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

EIVED AMOUNT	coplicsoa@copyright.gov
2020 ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20192 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
		HunTel CableVision, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 400 (Number, street, rural route, apartment, or suite number)
		Blair, NE 68008 (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:
		020155 MAILING ADDRESS OF CABLE SYSTEM:
		PO Box 400
	2	(Number, street, rural route, apartment, or suite number)
		Blair, NE 68008 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	HunTel CableVision, Inc.	20155
D Area	Instructions: List each separate community served by the cable system. A "cor "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 Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ngs.
Served		
	CITY OR TOWN	STATE
First	Bassett	NE
Community		
Add Rows as Necessary		
Add Rows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	-2E. PAGE TEM IC
Name	HunTel CableVision, Inc							0.0	2015
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iy stanuai		s within a p		
	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. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	<b>Block 2:</b> If your cable system I printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		•		1				
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		78	67.21					
	Service to additional set(s)     EM radio (if concrete rate)								
	• FM radio (if separate rate) Motel, hotel		20	6.25					
	Commercial		20	0.23					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t	·	,		•				
•	service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities furr	nished to	nonsubscribe	rs. Rate in	formation shoul	d include b	oth the	
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	your cable sys	stem furr	nished or offer	ed during t	he accounting p	eriod that		
	listed in block 1 and for which as				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip			te for each.					
		BLO	CK 1			RATE		BLOCK 2 DRY OF SERVICE	
						RAIE	CATEGO	JRT OF SERVICE	RAT
	CATEGORY OF SERVICE	RATE		ORY OF SER					
	CATEGORY OF SERVICE Continuing Services: • Pay cable		Installa	ORY OF SER tion: Non-res el, hotel					
	Continuing Services:	RATE	Installa • Mot	tion: Non-res					
	Continuing Services: • Pay cable	RATE	Installa • Mot • Con	tion: Non-res el, hotel					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mot • Con • Pay	<b>tion: Non-res</b> el, hotel nmercial	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mot • Con • Pay • Pay	<b>tion: Non-res</b> el, hotel nmercial cable	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mot • Con • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	Installa • Mot • Con • Pay • Pay • Fire • Bury Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mot • Con • Pay • Pay • Fire • Bure • Bure • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential annel				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEN
me	HunTel CableVision,	Inc.		20
	PRIMARY TRANSMITTERS:			
ary itters: sion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by entu (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- me Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- per "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community n 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
	KHGI	9	Ν	Kearney, NE
	<mark>KHGI</mark> KOLN	9 11	N N	Kearney, NE Lincoln, NE
essary				
essary	KOLN	11	N	Lincoln, NE
essary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
cessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
cessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
cessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
cessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ecessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ecessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ecessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
2cessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ecessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Necessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Vecessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Necessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Necessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Necessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Necessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Necessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
Necessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE

HunTel Cabl	OWNER OF C eVision, In							SYSTEM   201
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can œrtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	HunTel CableVision, Ir	nc.						20155
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM I O	G			
	In General: In space I, identi	-	-		-	ion that voi	ir cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	ision progran	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ust complet	e the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	ir meaning is	;
				ision program ("substitute	program") tha	it, during th	e accounting	I
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	f another sta	tion
	under certain FCC rules, re Do not use general categor							า.
	"NBA Basketball: 76ers vs.		vies of baske	tball. List specific program		ampie, i Lo	ove Lucy of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		neod by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		aubatituta ara	arom was corriad by your	abla avatam	lict the tim	ana angurata	Ь <i>с</i>
	to the nearest five minutes.			gram was carried by your o ed by a system from 6.01.2				Iy
	stated as "6:00–6:30 p.m."					•		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		,			5		
					\//HE	N SUBST		
	s	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
					·			"
							_	
			]				_	]
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Haile	HunTel CableVision, Inc.		20155
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 mount, see	<b>,204.00</b> is receipts)
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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
			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 empirit of group requirts from an and K		
	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 Due	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
	EFT Trace # or TRANSACTION ID # 26N99164		
	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:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME O HunTel Cabl	OF OWNER OF CABLE SYSTE IeVision, Inc.	EM:		SYSTEM ID 2015
M Channels	to its subscrib 1. Enter the to	bers, and (2) the cable syste	m's total nun which the ca		ions 5
	2. Enter the to on which the	otal number of activated cha e cable system carried telev	innels ision broadca	ast stations	40
N Individual to Be Contacted		TO BE CONTACTED IF FL ct about this statement of ac		ORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Jane Sutherland		Telep	hone 402.426.6242
	Address	1638 Lincoln St (Number, street, rural route,	apartment or s	zufanumhar)	
		Blair, NE 68008	apartment, or a		
		(City, town, state, zip)	- ·		
	Email	JSUTNERIANC	@american	IDD.COM Fax (optional)	
0	CERTIFICATIO	<b>)N</b> (This statement of accou	nt must be c	ertified and signed in accordance with Copyright Office regulat	ions)
Certification	• I, the undersi	gned, hereby certify that (Che	eck one, <i>but o</i>	inly one, of the boxes.)	
	(Ow	ner other than corporation	or partnersh	ip) I am the owner of the cable system as identified in line 1 of sp	ace B; or
	(Ag	ent of owner other than co	poration or	partnership) I am the duly authorized agent of the owner of the ca	able system as identified
		in line 1 of space B and that	the owner is	not a corporation or partnership; or	
		in line 1 of space B.	cer (if a corpo	oration) or a partner (if a partnership) of the legal entity identified a	s owner of the cable system
	are true, comp			leclare under penalty of law that all statements of fact contained h lge, information, and belief, and are made in good faith.	erein
			X	/s/ Joe Jetensky	
			Enter a	/s/ Joe Jetensky In electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or pr	Enter a	in electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith)	
		Title:	Enter a Enter s inted name: Pres	in electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith)	

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 fling, a determination that would be made by a court of law

	OVOTE
L NAME OF OWNER OF CABLE SYSTEM: Tel CableVision, Inc.	SYSTEM 20
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> 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	Р
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."	Special Stateme Concerning Gro
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 Exclus
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	
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
	LINTEREST Assessm
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	L Interest Assessm
	Q Interest Assessm
	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Land Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Land Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessn
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Land Land Land Land Land Land Land Land
Line 1 Enter the amount of late payment or underpayment	Land Land Land Land Land Land Land Land
Line 1 Enter the amount of late payment or underpayment	Lange
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm

**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.