 5 from line 4	\$	16,329.06	
	7. Multiply line 6 by .005 (enter figure here)		\$	81.65
	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.		. \$	81.65
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out less than \$5	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		<u>~_</u>	
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	81.65	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	101.65
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC	SYSTEM ID# 30050
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 on which the cable system carried television broadcast stations and nonbroadcast services .	11 291
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name EMERSON YEARWOOD Telephone	602-364-6195
Information	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip) Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-602	13
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. 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)] 	ystem as identified
	X /s/ RAYMOND STORCK Inter 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: RAYMOND STORCK Title: VICE PRESIDENT Title: VICE PRESIDENT	
	Date: August 28, 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

ounting Period: 2019/1		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
ECOMMUNICATIONS MANAGEMENT, LLC		300
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrilowing sentence: "In determining the total number of subscribers and the gross amounts paid to the call service of providing secondary transmissions of primary broadcast transmitters, the systemers and amounts collected from subscribers receiving secondary transmissions provide the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for 	ble system for the basic ystem shall not include sub- pursuant to section 119." eneral instructions	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?		
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 these revelty payments submitted as a result of a late	navmont or undernavmont	
You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions located 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		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located	in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x x days x 0.00274 \$	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x - x - x - x 0.00274	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x - x - x - x 0.00274 \$ - (interest charge)	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x - x - x days - - x 0.00274 - (interest charge) - or further assistance please -	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) - or further assistance please - ate. - the Copyright Office, please -	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) - or further assistance please - ate. - the Copyright Office, please -	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) - or further assistance please - ate. - the Copyright Office, please -	
For an explanation of interest assessment, see page (viii) of the general instructions located Line 1 Enter the amount of late payment or underpayment	in the paper SA1-2 form. x - x - x days - - x 0.00274 - \$ - (interest charge) - or further assistance please - ate. - the Copyright Office, please -	
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