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@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 1-31-20 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	3305
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BROCKWAY TELEVISION, INC. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		501 MAIN ST. (Number, street, rural route, apartment, or suite number)	
		BROCKWAY, PA 15824 (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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BROCKWAY TELEVISION, INC.	SYSTEM ID# 3305
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	nome parto should be reported in parentileses below the
	CITY OR TOWN	STATE
First Community	BROCKWAY BOROUGH SNYDER TOWNSHIP	
Community	HORTON TOWNSHIP	PA PA
Add Rows as Necessary	SANDY TOWNSHIP	PA
	WASHINGTON TOWNSHIP	PA

	LEGAL NAME OF OWNER OF CA								TEM ID
Name	BROCKWAY TELEVISIC							515	330
		,							
Е	SECONDARY TRANSMISSION					, transmission a	anviaa of th		
-	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	ice at the rate i	ndicated	d-not the nun	nber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. G	Give the number	er of subso	ribers and rate f	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A ty	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	GODOCIND			UAI		WICE	GODOCITIDEITO	
	Service to first set		64	37.50	Conve	rter Resident	ial	117	102.7
	Service to additional set(s)					g Home		1	####
	• FM radio (if separate rate)					Breakfast < {	5 Rms	1	123.2
	Motel, hotel								
	Commercial		6	37.50					
	Converter								
	Residential		623	98.75					
	Non-residential		17	103.75					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS' RATE	s				
F	In General: Space F calls for rat				-	ll your cable sys	tem's servi	ces that were	
F	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	rate column.	-	-		-			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							voro pot	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mot	tel, hotel		150.00		ble Premium	11.7
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Cor	nmercial		150.00	Pay Ca	ble Premium	16.0
	<ul> <li>Fire protection</li> </ul>		• Pay	/ cable				ble Premium	10.8
	<ul> <li>Burglar protection</li> </ul>		• Pay	/ cable-add'l cł	nannel			ble Premium	10.8
	Installation: Residential			e protection				ble Premium	26.8
	• First set	100.00		glar protection				ble Premium	3.7
	<ul> <li>Additional set(s)</li> </ul>			services:				ble Premium	8.4
	• FM radio (if separate rate)			connect		30.00		ble Premium	6.1
	Converter			connect			Pay Ca	ble Premium	6.1
	1		• Out	lat ralagation					
				let relocation ve to new addr					

ccounting Period: 2				FORM SA1-2E. PAGE 3
Name				SYSTEM ID# 3305
	BROCKWAY TELEVIS	•		
G Primary Transmitters: Television	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 ru- • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "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 ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-ti the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community 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
	KDKA	2	N	PITTSBURGH, PA
	WPSU	3	Е	STATE COLLEGE, PA
dd Rows as Necessary	WTAE	4	N	PITTSBURGH, PA
	WJAC	6	Ν	JOHNSTOWN, PA
	WWCP	8	N	JOHNSTOWN, PA
	WTAJ	10	N	ALTOONA, PA
	WPXI	11	Ν	PITTSBURGH, PA
	WQED	13	E	PITTSBURGH, PA
	WATM	23	Ν	JOHNSTOWN, PA
	WPNT	22	I	PITTSBURGH, PA
	WPCW	19		PITTSBURGH, PA
	WKBS	47	I	ALTOONA, PA

EGAL NAME OF								SYSTEM IE 330
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column 4:	it is carried b monitoring, to prmation about rm. dentify the call state whether f the radio state this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a chech n's locati	I-Band FM Carriage: Under the whenever it is received a wed at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral 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	
		5,6				510		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	BROCKWAY TELEVIS	ION, INC.						3305
	SUBSTITUTE CARRIAG	E: SPECIA			G			
I I	In General: In space I, identi	-	-		-	ion that your	cable syste	m 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 the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN	-						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	•	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	ion program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") tha	t during the	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	another stat	tion
	under certain FCC rules, re							۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	1 titles, for exa	ampie, "I Lov	e Lucy" or	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra				
	the case of Mexican or Can			e community to which the community with which the			FCC or, in	
	Column 5: Give the mor	th and day		tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv					1		L .
	to the nearest five minutes.			gram was carried by your or ed by a system from 6:01.1				iy
	stated as "6:00–6:30 p.m."	Example: e	i program oann		10 p.m. to 0.2	0.00 p.m. on		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
							-	
							_	
						_	-	
			1				_	
						_	-	
						_	_	
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							-	
						_	_	
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1								
							-	

Accounting Period:	2 <b>019/2</b> FO	RM SA1-2E. PAGE 6.
Name		SYSTEM ID#
	BROCKWAY TELEVISION, INC.	3305
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, s 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.	vice
_	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 \$263,800</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>	
	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 this six-m accounting period is \$52.00	on
	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 2	
	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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	12
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$	3,526.12
	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)	12
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	3,546.12
	EFT Trace # or TRANSACTION ID # 26N6NSBF	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

Namo	ccounting Period:	2019/2		FORM SA1-2E. PAGE 7
Monante       Instruction: Voo muet poor (1) the number of channels on which the cable system carried television breadcast station:	Name			SYSTEM ID# 3305
		Instructions: to its subscrib	bers, and (2) the cable system's total number of activated channels during the accounting period.	20
Individual in the statement of account.)         Individual in the statement of account.)         Information         Information <td></td> <td>2. Enter the to on which the</td> <td>otal number of activated channels e cable system carried television broadcast stations</td> <td>134</td>		2. Enter the to on which the	otal number of activated channels e cable system carried television broadcast stations	134
Information Address SO MAINEST. Weindex, street, ford route, spathment, or suite number)  BROCKWAY, PA 15824 (City, Loon, stain, rg) Email Record and the statement of account must be certified and signed in accordance with Copyright Office regulations) Cortification • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the examined the statement of account must be certified and signed in accordance with Copyright Office regulations) • 1. the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) • 1. the examined the statement of account and hereby declare under persulty of law that all statements of fact certified in line 1 of space. B: or • 1. there examined the statement of account and hereby declare under persulty of law that all statements. • 1. There examines the statement of account and hereby declare under persulty of law that all statement. • 18 U.S.C., Section 1001(1986) • 1. the originature on the line above to certify this statement. • Typed or printed name: • MICHAEL S. ARNOLD • There is aparture on the line above to certify this statement. • The origination of persentedity. • CHAIRMAN • The origination of persentedity. • CHAIRMAN • The origination of persentedity. • CHAIRMAN • Cherter of the statement of personation or persentedity. • CHAIRMAN • Cherter of the statement of p	Individual to			
International interview result number)         BROCKLEW, Y, PA 15824         (City, toon, star, 20)         Email       altesslet@btrockwaytv.com         Final       catternation         Contribute       thereby certify that (Check one, but only one, of the boxes)         Image:       Image:         Contribute       thereby certify that (Check one, but only one, of the coble system as identified in line 1 of space B; of line that the owner is not a corporation or partnership) of the legal entity identified as owner of the coble system as identified in line 1 of space B;         In there examined the statement of account		Name	ADELE HESSLER Telephone	814-268-6565
		Address		
Cartification       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)       • • • • • • • • • • • • • • • • • • •			BROCKWAY, PA 15824	
O         Certification         • I, the undersigned, hereby certify that (Check one, but only one, 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 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 as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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)]         Exerct		Email	ahessler@brockwaytv.com Fax (optional) 814-265-130	0
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: MICHAEL S. ARNOLD Title: CHAIRMAN (Title of official position held in corporation or partnership)	-	I, the undersig     (Ow     X     (Ag     (Of     I have examinare true, comp	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	istem as identified
(Title of official position held in corporation or partnership)			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
Date: JANUARY 31, 2020				
			Date: JANUARY 31, 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 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 telephoi 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 filing, a determination that would be made by a court of lave

unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
OCKWAY TELEVISION, INC.	330
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11</li> </ul> </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	sic le sub- 19." Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 underpay	una a vali
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm. Q
	orm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for         Line 1       Enter the amount of late payment or underpayment	orm. Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for         Line 1       Enter the amount of late payment or underpayment	orm. Q Interest Assessme  days  t  rge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme  days  t  rge)
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