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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/05/2019	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1	
A	ACCOL	JNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		nstructions:
В	G	istructions: live 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	Li	ist any other name or names under which the owner conducts the business of the cable system.
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle statement of account and royalty fee payment covering the entire accounting period.
	С	heck 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
	т	RUVISTA COMMUNICATIONS OF GEORGIA
	E	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	N	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 160 Number, street, rural route, apartment, or suite number)
		CHESTER, SC 29706
	(0	City, town, state, zip)
С		ICTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 11	DENTIFICATION OF CABLE SYSTEM:
		TRUVISTA
	M	IAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(0	Dity, 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2013/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TRUVISTA COMMUNICATIONS OF GEORGIA	37920
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or many condominiums.	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	iobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	CLAYTON	GA
Community	DILLARD	
	RABUN COUNTY	GA
Add Rows as Necessary	TIGER	GA
	MOUNTAIN CITY	GA

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

TRUVISTA COMMUNICATIONS OF GEORGIA

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,109	38.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	890				
Commercial					
Converter					
Residential					
Non-residential					
		1		1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: 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) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	12.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	39.99	Burglar protection			
 Additional set(s) 	19.99	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	95.00		
		Move to new address	49.99		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

TRUVISTA COMMUNICATIONS OF GEORGIA

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGA	27	l	ATLANTA, GA
WAGA HD	27.1	I-M	ATLANTA, GA
WGCL	19	N	ATLANTA, GA
WGTV	7	E	ATHENS, GA
WGTV HD	7.1	E-M	ATHENS, GA
WMYA	35	<u> </u>	ATHENS, GA
WPCH	31	<u> </u>	ATLANTA, GA
WSB	32	N	ATLANTA, GA
WSB HD	32.1	N-M	ATLANTA, GA
WYFF	30	N	GREENVILLE, SC
WYFF HD	30.1	N-M	GREENVILLE, SC
WYFF-THIS TV	30.2	I-M	GREENVILLE, SC
WSB-BOUNCE	32.2	I-M	ATLANTA, GA
WSPA	7	N	SPARTANBURG, SC
WATL	25	<u> </u>	ATLANTA, GA
WXIA	11	N	ATLANTA, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TRUVISTA COMMUNICATIONS OF GEORGIA

37920

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 010::	l	0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
		ļ					
	ļ	ļ					
		1					
		 					
	 						
		 					
							
		ļ					
		<u></u>			<u></u>		
		1					
		 					
	 						
		 					
							
		ļ					
		<u></u>			<u></u>		
		1					

Accounting Perio	nd: 2019/1						EOD	M SA1-2E DAGE 5
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	TRUVISTA COMMUNIC			IA				37920
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn	tify every no	nnetwork televi eriod, under sp	sion program, broadcast by secific present and former F	<i>i</i> a <i>distant</i> sta CC rules, reg	ulations, d	or authorizatio	ns. For a further
Carriage: Special	SPECIAL STATEMEN During the accounting pe				eie any nonr	network te	alevision prog	ram
Statement and Program Log	broadcast by a distant sta	•	ui cable systei	il carry, oir a substitute ba	isis, arry fiorii	ietwork te	YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the prog	
	log in block 2. 2. LOG OF SUBSTITUTION	F PROGRA	AMS					
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every not distant state gulations, or ries like "mo Bulls." m was broat sign of the adcast statination statination and day ve "5/7." es when the Example: ter "R" if the and regulation ming that	onnetwork televition and that your authorization ovies" or "bask deast live, enterstation broade on's location (toons, if any, the when your syrus a program carroll listed program ions in effect d	vision program ("substitute our cable system substitute our cable system substitutens. See page (v) of the ge etball." List specific program of the substitute program was carried by you ried by a system from 6:01 n was substituted for proguring the accounting period.	ted for the properties of the	ogrammir ions for fuexample, censed by entified). se numer m. List the :28:30 p.	og of another urther informa "I Love Lucy" by the FCC or, als, with the retimes accurm. should be tem was requifithe listed pr	station tion. or in month ately
	effect off October 19, 1970				WHE	N SUBS	TITUTE	
	S	UBSTITUT	E PROGRAM				CURRED	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. FROM	TIMES — TO	DELETION
								"
								.,
							_	
							_	
								"
		 						
							_	
							_	
								

counting Period:	· .				SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA			,	379
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's	secondary transn	nission service	
	during the accounting period			-	59,439.46 (ross receipts)
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee tha	at you must pay for	this six-mon	
	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 an	d 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but	more than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	259,439.46	=	
	3. Subtract line 2 from line 1	\$	4,360.54	_	
	4. Enter the amount of gross receipts from space K		<u>\$</u>	259,439.46	
	5. Enter the amount from line 3		<u>\$</u>	4,360.54	
	6. Subtract line 5 from line 4		\$	255,078.92	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,275.39
	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 .		\$	1,275.39
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$20	63,800 (b	ut less than \$527	7,600)	
	Enter the amount of gross receipts from space K			_	
	Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01		· · · · <u> </u>		-
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	•
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and	6		
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and					
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u>\$</u>	1,275.39	
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.			\$	1,295.39

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA	SYSTEM ID# 37920
M	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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	16
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	91
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name AUTUMN CASTLES Telephone 803-581	-9148
	Address P.O. BOX 160 (Number, street, rural route, apartment, or suite number) CHESTER, SC 29706 (City, town, state, zip)	
	Email ACASTLES@TRUVISTA.BIZ Fax (optional)	
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, but only one, 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; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 owner of the cin line 1 of space B.	able system
	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)]	
	X /s/ Allison A. Jakubecy	
	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: Allison A. Jakubecy	
	Title: Senior VP - Sales & Marketing (Title of official position held in corporation or partnership)	
	Date: 7-31-19	

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 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 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.

ounting Period:	2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID:
UVISTA COM	MUNICATIONS OF GEORGIA	37920
The Satellite H lowing sentence "In dete service scribers For more inform located in the p During the acc made by satell NO	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folee: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include suband amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. Dunting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST	ACCECOMENT	
	ASSESSMENT	
You must com	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	_
For an explana	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
		Q Interest Assessment
Line 1 Enter t	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter t	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 1 Enter t	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter t	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter t Line 2 Multipl Line 3 Multipl	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl in space	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a list below the contact	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multiple Line 3 Multiple Line 4 Multiple in space * To view the contact the ** This is the NOTE: If you as list below the contact the Contact the second contact	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter to Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a list below the co	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessment

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)