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 General instructions are located Office Licensing Division at: 08/27/2019 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20191 Barcode Data Filing Period (optional - see instructions)	
T chou			
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.	8305
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ULTRA COMMUNICATIONS GROUP, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	3759 OLD STERLINGTON RD. (Number, street, rural route, apartment, or sulte number)	
		MONROE, LA 71203 (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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID# 8305
D Area Served	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
	CITY OR TOWN	OTATE
First	QUITMAN	STATE MS
Community	STONEWALL	MS
	ENTERPRISE	MS
Add Rows as Necessary		

	T							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	TEM ID
		ONS GROUP	P, LLC						830
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
<u> </u>	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those existii	ng on the	
Service: Sub-	Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	umber of billing	s in tha	t category (the	number of	f persons or org	anizations		
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	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					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word descript	ion of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBI	EKO	NATE	CAT	LOOKTOPSE	RVICE	SUBSCRIBERS	NAIL
	Service to first set		214	\$36.00					
	Service to additional set(s)			400.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	\$36.00					
	Converter		Ŭ	430.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat								
•	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					-		-	
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that							voro pot	
Rates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	1 0							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	Pay cable	\$9-\$18.00	• Mot	tel, hotel			EXPAN	DED BASIC	39.0
	 Pay cable—add'l channel 		• Cor	nmercial			DIGITA	L FAM PLUS	13.0
	 Fire protection 		• Pay	/ cable			STARZ	FAMILY PAK	18.0
	•Burglar protection		• Pay	v cable-add'l ch	nannel		SHOWT	IME UNLTD	18.0
	Installation: Residential		• Fire	e protection			HBO TH	IE WORKS	27.0
	First set	\$40.00	• Bur	glar protection			HBO		18.0
	 Additional set(s) 		Other s	services:			CINEMA	λX	13.0
	• FM radio (if separate rate)		• Rec	connect		\$90.00			
							£		
	• Converter		• Dise	connect					
	• Converter			connect let relocation					

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	ULTRA COMMUNICA	TIONS GROUP, LLC		8:
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1 : List each station multicast stream associated "WETA-2" as the same on t Column 2 : Give the channe of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te 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 I with a station according to its over-the	he carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- pr "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the station	grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ttional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGBC	30	I	MERIDIAN, MS
		T		· · · · · · · · · · · · · · · · · · ·
	WMAW	44	E	MERIDIAN, MS
ows as Necessary	WMAW WMDN	44 24	E N	
ows as Necessary				MERIDIAN, MS
ows as Necessary	WMDN	24	N	MERIDIAN, MS MERIDIAN, MS
ws as Necessary	WMDN WTOK	24 11	N N	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30	N N N-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
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ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS
ows as Necessary	WMDN WTOK WGBC-2 WTOK-2	24 11 30 11	N N N-M I-M	MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS MERIDIAN, MS

Accounting F	Period: 2019	/1					FORM	A SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
ULTRA CON	IMUNICAT	ONS G	ROUP, LLC					8305
	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 For detailed info paper SA1-2 for Column 1: Io	it is carried by monitoring, to prmation abou rm. dentify the call	y the sys be recei it the Cc	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain si	be expected, ated intervals.	Primary Transmitters: Radio
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 the the community with which the	ne station is licen	sed by the FC			
		0/D				0 / D		
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	ULTRA COMMUNICAT	IONS GR	OUP, LLC					8305
	SUBSTITUTE CARRIAGI				<u></u>			
1			-					
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			ITUTE CARRIAGE				
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	on program	1
Statement and Program Log	broadcast by a distant sta	tion?					YES	
Frogram Log	Note: If your answer is "No'	loavo tho	rost of this pag	o blank. If your answor is "				
		, leave life	rest of this pag	e biank. Il your answer is	res, you mu	ist complete i	ine prograi	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their i	meaning is	
	clear. If you need more spa							
	column 1: Give the title period, was broadcast by a			ision program ("substitute p				
	under certain FCC rules, re							
	Do not use general categor	es like "mo						
	"NBA Basketball: 76ers vs.		lagat live ante	r "Vaa " Othanuiga antar "N	lo."			
				r "Yes." Otherwise enter "N sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		-CC or, in	
	the case of Mexican or Can						·	41-
	first. Example: for May 7 giv		when your sys	tem carried the substitute p	brogram. Use	numerais, w	ith the mor	ITN
			substitute pro	gram was carried by your o	able system.	List the time	s accurate	ly
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that y	our evetem w	uas roquiro	d
	to delete under FCC rules a							
	was substituted for program	iming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							-	
						_	-	
							-	
							-	
							-	
						_	-	
							-	
							-	
							-	
							-	
						_	-	
						_	-	
							_	
							-	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	S	STEM ID# 8305
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (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 2,112.60
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 • 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)		
	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		
	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	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID 830
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 on which the cable system carried television broadcast stations and nonbroadcast services	7 121
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 EMERSON YEARWOOD Telephone 602	-364-6195
	Address Address Address Address Address Address Address C(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th 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)] X /s/ RAYMOND STORCK Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: August 28, 2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
RA COMMUNICATIONS GROUP, LLC	830
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
	Q Interest Assessmen
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. 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	
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	
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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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	

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