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
		-11	J

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20191 Barcode Data Filing Period (optional - see instructions)
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
		Waunakee Telephone Company, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	-	TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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 fing, a determination that would be made by a court of law.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Waunakee Telephone Company, LLC	63429
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ngs.
Served		
	CITY OR TOWN	STATE
First	Waunakee	WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM IC
Name	Waunakee Telephone C	ompany, LL(	С						6342
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIB	ERS AND RA	TES				
E	In General: The information in s			-	-	/ transmission s	service of t	he cable	
_	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						hose exist	ing on the	
Transmission Service: Sub-	Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							no and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed for	or advan	ce payment.	.,				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		ngnena						
	BLO	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>	1	,710	\$20/Mo.					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential	1	,710	\$8/Mo					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	ONS: RATE	3				
E	In General: Space F calls for rat	te (not subscribe	er) inforn	nation with rea	spect to al	• •			
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 un								
Secondary	enter only the letters "PP" in the		-			-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (	CATEGO	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:		nstallat	ion: Non-res	idential				
	• Pay cable	14-19.99/mo		I, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>			mercial					
	<ul> <li>Fire protection</li> </ul>		• Pay o						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	\$0-\$49.95	•	ar protection					
	Additional set(s)	\$0-\$49.95	Other se						
	FM radio (if separate rate)		• Reco			\$0-\$25			
	Converter		<ul> <li>Disco</li> </ul>	onnect					
				1 I C					
				et relocation to new addr		19.98-39.96			

LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYS         Naunakee Telephone Company, LLC       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:
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, <i>except</i> (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:
<b>n General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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. <b>Substitute Basis Stations:</b> 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 <i>only</i> 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. <b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each nulticast stream associated with a station according to its over-the-air designation. For example, report multistream WETA-2" as the same on the form. <b>Column 2:</b> 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. <b>Column 3:</b> 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. <b>Column 4:</b> 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.
1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. LOCATION OF STATION
NKOW 27.1 N Madison, WI
NKOW-DT2 27.2 N-M Madison, WI
NKOW-DT3 27.3 N-M Madison, WI
NISC 3.1 N Madison, WI
NISC-DT2 3.2 N-M Madison, WI
WMSN 47.1 N Madison, WI
WMSN-DT2 47.2 N-M Madison, WI
WMSN-DT3 47.3 N-M Madison, WI
WMSN-DT4 47.4 N-M Madison, WI
NMTV 15.1 N Madison, WI
NMTV-DT2 15.2 N-M Madison, WI
NMTV-DT3 15.3 N-M Madison, WI
NMTV-DT4 15.4 N-M Madison, WI
NHA 21.1 E Madison, WI
WHA-DT2 21.2 E-M Madison, WI
WHA-DT3 21.3 E-M Madison, WI
NHA-DT4 21.4 E-M Madison, WI
NIFS 57.1 I Janesville, WI

counting Period:	2019/1			FORM SA1-2E. PAGE
Nome	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Waunakee Telephone	Company, LLC		63429
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	during the accounting period, except	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program	ne basis under
Primary			61(e)(2) and (4))]; and (2) certain static	
Transmitters:		explained in the next paragraph.		
Television		. ,	arried by your cable system on a subs	titute program
		es, regulations, or authorizations: in space G—but do list it in space I (t	he Special Statement and Program Lo	ng)—if the
	station was carried <i>only</i> on a		the opecial statement and r rogram Ec	
	,		d both on a substitute basis and also d	on some other
			, see page (v) of the general instruction	
		<b>.</b>	program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·
			e-air designation. For example, report	multistream
	"WETA-2" as the same on the		evision station for broadcasting over th	o air in ite community
		C is channel 4 in Washington, D.C.	evision station for broadcasting over th	
			station, an independent station, or a n	oncommercial
			(for network multicast), "I" (for indepen	
	(for independent multicast), "	E" (for noncommercial educational),	or "E-M" (for noncommercial education	al multicast).
		ms, see page (iv) of the general instru		
			t the community to which the station is	
	FCC. For Mexican or Canadi	an stations, if any, give the name of t	the community with which the station is	dentified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting P	eriod: 2019	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
Waunakee T	elephone	Compa	ny, LLC					63429
	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 i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried b monitoring, to prmation abou rm. dentify the cal tate whether the radio stat	y the sys be recein at the Co l sign of the static cion's sig	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: G	live the station	n's locati	on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
		+						
		+						

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	Waunakee Telephone	Company,	LLC					63429
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEME		G			
	In General: In space I, identi				-	on that your o	ahla sveta	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMEN		ING SUBST	ITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>				s. anv nonnet	work televisio	n program	1
Statement and	broadcast by a distant stat	-			o, any normo			X NO
Program Log	-						YES	
	Note: If your answer is "No'	, leave the re	est of this pag	e blank. If your answer is	'Yes," you mu	ist complete th	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa				orogrom") the	t during the g		
	period, was broadcast by a			sion program ("substitute ur cable system substitute				ion
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.			<i></i>				
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the F	CC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mon	th and day w	hen your syst	em carried the substitute	orogram. Use	numerals, wit	th the mon	th
	first. Example: for May 7 giv							
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a p	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the lis	sted program	was substituted for progra	mming that v	our system wa	as require	d
	to delete under FCC rules a							
	was substituted for program	ming that you	ur system was	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
						N SUBSTITU	ITE	
	s	UBSTITUTE	PROGRAM			AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? 3	3. STATION'S		5. MONTH	6. TIM	IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						<u> </u>		
						_		
						_		
						_		
						_		

Accounting Period:	2019/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Waunakee Telephone Company, LLC			ę	63429
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a 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 explanation page (viii) 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	system's s tion of how	secondary trans to compute this	mission servi s amount, see \$ 36	се
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less t informatic	han \$527,600 on.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 Line 1. Royalty fee for accounting period				1
	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 lin	nes 1 and 2		<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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)				
	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 \$26	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	362,039.28		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	98,239.28		
	4. Multiply line 3 by .01		\$	982.39	
	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 .		\$	2,301.39
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,301.39	
Due	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			\$	2,321.39
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: lephone Company, LLC				SYSTEM ID# 63429
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the c</li></ul>	rs, and (2) the cable system's al number of channels on which d television broadcast stations al number of activated channe cable system carried televisio	s total number of act ich the cable s	ivated channels during the		18
	and nonbroad	cast services				
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of account		N IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Stephanie Weber			Telephone	(608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apa	artment, or suite number	)		
		Madison, WI 53717 (City, town, state, zip)				
	Email	finance@tdste	elecom.com		Fax (optional)	
	CERTIFICATION	I (This statement of account r	must be certified and	l signed in accordance with	Copyright Office regulations)	
O Certification		ed, hereby certify that (Check	-		as identified in line 1 of space B	; or
		nt of owner other than corpor line 1 of space B and that the			gent of the owner of the cable sy	ystem as identified
		cer or partner) I am an officer I line 1 of space B.	(if a corporation) or a	a partner (if a partnership) of	the legal entity identified as own	er of the cable system
		te, and correct to the best of m			ements of fact contained herein de in good faith.	
			Enter an electroni	naron V. Tisdale c signature on the line above ing an "/s/ signature" (e.g., /s		
		Typed or printe	ed name: Shar	on V. Tisdale		
		Title: (Title of	Assistant Tr	easurer corporation or partnership)		
		Date:			20 August 2019	

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unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
inakee Telephone Company, LLC	634
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 Gross Receipts Exclusio
X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	
Name	
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
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
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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	
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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.