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

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 08/29/19 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING 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.	63339
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM IOWA COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4001 RODNEY PARHAM (Number, street, rural route, apartment, or suite number)	
		LITTLE ROCK AR 72212 (City, town, state, zip)	
		Leave the second s	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in a	
System		IDENTIFICATION OF CABLE SYSTEM:	
Cycloni	1		
		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 fling, a determination that would be made by a court of law.

Poturn completed workby

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	WINDSTREAM IOWA COMMUNICATIONS LLC	63339
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area	as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	
Served	identified city.	
	CITY OR TOWN	STATE
First	NEWTON	IA
Community	BRISTOL SQUARE	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name			TIONO					313	6333
	WINDSTREAM IOWA CO	DIMIMUNICA	TIONS						0000
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary	rtransmission	service.	In general, you	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							and the	
	unit in which it is generally billed.								
	category, but do not include disc								
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor					
	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 o								
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and block. A tw	o- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
			16	54.99					
	Service to first set Service to additional act(a)		10	54.99					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	s				
-	In General: Space F calls for rat					I your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, th								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany .					gram baolo,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			0,11200		
	• Pay cable	19.00	• Mote	el, hotel			PPV		Р
	• Pay cable—add'l channel			nmercial					
	Fire protection		• Pav	cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential		-	protection					
	• First set			glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter			connect					
				et relocation					
				e to new addr	ess				

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
vame	WINDSTREAM IOWA	COMMUNICATIONS LLC		633
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried 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	t (1) stations carried only on a part-ti he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t 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.	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community 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
	WOI	5	N	DES MOINES IA
	KFPX	39	N	
				DES MOINES IA
s Necessary	KDSM	17	N	DES MOINES IA DES MOINES IA
s Necessary		17 11		
Necessary	KDSM		N	DES MOINES IA
Necessary	KDSM KDIN	11	N E	DES MOINES IA DES MOINES IA
Necessary	KDSM KDIN WHO	11 13	N E N	DES MOINES IA DES MOINES IA DES MOINES IA
Necessary	KDSM KDIN WHO KCCI	11 13 8	N E N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
s as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
s as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
s as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
rs as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
s as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
vs as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
vs as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
vs as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
vs as Necessary	KDSM KDIN WHO KCCI IND	11 13 8 56	N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA

Accounting F	Period: 2019	/1					FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
WINDSTREA			NICATIONS LLC					63339
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of	it is carried by monitoring, to	y the sys be recei	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
paper SA1-2 fo Column 1: lo Column 2: S	rm. dentify the call State whether t	sign of the static	each station carried. on is AM or FM.					
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2.2						
·								
·								
	I	I		1	I		1	

Accounting Perio	od: 2019/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	WINDSTREAM IOWA C	COMMUN	ICATIONS L	LC			63339
	SUBSTITUTE CARRIAGE				2		
I	In General: In space I, identi substitute basis during the ad	fy every noi	nnetwork televis	sion program, broadcast by	a distant stati		
Substitute	explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT				<u> </u>		-
Special	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television program	n
Statement and Program Log	broadcast by a distant stat	tion?				YES	× NO
r rogram Log	Note: If your answer is "No"	leave the	rest of this nac	e blank. If your answer is '	Yes " vou mi	-	
	log in block 2.	, leave the			res, you me		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning is	5
	clear. If you need more space			rows to the tables. ision program ("substitute p	program") that	t during the accounting	r
	period, was broadcast by a						
	under certain FCC rules, rec						
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv	ve "5/7."			-		
	Column 6: State the time to the nearest five minutes.			gram was carried by your o			ely
	stated as "6:00–6:30 p.m."		a program cam		5 p.m. to 0.2	o.so p.m. should be	
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wa	s permitted to delete unde	T CC Tules a		
					WHE	N SUBSTITUTE	
	S		E PROGRAM	1	-	AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
						_	
						—	
]			_	
						—	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM IOWA COMMUNICATIONS LLC	S	YSTEM ID# 63339
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 5,764.67
Copyright	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 • 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.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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)	<u> </u>	
	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	7,600)	
	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	0.00	
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM IOWA COMMUNICATIONS LLC	SYSTEM ID# 63339
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 broadcast stations on which the cable system carried television broadcast stations broadcast stations on which the cable system carried television broadcast stations	8
	and nonbroadcast services	
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 JIM POWELL Telephone	703.896.1089
	Address 1839 HIGHWAY 17 N (Number, street, rural route, apartment, or suite number)	
	YOUNG HARRIS GA 30582 (City, town, state, zip)	
	Email Sandra.blade@windstream.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 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 own 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. 	ystem as identified
	[18 U.S.C., Section 1001(1986)] X /S/ TIMOTHY P LOKEN 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: TIMOTHY P LOKEN Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
	Date: AUGUST 28, 2019	

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

unting Period: 2019/1	
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
IDSTREAM IOWA COMMUNICATIONS LLC	633:
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 fol- lowing 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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	D- Special Statement Concerning Gross
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.	Receipts Exclusio
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Interest Assessme
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	
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	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	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	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	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	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	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	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	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	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	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	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	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	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	Interest Assessme

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.