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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-	
Cable Syste	ems (Short Form)	06/22/2020	\$	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this workbook	00/22/2020	ALLOCATION NUMBER	Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting	*20191*	Barcode Data Filing Period (optiona	al - see instructions)		
Period					
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full con	rporate title	
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.		
		accounting period, only the owner on	the last day of the accounting period should s	ubmit a	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	35396	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM			
	ACTV Broadband BUSINESS NAME(S) OF OWNER OF		r)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	PO Box 429 (Number, street, rural route, apartment, or suite i	number)			
	Sparta, NC 28675	,			
	INSTRUCTIONS: In line 1, give any busin	and or trade names used to ide	ntify the business and operation of the	aveter unloss these	
C	names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	ACTV Broadband, Inc.				
	MAILING ADDRESS OF CABLE SYSTEM	Л:			
	2 (Number, street, rural route, apartment, or suite i	number)			
	Sparta, NC 28675 (City, town, state, zip code)				
L					
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code a	uthorizes the Convright Offce to collect t	the nersonally identifying information (PII) reque	eted on this	

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#
	ACTV Broadband Instructions: List each separate community served by the cable system. A '	35396
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community i as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
A == = =	Note: Entities and properties such as hotels, apartments, condominiums, o	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Sparta	NC
ommunity		
s as Necessar	/	

L I Secondary a Transmission I Service: Sub- scribers and C Rates s t c s f f	LEGAL NAME OF OWNER OF CA ACTV Broadband SECONDARY TRANSMISSION In General: The information in su system, that is, the retransmission about other services (including p ast day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi- mate: Give the standard rate of unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system for printed in block 1 (for example, ti	SERVICE: SU pace E should on of television vay cable) in sp I (June 30 or Dr h blocks in space y transmission umber of billing ice at the rate harged for eacl . (Example: "\$2 sounts allowed in space E, the to their subsci e: Where an in- should be cour- tible service to a once again under has rate categor	JBSCRIB cover all and radio acce F, no ecember ce E call service. I gs in that indicated- h categor 20/mth"). for advam for advam isribers. Gi dividual c nted as a additional er "Service	categories of s o broadcasts by ot here. All the 31, as the case for the number In general, you category (the n —not the number ry of service. In Summarize any nee payment. its the categorie ive the number or organization subscriber in e I sets would be	secondar y your sy facts you e may be of subso can com number o ber of set clude bo y standa es of sec of subso is receiv	rstem to subscr a state must be a). Therefore to the ca pute the numb of persons or or rs receiving ser th the amount rd rate variation ondary transmi cribers and rate	ibers. Give those exis able system er of subso ganization vice). of the char ns within a	the cable e information sting on the n, broken cribers in s charged rge and the particular rate	3539
L I Secondary a Transmission I Service: Sub- scribers and C Rates s t c s f f	n General: The information in s system, that is, the retransmissic about other services (including p ast day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide hat applies to your system. Note categories, that person or entity s subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system for printed in block 1 (for example, ti	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 each . (Example: "\$2 counts allowed in space E, the e to their subsci e: Where an in should be cour ble service to a once again und has rate catego	cover all and radio ace F, no ecember ce E call service. I gs in that indicated h categor 20/mth"). for advan e form liss ribers. Gi dividual co ted as a additional er "Service	categories of s o broadcasts by ot here. All the 31, as the case for the number In general, you category (the n —not the number ry of service. In Summarize any nee payment. its the categorie ive the number or organization subscriber in e I sets would be	secondar y your sy facts you e may be of subso can com number o ber of set clude bo y standa es of sec of subso is receiv	rstem to subscr a state must be a). Therefore to the ca pute the numb of persons or or rs receiving ser th the amount rd rate variation ondary transmi cribers and rate	ibers. Give those exis able system er of subso ganization vice). of the char ns within a	e information sting on the n, broken cribers in s charged rge and the particular rate	
Service: Sub- scribers and c Rates s L C S t t C S f f	Number of Subscribers: Both down by categories of secondary each category by counting the mission separately for the particular servi Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for cat irst set" and would be counted of Block 2: If your cable system if printed in block 1 (for example, ti	n blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 counts allowed it in space E, the e to their subsci e: Where an in should be cour ble service to a once again under has rate catego	ce E call f service. I gs in that indicated- h categor 20/mth"). for advan e form liss ribers. Gi dividual c nted as a additional er "Service	for the number In general, you category (the n —not the numb ry of service. In Summarize an ince payment. its the categorie ive the number or organization subscriber in e I sets would be	of subsc can com number o ber of set clude bo y standa es of sec of subsc is receiv	ribers to the ca pute the numb of persons or or s receiving ser th the amount rd rate variation ondary transmi cribers and rate	er of subse ganization vice). of the char ns within a	ribers in s charged rge and the particular rate	
c s ti c s f f v v	unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide hat applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system hor printed in block 1 (for example, ti	. (Example: "\$2 ounts allowed to in space E, the to their subsci e: Where an in- should be cour able service to a ponce again under has rate catego	20/mth"). for advan e form lis ribers. Gi dividual c nted as a additional er "Servic	Summarize any nee payment. its the categorie ive the number or organization subscriber in e I sets would be	y standa es of sec of subso is receiv	rd rate variation ondary transmi cribers and rate	ns within a	particular rate	
c s fi F v	categories, that person or entity subscriber who pays extra for ca irst set" and would be counted o Block 2: If your cable system for printed in block 1 (for example, ti	should be cour ble service to a once again und has rate catego	nted as a additional er "Servio	subscriber in e I sets would be		ing condection		isted category	
	with the number of subscribers a sufficient.	and rates, in the	that inclu	secondary trans ude one or mor	included set(s)." smission e secone	licable categor d in the count u service that ar dary transmiss	y. Example nder "Serv e different ons), list th tion of the	e: a residential rice to the from those hem, together service is	
_	BLC	DCK 1 NO. OF					BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
F	Residential: • Service to first set		128	37.00					
	Service to additional set(s)FM radio (if separate rate)								
n	Notel, hotel								
	Commercial								
C	Converter								
	Residential								
	Non-residential								
F Services f Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC n General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of 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 isted in block 1 and for which a so prior (two- or three-word) descrip	te (not subscrib hose services t re two exception or facilities furm it in which it is rate column. re charged by th your cable sys separate charg	ber) inform that are n ns: you d nished to usually b he cable stem furn ge was ma de the rate	mation with resp not offered in cc lo not need to g nonsubscribers billed. If any rate system for eac ished or offered ade or establish	ombinatio jive rate s. Rate ir es are ch h of the a d during	on with any sec information cou- formation shou- narged on a var applicable serv the accounting	ondary tra ncerning (1 uld include iable per-p ices listed. period tha	nsmission I) services both the program basis, t were not	
C	ATEGORY OF SERVICE			ORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ion: Non-resid		_			
	• Pay cable		Mote	el, hotel					
	• Pay cable—add'l channel			mercial					
	Fire protection		• Pay o						
	 Burglar protection nstallation: Residential 		-	cable-add'l cha	nnei				
1	• First set		•	protection lar protection					
	Additional set(s)		Other se	-					
	• FM radio (if separate rate)		• Reco						
	• Converter		• Disco						
			• Outle	et relocation					
			• Move	e to new addres	s				

ccounting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	ACTV Broadband			35396
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, an Substitute Basis Stations	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations:	<i>t</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati	me basis under ms [sections ions carried on a
	station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-th	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	on some other ons. N, etc. Identify each rt multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rrms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	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
	WXII	12	N	Winston-Salem, NC
	WGHP	8	Ν	High Point, NC
Add Rows as Necessary	WXLV	45	N	Winston-Salem, NC
	WUNL	26	Е	Winston-Salem, NC

LEGAL NAME OF								SYSTEM 353
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process < 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 par ed by the cable s le station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0) it can ertain st eneral ii parate a	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	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	ACTV Broadband							35396
	SUBSTITUTE CARRIAG	-	-					
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u></u>			
Special	During the accounting per	-			sis anv noni	network telev	vision prog	ram
Statement and		-		n ouny, on a substitute be	loio, any nom			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comple	te the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	gis
				vision program ("substitute	e program") t	hat, during th	ne account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming c	of another s	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
				the community to which th			e FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		inien jear ej		o program o			
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t vour svsten	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regulat	ions in	
	effect on October 19, 1976							
					WHF	N SUBSTIT	UTF	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_		
							-	
							-	
						_		
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							-	
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							-	
							-	
1			1	I	I I			

Accounting Period:	2019/1 FORM SA1	-2E. PAGE 6.
Name		STEM ID#
	ACTV Broadband	35396
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ (Amount of gross)	860.00 s receipts)
_	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	
	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 this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	1.01
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	53.01
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	68.01
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C ACTV Broadba	WNER OF CABLE SYSTEM: nd			SYSTEM ID# 35396
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's tot number of channels on which t television broadcast stations number of activated channels ble system carried television b		ting period.	4 70
N Individual to Be Contacted for Further	we can contact a	BE CONTACTED IF FURTHE bout this statement of account.	R INFORMATION IS NEEDED (Identify an individu)		336-918-4421
Information	Name Address	PO Box 429 (Number, street, rural route, apartme			
		(Number, street, rural route, apartme Sparta, NC 28675 (City, town, state, zip)	nt, or suite number)		
	Email		Fa	x (optional)	
O Certification	I, the undersigned X (Owne (Agenti in I (Offici in I I have examined	ed, hereby certify that (Check on r other than corporation or pa of owner other than corporat ine 1 of space B and that the ow er or partner) I am an officer (if ine 1 of space B. the statement of account and h e, and correct to the best of my b	t be certified and signed in accordance with Copyri e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as ide fon or partnership) I am the duly authorized agent o ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the leg ereby declare under penalty of law that all statement nowledge, information, and belief, and are made in g	ntified in line 1 of space B f the owner of the cable sy gal entity identified as own s of fact contained herein	ystem as identified
			X /s/ Jeff Smith		
			name: Jeff Smith Owner Jal position held in corporation or partnership)	06/11/20	

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ounting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
TV Broadband	3539
 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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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	67
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	67
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	<u>67</u> 16
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	<u>67</u> 16
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