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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
.			\$	For additional information, contact the U.S. Copyright
-	uctions are located	2/28/2020		Office Licensing Division at: Tel: (202) 707-8150
In the first tab	of this workbook		ALLOCATION NUMBER	-
Α	ACCOUNTING PERIOD COVERED	BV THIS STATEMENT: (V	(VVV/(Period))	
			TT M(renou))	
		1		
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		_		
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting		1		
Period				
	Instructions:	h		
В	title of the subsidiary, not that of the par		sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under which	ch the owner conducts the business of	the cable system.	
	If there were different owners during the	accounting period only the owner or	n the last day of the accounting period should	l submit a
	single statement of account and royalty f			Subline a
	Check here if this is the system's first filir	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	24127
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
	Mediacom Southeast LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY			
	(Number, street, rural route, apartment, or suite r	umber)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
-,	1 Mediacom Southeast LLC			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r	umber)		
	MEDIACOM PARK, NY 10918			
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		
	Mediacom Southeast LLC	241
D	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated coudiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Conway	NC
Community	Eastern Bertie County	NC
	Jackson	NC
ld Rows as Necessary	Kelford	NC
a nons as necessary	Seaboard	NC
	Severn	NC
	Western	NC
	Woodland	NC
	Lewiston	NC
	Northampton	NC
	Rich Square	NC
	Roxobel	NC

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM ID 2412
	Mediacom Southeast L	LC							2412
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND RA	TES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including provide the services)								
Secondary Transmission	last day of the accounting period	, , ,			,		those exist	ling on the	
Service: Sub-	Number of Subscribers: Bot	·				,	ble system	ı, broken	
scribers and	down by categories of secondar	y transmission	service	e. In general, you	u can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n			0,0		•		charged	
	separately for the particular servert Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc				ly otariae			particular rate	
	Block 1: In the left-hand block	in space E, th	e form	lists the categor	ies of sec	condary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a	and rates, in th	e right-	hand block. A tw	o- or thre	ee-word descript	tion of the s	service is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
			700	20.05.40.54					
	Service to first set		728	30.95-48.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	30.95-48.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	8				
F	In General: Space F calls for ra	te (not subscril	ber) info	ormation with res	spect to a	all your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services		,		0		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			,,,,				- g ,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that				0	•	•		
	listed in block 1 and for which a brief (two- or three-word) descri				snea. List	these other ser	vices in the	e form of a	
				ate for each.					
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER\ ation: Non-resi		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	PP		otel, hotel	uentiai		Family	Cable	83.9
	• Pay cable—add'l channel	PP		mmercial			· ~ · · · J		
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cha	annel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	1 10:000	15.00-29.00							
	 Additional set(s) 		Culer	JUL 1003.					
	Additional set(s) EM radio (if separate rate)	10.00-20.00	• Do	connect		20.00			
	• FM radio (if separate rate)			connect		29.00			
	()	10.50	• Dis	sconnect					
	• FM radio (if separate rate)		• Dis • Ou			29.00 15.00-29.00			

		CARLE OVOTEN.		1979
Name	LEGAL NAME OF OWNER OF Mediacom Southeast			SYST
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(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 als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other tions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAVY/WAVY(HD) NBC	31	N	Portsmouth, VA
	WCTI/WCTI(HD) ABC	12	N	New Bern, NC
d Rows as Necessary	WGNT CW	50	l	PORTSMOUTH, VA
	WHRO (PBS)	16	Е	Hampton, VA
	WITN MyNET	32.2	I-M	Washington, DC
	WITN/WITN(HD) NBC	32	N	Washington, DC
	WITN-DT3 MeTV	32.3	I-M	Washington, DC
	WNCT/WNCT(HD) CBS	10	N	Greenville, SC
	WNCT-DT2 CW	10.2	I-M	Greenville, SC
	WNCT-DT3 getTV	10.3	I-M	Greenville, SC
		T		
	WEPX/WEPX(HD) ION	12	I	Jacksonville, FL
	WEPX/WEPX(HD) ION WPXV/WPXV(HD) ION	12 46	l 	Jacksonville, FL NORFOLK, VA
	WPXV/WPXV(HD) ION	46	I	NORFOLK, VA
	WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND	46 9	I I 	NORFOLK, VA Manteo, NC
	WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS	46 9 40	I I N	NORFOLK, VA Manteo, NC Norfolk, VA
	WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-DT4 TBD	46 9 40 33.3	I I N I-M	NORFOLK, VA Manteo, NC Norfolk, VA NORFOLK, VA
	WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-DT4 TBD WTVZ-MyNET	46 9 40 33.3 33	I I N I-M I	NORFOLK, VA Manteo, NC Norfolk, VA NORFOLK, VA NORFOLK, VA
	WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-DT4 TBD WTVZ-MyNET WUND/WUND(HD) PBS	46 9 40 33.3 33 20	I I N I-M I E	NORFOLK, VA Manteo, NC Norfolk, VA NORFOLK, VA NORFOLK, VA Edenton, NC
	WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-DT4 TBD WTVZ-MyNET WUND/WUND(HD) PBS WVBT/WVBT(HD) FOX	46 9 40 33.3 33 20 29	I I N I-M I E I	NORFOLK, VA Manteo, NC Norfolk, VA NORFOLK, VA NORFOLK, VA Edenton, NC VIRGINIA BEACH, VA
	WPXV/WPXV(HD) ION WSKY/WSKY(HD) IND WTKR/WTKR(HD) CBS WTVZ-DT4 TBD WTVZ-MyNET WUND/WUND(HD) PBS WVBT/WVBT(HD) FOX WVEC/WVEC(HD) ABC	46 9 40 33.3 33 20 29 13	I I N I-M I E I I N	NORFOLK, VA Manteo, NC Norfolk, VA NORFOLK, VA Edenton, NC VIRGINIA BEACH, VA Hampton, VA

Mediacom S	FOWNER OF (SYSTEM I 241
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved 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. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	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							FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Mediacom Southeast	LLC						24127
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		n ouny, on a substitute ba	515, any 11611			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa			vision program ("substitute	program") t	hat during th		ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.			() / NO() · · · · ·				
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						010001,	
	Column 5: Give the more	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ned by a system from 6.01	1:15 p.m. to e	5.26.30 p.m.	snould be	
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your system	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
	effect on October 19, 1976							
					W/HE	N SUBSTIT		
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	то	
						_		
							-	
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Hame	Mediacom Southeast LLC				24127
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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 receipting the statement in space P concerning the statement in space P concerning the statement in space P concerning gross receipting the statement in space P concerning	stem's see	condary transm compute this a	ission service amount, see	4,954.44 oss receipts)
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less tha formation	in \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	174,954.44		
	3. Subtract line 2 from line 1	\$	88,845.56		
	Enter the amount of gross receipts from space K		\$ 1	74,954.44	
	5. Enter the amount from line 3		\$	88,845.56	
	6. Subtract line 5 from line 4		\$	86,108.88	
	7. Multiply line 6 by .005 (enter figure here)			\$	430.54
	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 a	and 8	·····	\$	430.54
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	Subtract line 2 from line 1	Ŷ	200,000.00		
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 1				
	7. TOTAL ROTALITI FEE FATABLE FOR ACCOUNTING FERIOD. Aud lines 4, 1	5, anu 0 .			
	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)		\$	430.54	
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			\$	450.54
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		hts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Mediacom Sou	DWNER OF CABLE SYSTEM: utheast LLC				SYSTEM ID# 24127
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number of s, and (2) the cable system's I number of channels on whic television broadcast stations	total number of activa	ted channels during the a	accounting period.	32
	on which the ca	I number of activated channe able system carried televisior ast services	n broadcast stations		[67
N Individual to Be Contacted		BE CONTACTED IF FURTI about this statement of accou		IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	Kenneth J. Kohrs			Telephone 8	345-443-2762
	Address	One Mediacom Way (Number, street, rural route, apar Mediacom Park, NY (City, town, state, zip)				
	Email	Copyrights@m	nediacomcc.com		Fax (optional)	
O Certification	I, the undersign (Owne X (Agen in (Offic in I have examined	ed, hereby certify that (Check er other than corporation or t of owner other than corpor line 1 of space B and that the er or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	one, <i>but only one</i> , of th partnership) I am the ration or partnership) owner is not a corpora (if a corporation) or a p d hereby declare under	e boxes.) owner of the cable system I am the duly authorized a tion or partnership; or partner (if a partnership) of	Copyright Office regulations) as identified in line 1 of space E agent of the owner of the cable s the legal entity identified as own tements of fact contained herein ade in good faith.	ystem as identified
			Enter an electronic si	neth J. Kohrs gnature on the line above to an "/s/ signature" (e.g., /s/		
		Typed or printe Title: (Title of d		th J. Kohrs , Financial Reporti	ing	
		Date:			2/18/2020	

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 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 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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
diacom Southeast LLC	2412
 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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
	Q Interest Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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	Q Interest Assessment
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	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	Q 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.