This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed 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	08/20/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019/1	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	1248
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Pathway Com-Tel, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 1298 (Number, street, rural route, apartment, or suite number)	
		Joshua, TX 76058 (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 unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	~	(Number, street, rurar route, aparument, of suite number)	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Pathway Com-Tel, Inc.	61248
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
First	CITY OR TOWN Burleson	TX
Community	Joshua	TX
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	Pathway Com-Tel, Inc.	BLE OTOTEM.						010	6124
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							hashes.	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv Rate: Give the standard rate c							a and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note	e to their subsc	dividual d	or organization	r of subsc i is receivii	nd service that f	for each lis	ted category different	
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	• Service to first set		103	65.99	Digital	Cable		238	75
	Service to additional set(s)		105	03.99	Digital	Cable		230	13
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	s				
F	In General: Space F calls for rat	te (not subscrib	per) infor	mation with re	spect to all	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur	nit in which it is							
Secondary	enter only the letters "PP" in the		ha aabla	avetem for on	ah af tha a	anliantia convic	na liatad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	je was m	ade or establi					
	brief (two- or three-word) descrip	otion and includ	the rate	te for each.		-			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable			tion: Non-res el, hotel	Idential				
	• Pay cable—add'l channel			nmercial					
	• Fire protection			cable					
	•Burglar protection		· ·	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set			, glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect					
	. ,			onnect connect					
	• FM radio (if separate rate)		• Disc • Outl						

Name	LEGAL NAME OF OWNER O			SYSTEM ID
	Pathway Com-Tel, Inc PRIMARY TRANSMITTERS:			6124
G Primary Ismitters: Ievision	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 r • 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	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDAF	33	I	Dallas
		····		
	KFWD	52	I	Fort Worth
≥cessary	KFWD KMPX	52 29	<u> </u>	Fort Worth Decatur
ecessary			I 	
ecessary	КМРХ	29	I I N N	Decatur
ecessary	KMPX KDFW	29 4		Decatur Dallas
lecessary	KMPX KDFW KXAS	29 4 5	N	Decatur Dallas Fort Worth
ecessary	KMPX KDFW KXAS KDTN	29 4 5 2	N E	Decatur Dallas Fort Worth Denton
ecessary	KMPX KDFW KXAS KDTN WFAA	29 4 5 2 8	N E N	Decatur       Dallas       Fort Worth       Denton       Dallas
Necessary	KMPX KDFW KXAS KDTN WFAA KTVT	29 4 5 2 8 11	N E N N	Decatur       Dallas       Fort Worth       Denton       Dallas       Fort Worth
Necessary	KMPX KDFW KXAS KDTN WFAA KTVT KERA	29 4 5 2 8 11 13	N E N N E	Decatur       Dallas       Fort Worth       Denton       Dallas       Fort Worth       Dallas       Fort Worth       Dallas
Necessary	KMPX KDFW KXAS KDTN WFAA KTVT KERA KTXA	29 4 5 2 8 11 13 21	N E N N E	Decatur       Dallas       Fort Worth       Denton       Dallas       Fort Worth       Dallas       Fort Worth       Dallas       Fort Worth
Necessary	KMPX KDFW KXAS KDTN WFAA KTVT KERA KTXA KDFI	29 4 5 2 8 11 13 21 27	N E N N E	Decatur       Dallas       Fort Worth       Denton       Dallas       Fort Worth       Dallas       Fort Worth       Dallas       Fort Worth       Dallas       Fort Worth       Dallas
Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZD	29 4 5 2 8 11 13 21 27 39 55	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Lake Dallas
Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZDKDTX	29 4 5 2 8 11 13 21 27 39 55 58	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Lake Dallas         Dallas
Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZD	29 4 5 2 8 11 13 21 27 39 55	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Lake Dallas
: Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZDKDTX	29 4 5 2 8 11 13 21 27 39 55 58	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Lake Dallas         Dallas
s Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZDKDTX	29 4 5 2 8 11 13 21 27 39 55 58	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Lake Dallas         Dallas
s Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZDKDTX	29 4 5 2 8 11 13 21 27 39 55 58	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Lake Dallas         Dallas
s Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZDKDTX	29 4 5 2 8 11 13 21 27 39 55 58	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Lake Dallas         Dallas
IS Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZDKDTX	29 4 5 2 8 11 13 21 27 39 55 58	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Lake Dallas         Dallas
as Necessary	KMPXKDFWKXASKDTNWFAAKTVTKERAKTXAKDFIKXTXKAZDKDTX	29 4 5 2 8 11 13 21 27 39 55 58	N E N N E	Decatur         Dallas         Fort Worth         Denton         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Fort Worth         Dallas         Lake Dallas         Dallas

Accounting P			/STEM:					1 SA1-2E. PAGE
Pathway Col			OTEM.					612
.,	.,							
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for <b>Column 1:</b> Ic <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to mation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on 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 this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0.0				0.0		
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						FORM	1 SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Pathway Com-Tel, Inc.							61248
	SUBSTITUTE CARRIAGE				6			
I			-		-			
I I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				e general mea			
Special						huadi talaniaia.		
Statement and	<ul> <li>During the accounting period</li> </ul>	-	r cable system	carry, on a substitute bas	is, any nonne			X
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne program	1
	log in block 2.	-				·		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa				·		Ū	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.		vies of baske	toali. List specific program		ampie, i Love	Lucy O	
			lcast live, enter	r "Yes." Otherwise enter "N	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	ım.			
				ne community to which the			CC or, in	
	the case of Mexican or Can							le .
	first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerais, wit	n the mont	n
	, , , ,		substitute pro	gram was carried by your	cable system	List the times	accurately	/
	to the nearest five minutes.							1
	stated as "6:00–6:30 p.m."					·		
				was substituted for progra				
	to delete under FCC rules a							m
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	FCC fulles a	nu regulations	5 111	
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	-	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
					-			
					-			
					-			
					-			
					-	<u> </u>		
						_		
						_		
						_		
						_		
					-	<u> </u>		
						_		

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGI
Name	Pathway Com-Tel, Inc.			_	612
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fil all amounts (gross receipts) paid to your cable system by subscribers for t (as identified in space E) during the accounting period. For a further expla 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.	he system nation of h )	n's secondary tran now to compute th	ismission servie nis amount, see	ce
	IMPORTANT: You must complete a statement in space P concerning gros	ss receipts	3.	(Amount of gr	oss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,'</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,1</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more than \$261,200 or set in the paper SA1-2 form for more than \$262,000 or set in the paper SA1-2 form for mor</li></ul>	100 but les 300 but les	ss than \$527,600	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$	137,100 C	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	alty fee th	at you must pay fo	r this six-month	
	Line 1. Royalty fee for accounting period				
					0.00
	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	d lines 1 ar	nd 2	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR I	ESS (but	t more than \$137	7,100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	157,367.52		
	3. Subtract line 2 from line 1	\$	106,432.48		
	4. Enter the amount of gross receipts from space K		<u>\$</u>	157,367.52	
	5. Enter the amount from line 3		\$	106,432.48	
	6. Subtract line 5 from line 4		\$	50,935.04	
	7. Multiply line 6 by .005 (enter figure here)			\$	254.68
	8. Interest charge. Enter the amount from line 4, space Q, page 8			·	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	s 7 and 8 .		. \$	254.68
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	263,800 (1	but less than \$52	27,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01			_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula	)	\$	1,319.00	
	<ol> <li>Interest charge. Enter the amount from line 4, space Q, page 8</li> </ol>			· · ·	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line				
			10	-	
	FILING FEE AND TOTAL REMITTANCE	DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	254.68	
Fotal Remittance Due					
	2. Filing Fee (See the instructions for more information on filing fee calculation	s)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	274.68
	Important: Your remittance must be in the form of an electronic p	avment na	avable to the Reg	istor of Convri	nhtel

Accounting Period:	: 2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Pathway Co	DF OWNER OF CABLE SYSTEM: m-Tel, Inc.		SYSTEM ID# 61248
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to	pers, and (2) the cable system's t	s	16
	and nonbroa	adcast services		142
N Individual to Be Contacted for Further		TO BE CONTACTED IF FURTH ct about this statement of accour Mary Jo Moncrief		817-484-2222
Information				
	Address	P.O. Box 1298 (Number, street, rural route, apart Joshua, TX 76058 (City, town, state, zip)	iment, or suite number)	
	Email	maryjo@usapa	thway.com Fax (optional) 817-447-016	)
0	CERTIFICATIO	<b>DN</b> (This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)	
Certification	<u> </u>	igned, hereby certify that (Check or vner other than corporation or p	ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Ag		ation or partnership) I am the duly authorized agent of the owner of the cable systemer is not a corporation or partnership; or	stem as identified
	<u> </u>	fficer or partner) I am an officer (i in line 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity identified as owne	r of the cable system
	are true, comp		hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	
			X /s/Ray Bussell 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	d name: Ray Bussell	
		Title: (Title of c	General Manager  fficial position held in corporation or partnership)	
		Date:	2/26/2019	

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 telephoi 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 fling, a determination that would be made by a court of lay

inting Period: 2019/1	
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
way Com-Tel, Inc.	612
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?	P Special Statemen Concerning Gros Receipts Exclusio
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
I	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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