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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 9-3-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	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 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
		Shenandoah Cable Television, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Shentel f/k/a Big Sandy Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		500 Shentel Way PO Box 459 (Number, street, rural route, apartment, or suite number)
		Edinburg, Virginia 22824 (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 unless these 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)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Shenandoah Cable Television, LLC	3292
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated 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.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Van Lear	КҮ
Community	West Van Lear	KY
	Hager Hill	КҮ
Add Rows as Necessary	Auxier	KY
	Williamsport	KY
	Boonescamp	KY

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						SYS	TEM ID
Name	Shenandoah Cable Tele								329
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	rtransmission	service of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those existi	ing on the	
Transmission	last day of the accounting period	•		,	,	,	hla avatama	hashes	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate i	ndicate	d-not the num	ber of sets	s receiving serv	rice).	Ū.	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				ny standar	d rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies 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					in the count ur	ider "Servic	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				r		<b>D</b> 1 0 01	<u> </u>	
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		374	\$31.72		igital Box		270	\$4.9
	<ul> <li>Service to additional set(s)</li> </ul>					ligh Def Box			\$12.0
	<ul> <li>FM radio (if separate rate)</li> </ul>				High De	ef DVR		214	\$15.0
	Motel, hotel				HBO			8	\$16.9
	Commercial				Showti	ne		2	\$14.9
	Converter				Starz			3	\$11.9
	Residential				Expand	led Basic		926	\$64.4
	Non-residential				Digital	Basic		383	\$84.
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
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							wara nat	
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	\$20.00		otel, hotel		\$75.00			
	<ul> <li>Pay cable—add'l channel</li> </ul>	\$15		mmercial		\$75.00			<u> </u>
	<ul> <li>Fire protection</li> </ul>			y cable		\$30.00			
	<ul> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	\$40	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	\$30.00	Other	services:					
	FM radio (if separate rate)		• Re	connect		\$30.00			
	Converter		• Dis	sconnect					
							1		1
			• Ou	tlet relocation		\$30.00			
				tlet relocation	ess	\$30.00 \$30.00			

				OVOTEMID
e	LEGAL NAME OF OWNER OF			SYSTEM ID# 3292
	Shenandoah Cable T			
iry tters: sion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also roogram services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over 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 in	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 endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		23	N	
	WSAZ	23		Huntington
	WCHS	41	N	Huntington Charleston
ary				
ary	WCHS	41	N	Charleston
ary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
ary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
ry	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
ary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
sary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
sary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
ssary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
sary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
ssary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
ssary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
ssary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
essary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
essary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
essary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
sessary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
essary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
sessary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville
cessary	WCHS	41	N	Charleston
	WVAH	19	N	Charleston
	WQCW	17	N	Portsmouth
	WLJC	7	I	Beattyville
	WUPX	67	N	Morehead
	KET	22	E	Pikeville

EGAL NAME OF	F OWNER OF C	CABLE SY	/STEM:					SYSTEM ID
Shenandoah	n Cable Tel	evisior	n, LLC					329
	t every radio s	station ca	arried on a separate and discr					н
	-	-	nerally receivable by your cab					
eceivable if (1) on the basis of for detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be recei it the Cc	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the opyright Office regulations on the each station carried.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: S	State whether t	the static	on is AM or FM.					
			nal was electronically process k mark in the "S/D" column.	ed by the cable s	system as a se	eparate	and discrete	
Column 4: G	Give the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
		s, ir arry,		Station is identifi	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
5. 122 01014		5,5		C. LE OION		5,5		
							I	

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Shenandoah Cable Te	levision, l	LLC					3292
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	- a <i>distant</i> stati	ion that your cat	ble syster	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	' leave the	rest of this pag	e blank. If your answer is '	Yes " vou mu	ist complete the	program	
	log in block 2.	, 10010 110	root of the pag		roo, you me		program	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	aning is	
	clear. If you need more spa							
	<b>Column 1:</b> Give the title period, was broadcast by a			ision program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love L	ucy" or	
	"NBA Basketball: 76ers vs.			ю <i>с</i> лон : «				
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the FC	C or, in	
	the case of Mexican or Can							
	first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerals, with	the mon	th
			e substitute pro	gram was carried by your o	cable svstem.	List the times a	accurate	v
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."		l'ata di ana ana an					
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.					0		
	s	UBSTITUT	E PROGRAM	1		EN SUBSTITUT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	s то	DELETION
		103 01 100	ONEE OIGH				10	
						<u></u>		
						-		
						_		
						·		
						_		
						_		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Shenandoah Cable Television, LLC	3292
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (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
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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 th accounting period is \$52.00 Line 1. Royalty fee for accounting period	nis six-mon <sup>,</sup>
	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 (but more than \$137,10	
	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 \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 329,507.36	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 65,707.36	
	4. Multiply line 3 by .01	657.07
	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	0.27
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4. 5, and 6	
	· · · ·	<u> </u>
	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)	1,976.35
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,996.35
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register 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		F OWNER OF CABLE SYSTEM: Cable Television, LLC	SYSTEM ID# 3292
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcas ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	t stations
	on which the	tal number of activated channels cable system carried television broadcast stations dcast services	148
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Raymond B. Ostroski	Telephone (540)984-5040
	Address	500 Shentel Way PO Box 459 (Number, street, rural route, apartment, or suite number)	
		(Number, street, fural route, apartment, or solice number) Edinburg, VA 22824 (City, town, state, zip)	
	En all		540/004 0400
	Email	ray.ostroski@emp.shentel.com Fax (optional) (	340/384-819Z
0	CERTIFICATIO	N (This statement of account must be certified and signed in accordance with Copyright Office re	gulations)
O Certification	• I, the undersig	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1	of space B; or
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of t in line 1 of space B and that the owner is not a corporation or partnership; or	the cable system as identified
	X (Of	ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identif	fied as owner of the cable system
	<ul> <li>I have examir are true, comp</li> </ul>	in line 1 of space B. The statement of account and hereby declare under penalty of law that all statements of fact contain lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	ned herein
		/s/ Ann Flowers	
		Enter an electronic signature on the line above to certify this statemer Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	int.
		Typed or printed name: Ann Flowers	
		Title: Assistant Secretary, Assistant General Counse (Title of official position held in corporation or partnership)	1
		Date: 8/30/2019	
			·····

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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
nandoah Cable Television, LLC	329
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessmen
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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.