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

STATEM	ENT OF ACCOUNT	FOR COPYRIGE	IT OFFICE USE ONLY	by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) uctions are located of this workbook	2/28/2020	\$	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		idiary of another corporation, give the full	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 single statement of account and royalty f		the last day of the accounting period shoul ting period.	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	27464
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	MEDIACOM MINNESOTA LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Γ)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite r	umber)		
	MEDIACOM PARK, NY 10918			
	(City, town, state, zip)			
C	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line		,	5
System	1			
	MEDIACOM MINNESOTA LLC			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 1504 2nd Street SE, P.O. Box 110 (Number, street, rural route, apartment, or suite r	umber)		
	Waseca, MN 56093			
	(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.

Name D	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM 274
D		
D		
D	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	le home parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	PAYNESVILLE	MN
Community	PAYNESVILLE TOWNSHIP	MN
· · · · · · · · · · · · · · · · · · ·		
	ATWATER	MN
d Rows as Necessary	GROVE CITY	MN
	CLARA CITY	MN
	MAYNARD	MN
	COSMOS	MN
	GRANITE FALLS	MN

								FORM SA1	
Name			:					515	TEM ID 2746
	MEDIACOM MINNESOT	ALLC							2140
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	d (June 30 or D	ecemb	er 31, as the ca	se may be	e).		0	
Service: Sub- scribers and	Number of Subscribers: Both	•							
Rates	down by categories of secondar each category by counting the n					•			
	separately for the particular serv	vice at the rate	indicate	ed—not the nun	nber of se	ts receiving serv	vice).	Ū	
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc				ny stanua		is within a		
	Block 1: In the left-hand block	•		0		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that ar	different t	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-	hand block. A tv	vo- or thre	e-word descript	tion of the	service is	
	sufficient.						BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:		1.391	29.95-51.54					
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		1,391	29.95-51.54					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	29.95-51.54					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				9				
-	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There and 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 Block 1: Give the standard rate		ho och	la avatam far ag	ob of the	applicable convi	ago listad		
ransmissions: Rates	Block 2: List any services that	• •				••		were not	
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the i	rate for each.			1		
		BLO	-			_		BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	-	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:	PP		ation: Non-res	idential		Family	Cabla	79.4
	Pay cable     Pay cable—add'l channel	PP		otel, hotel mmercial			ганну	Cable	13.4
	• Fire protection	FF	_	y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	99.99	• Bu	rglar protection					l
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other	services:					
			• Re	connect		29.00			
	• FM radio (if separate rate)								
	• FM radio (if separate rate)     • Converter	10.50		sconnect					
	,	10.50	• OL			15.00-29.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Nume	MEDIACOM MINNESC	DTA LLC		27
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including n during the accounting period, <i>excep</i>		
U		n effect on June 24, 1981, permitting t		
Primary Transmitters:		)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain s	tations carried on a
Television	Substitute Basis Stations:	With respect to any distant stations c	arried by your cable system on a s	ubstitute program
		les, regulations, or authorizations: e in space G—but do list it in space I (1	he Special Statement and Program	n Loa)—if the
	station was carried only on	a substitute basis.		
		Iso in space I, if the station was carrie n concerning substitute basis stations		
	Column 1: List each station	's call sign. <i>Do not</i> report origination	program services such as HBO, ES	SPN, etc. Identify each
	"WETA-2" as the same on the	with a station according to its over-th he form.	e-air designation. For example, re	port mulustream
		I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	er the air in its community
	Column 3: Indicate in each	case whether the station is a network		
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),		
	For the meaning of these te	rms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, lis lian stations, if any, give the name of t		
		and stations, if any, give the name of	the community with which the state	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE/KARE(HD) NBC	11	N	Minneapolis, MN
	KARE-DT2 Court TV	11.2	I-M	Minneapolis, MN
dd Rows as Necessary	KARE-DT3 Justice Network	11.3	I-M	Minneapolis, MN
	KMSP/KMSP(HD) FOX	9	I	Minneapolis, MN
	KMSP-DT4 BUZZER	9.2	I-M	Minneapolis, MN
	KPXM (ION)	40	I	ST CLOUD, MN
	KPXM-DT2 qubo	40.2	I-M	ST CLOUD, MN
	KPXM-DT3 ION Plus	40.3	I-M	ST CLOUD, MN
	KSTC/KSTC(HD) IND	45		MINNEAPOLIS.MN
	KSTC-DT2 MeTV	45.2	i-M	MINNEAPOLIS,MN
	KSTC-DT3 Antenna	45.3	I-M	
	KSTC-DT4 ThisTV	45.4	I-M	MINNEAPOLIS,MN
	KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
	KSTP-DT2 Heroes&Icons	35.2	I-M	St. Paul, MN
	KTCA PBS TPT 2 (HD)	34.3	E-M	St. Paul, MN
	KTCA-DT PBS TPT 2	34	E	St. Paul, MN
	KTCA-DT2 PBS Kids (HD)	34.2	E-M	St. Paul, MN
	KTCI PBS TPT Life	23	E	St. Paul, MN
	KWCM/KWCM(HD) PBS	10	E	APPLETON, MN
	KWCM-DT2 PBS Create	10.2	E-M	APPLETON, MN
	KWCM-DT3 PBS MN Channe	10.3	E-M	APPLETON, MN
	KWCM-DT4 PBS World	10.4	E-M	APPLETON, MN
	WCCO/WCCO(HD) CBS	32	 N	Minneapolis, MN
	WCCO-DT2 Start TV	32.2	I-M	
		32.2	I-M	Minneapolis, MN
		20.0	I-M	MINNEAPOLIS, MN
	WCCO-DT3 DABL	32.3		
	WCCO-DT3 DABL WFTC/WFTC (HD) (MyNET)	29	I	Minneapolis, MN
	WCCO-DT3 DABL		I I-M	
	WCCO-DT3 DABL WFTC/WFTC (HD) (MyNET)	29	I	Minneapolis, MN

ounting Period	2019/2			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM II			
Name	MEDIACOM MINNESC	DTA LLC		2740			
	PRIMARY TRANSMITTERS:	TELEVISION					
C		ntify every television station (including	•	,			
G		m during the accounting period, except					
During a ma	5	n effect on June 24, 1981, permitting t	0 1 0	5			
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	51(e)(2) and (4))]; and (2) certain stat	lions carried on a			
Television		: With respect to any distant stations c	arried by your cable system on a sub	ostitute program			
		lles, regulations, or authorizations:	,,,	1 5			
		e in space G—but do list it in space I (t	he Special Statement and Program L	₋og)—if the			
	station was carried only on						
		also in space I, if the station was carrie					
		n concerning substitute basis stations n's call sign. <i>Do not</i> report origination					
		I with a station according to its over-the	0				
	"WETA-2" as the same on t	0					
	Column 2: Give the channed	el number the FCC assigned to the tele	evision station for broadcasting over t	the air in its community			
		RC is channel 4 in Washington, D.C.					
		case whether the station is a network					
	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 Canad	dian stations, if any, give the name of t	the community with which the station	is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WUCW-DT3 Charge	22.3	I-M	MINNEAPOLIS, MN			

EGAL NAME OI								SYSTEM 274
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C item whenever it is received a 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral 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	
ONEE OIOIN		0,0		O/LEE OIGH		0,0		
							·	
						·		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC						27464
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	ition, that vo	our cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	aa blank lf vour answor i	с "Voc " уоц и	must comp	-	
	-	, leave life	e lest of this pa	age blatik. Il your allower i	s res, your	musi comp	iele li le pi di	gram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa					,		9
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Liet op oonie progre		oxampio, i	2010 2009	01
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or,	IN
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi		······					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0 <sup>.</sup>	1:15 p.m. to 6	5:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	em was <i>requ</i>	uired
	to delete under FCC rules							
	was substituted for program	nming that						0
	effect on October 19, 1976							
					WHE	N SUBSTI		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
							_	
							_	
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								1

Accounting Period:	2019/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC		ę	SYSTEM ID# 27464
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's : (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm / to compute this :	ission service amount, see \$ 38	
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 t • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less t See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	han \$527,600 on.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that	t you must pay for	this six-mon	
	accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	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	12		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore 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	· · <u> </u>		
	5. Enter the amount from line 3	· · <u>·</u>		
	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 (bu	it less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	387,883.23	_	
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	124,083.23	<u>-</u>	
	4. Multiply line 3 by .01	<b>\$</b>	1,240.83	
	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	3	\$	2,559.83
	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)	\$	2,559.83	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,579.83
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form	-		ghts!

Accounting Period	2019/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: NNESOTA LLC				SYSTEM ID# 27464
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	a, and (2) the cable system's t number of channels on which television broadcast stations number of activated channel able system carried television	total numb ch the cable s els n broadcast		stations	39 75
N Individual to Be Contacted		bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Kenneth J. Kohrs		T	elephone 8	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)	10918			
	Email	Copyrights@m	nediacomo	c.com Fax (optional)		
O Certification	I, the undersigned     (Owne     X     (Agenti in I     (Offici in I     thave examined	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor ine 1 of space B and that the o er or partner) I am an officer ( ine 1 of space B. I the statement of account and e, and correct to the best of m	one, <i>but on</i> . partnershi ration or pa owner is no (if a corpor d hereby de hy knowledg Knowledg Enter an o	tified and signed in accordance with Copyright Office reg <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as identified in line 1 <b>artnership)</b> I am the duly authorized agent of the owner of t a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity ident isclare under penalty of law that all statements of fact contai le, information, and belief, and are made in good faith. /s/ Kenneth J. Kohrs electronic signature on the line above to certify this statemen ature using an "/s/ signature" (e.g., /s/ John Smith)	l of space B the cable sy ified as own ined herein	/stem as identified
		Typed or printed Title: (Title of o Date:	ed name: <b>Vice P</b>	Kenneth J. Kohrs resident, Financial Reporting n held in corporation or partnership) 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.

unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM MINNESOTA LLC	274
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 VES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
Vou must complete this workshoot for these revelly neuments submitted as a result of a late neument or undernoument	
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 Assessme
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	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
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