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	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	07/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Central Indiana Communicaitons, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2243 E Main Street (Number, street, rural route, apartment, or suite number)
		Greenfield, IN 46140 (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:
		NineStar TV 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Central Indiana Communicaitons, Inc.	631
	Instructions: List each separate community served by the cable system. A "cor	
D	"a separate and distinct community or municipal entity (including unincorpora	
	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 filir	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cadiz	Indiana
Community	Knightstown	Indiana
	Markleville	Indiana
	Maxwell	Indiana
ld Rows as Necessary		
	McCordsville	Indiana
	Shirley	Indiana
	Sulphur Springs	Indiana
	Wilkinson	Indiana

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM IC
Name	Central Indiana Commu		nc					010	6319
		moantonis, n							
Е	SECONDARY TRANSMISSION			-	-			ha aabla	
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							C C	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
Nates	separately for the particular servi							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ry of service. In	clude bo	h the amount o	f the charg		
	unit in which it is generally billed.				y standar	d rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note	: Where an ind	dividual o	or organization i	is receivii	ng service that t	alls under	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					In the count un	der Servic	ce to the	
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti	ers of services	that incl	lude one or mor	e second	ary transmissio	ons), list the	em, together	
	with the number of subscribers a	nd rates, in the	e right-ha	and block. A two	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		44.4	10.05					
	Service to first set		414	16.95					
	Service to additional set(s)		3,038	-					
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES					
E	In General: Space F calls for rat	•	,			• •			
F	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: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid					
	• Pay cable		• Mote	el, hotel			Broado	ast	16.
	• Pay cable—add'l channel		• Con	nmercial			Bronze	•	73.
	Fire protection		• Pay	cable			Silver		131.
	 Burglar protection 		• Pay	cable-add'l cha	innel		Gold		145.
	Installation: Residential		• Fire	protection			Platinu	m	194.
	First set	99.99	• Burg	glar protection			HBO		16.
	 Additional set(s) 		Other s	ervices:			Cinema		11.
	 FM radio (if separate rate) 		• Rec	onnect			Showti	me	11.
	Converter		• Disc	connect			Starz		10.
			Outl	et relocation					

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Central Indiana Com	nunicaitons, Inc.		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-	ime basis under
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6		
ansmitters: Television		s explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a su	bstitute program
	basis under specific FCC ru	ules, regulations, or authorizations: e in space G—but do list it in space I (th		
	-	also in space I, if the station was carried	d both on a substitute basis and also	o on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on t	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele	program services such as HBO, ESP e-air designation. For example, repo	PN, etc. Identify each ort multistream
	of license. For example, W	RC is channel 4 in Washington, D.C.	-	
		n case whether the station is a network sering the letter "N" (for network), "N-M" (
	(for independent multicast),	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial educati	
		erms, see page (iv) of the general instru in of each station. For U.S. stations, list		is licensed by the
		dian stations, if any, give the name of th		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCLJ-DT	42	l	Bloomington, IN
	тсс	151	I-M	Bloomington, IN
ows as Necessary	JCV	152	I-M	Bloomington, IN
	Enlace	153	I-M	Bloomington, IN
	SOAC	154	I-M	Bloomington, IN
	WFYI-1	20	E	Indianapolis, IN
	WFYI-2	148	E-M	Indianapolis, IN
	WFYI-3	149	E-M	Indianapolis, IN
	WHMB-DT	40	l	Indianapolis, IN
	WIPB-DT	49	E	Muncie, IN
	ION	17	l	Indianapolis, IN
	ION	149	I	Bloomington, IN
	QUBO	147	I-M	Bloomington, IN
	WISH-HD	23	N	Indianapolis, IN
	WISH-HD LWS			
		23	N	Indianapolis, IN
	LWS	23 44	N N-M	Indianapolis, IN Indianapolis, IN
	LWS WNDY-HD	23 44 23	N N-M I	Indianapolis, IN Indianapolis, IN Marion, IN
	LWS WNDY-HD WNDY-2	23 44 23 150	N N-M I I-M	Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN
	LWS WNDY-HD WNDY-2 WNDY-3	23 44 23 150 157	N N-M I I-M I-M	Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN
	LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD	23 44 23 150 157 6	N N-M I I-M I-M N	Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN Indianapolis, IN
	LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD 6News	23 44 23 150 157 6 159	N N-M I I-M I-M N N-M	Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN Indianapolis, IN Indianapolis, IN
	LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD 6News WRTV-3	23 44 23 150 157 6 159 156	N N-M I I-M I-M N N N-M N-M	Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN
	LWS WNDY-HD WNDY-2 WNDY-3 WRTV-HD 6News WRTV-3 WTHR-HD	23 44 23 150 157 6 159 156 13	N N-M I I-M I-M N N N N-M N-M N	Indianapolis, IN Indianapolis, IN Marion, IN Marion, IN Marion, IN Indianapolis, IN Indianapolis, IN Indianapolis, IN

counting Period:	2019/1			FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Central Indiana Comn	nunicaitons, Inc.		63190
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting f	<i>t</i> (1) stations carried only on a part he carriage of certain network proc	t-time basis under grams [sections
Primary Transmitters: Television	substitute program basis, as Substitute Basis Stations)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of		
		les, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis.	the Special Statement and Progran	n Log)—if the
	basis. For further informatio Column 1: List each station	Iso in space I, if the station was carried n concerning substitute basis stations 's call sign. Do not report origination with a station according to its over-the he form.	, see page (v) of the general instru- program services such as HBO, ES	ctions. SPN, etc. Identify each
	of license. For example, W Column 3: Indicate in each	I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	station, an independent station, or	a noncommercial
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	uctions in the paper SA1-2 form. t the community to which the statio	n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	This-TV	47	I-M	Bloomington, IN
	WXIN-DT	11		Indianapolis, IN
	AntTV	155	I-M	Indianapolis, IN

Accounting P							FORM	I SA1-2E. PAGE 4
LEGAL NAME OF Central India								SYSTEM ID; 6319
		amoant						0319
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		1	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Central Indiana Comm	unicaiton	is, Inc.					63196
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi		-			ion, that your c	cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio		
Program Log	broadcast by a distant star	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 t	he prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their n	neaning is	
				ision program ("substitute	program") tha	t, during the a	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	nother stat	tion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further i	informatior	1.
	"NBA Basketball: 76ers vs.		vies of baske	toall. List specific program		ample, i Love	Lucy OI	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nood by the E	CC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute			th the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example: c	i program ourn		o p.m. to 0.2	0.00 p.m. 010		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulation.	5 111	
	s	UBSTITUT	E PROGRAM	I		N SUBSTITU		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. TIN FROM —	IES TO	DELETION
		100 01 110	ONEE OIGH		THE BITT		10	
								·
						_		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Central Indiana Communicaitons, Inc.	63196
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	163,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	
	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,	600)
	1. Enter the amount of gross receipts from space K \$ 356,339.85	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	925.40
	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	\$ 2,244.40
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,244.40
	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	\$ 2,264.40
	EFT Trace # or TRANSACTION ID # 26J4D019	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Indiana Communicaitons, Inc.	SYSTEM ID# 63196
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	29 188
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 Kimberly Gerard Telephone	(317) 323-2105
	Address 2243 E Main Street (Number, street, rural route, apartment, or suite number) Greenfield, IN 46140 (City, town, state, zip)	
	Email Kgerard@ninestarconnect.com 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, <i>but only one</i>, of the boxes.) 	
	 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	stem as identified
	X /s/ Kimberly Gerard Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Tuped or printed name: Kimberly Gerard	
	Typed or printed name: Kimberly Gerard Title: Assistant Secretary (Title of official position held in corporation or partnership)	
	Date: 07/29/2019	

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ounting Period: 2019/1	FORM	
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
tral Indiana Communicaitons, Inc.		631
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Action 111 (d)(1)(A), of the Copyright Action 1111 (d)(1)(A), of the Copyright Action 1111 (tem for the basic shall not include sub- nt to section 119." Conce Receiptions	P al Statemen erning Gros ots Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment	ant or undernaumont	_
For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment	paper SA1-2 form.	Q t Assessme
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