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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	ictions are located of this workbook	2/25/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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
		C & W CABLE INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 490 (Number, street, rural route, apartment, or suite number)
		ANNVILLE, KY 40402-0490
		(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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(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:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	C & W CABLE INC	3336
D Area	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all futur Note: Entities and properties such as hotels, apartments, condominiums,	A "community" is the same as a "community unit" as defined in FCC rules: rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter known re filings.
Served	identified city.	
	CITY OR TOWN	STATE
First Community		
Add Rows as Necessary		
	BURNING SPRINGS	ĸ
	ISLAND CREEK	KY

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							-2E. PAG
Name	C & W CABLE INC	ADEL OTOTEM.						010	333
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period	pace E should on of television ay cable) in sp	cover al and rad ace F, n	l categories of s io broadcasts b iot here. All the	econdary y your sy facts you	stem to subscrib state must be t	oers. Give i	nformation	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	h blocks in spar y transmission umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc o: Where an inc	ce E call service. gs in that indicated h catego 20/mth"). for adva e form lis ribers. G dividual	for the number In general, you t category (the r d—not the numb ory of service. In . Summarize an nce payment. sts the categorie Give the number or organization	of subsc can com oumber of ber of sets iclude bo y standar es of seco of subsc is receivin	ribers to the cab pute the numbe f persons or org s receiving servi th the amount o rd rate variations ondary transmis ribers and rate f ng service that f	r of subscri anizations ice). f the charge s within a p sion service or each list alls under o	bers in charged e and the articular rate e that cable red category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und has rate catego iers of services	additiona er "Serv ories for s that inc	al sets would be ice to additional secondary trans lude one or mol	included set(s)." smission re second	in the count un service that are dary transmissio	der "Servic different fro ns), list the	e to the om those m, together	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	EKS	RAIL	CAT	LGORT OF SEI	VICE	SUBSCRIDERS	RA
	Service to first set		623	18.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) description	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem furr je was m	mation with res not offered in co do not need to g nonsubscribers billed. If any rate system for eac nished or offered nade or establish	pect to al ombinatio jive rate i s. Rate in es are ch h of the a d during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that v	emission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE	1	ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services: Pay cable	18.00		i tion: Non-resid el, hotel	iential				
	• Pay cable—add'l channel	10.00		nmercial					
	• Fire protection		_	cable					
	•Burglar protection		-	cable-add'l cha	nnel				
	Installation: Residential		• Fire	protection					
	• First set		• Bur	glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			connect					
	• Converter		1	connect					
			• Out	let relocation					
			• Mov	/e to new addre	55				

				FORM SA1-2E. PAGE 3.
ne	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 3336
	C & W CABLE INC PRIMARY TRANSMITTERS:			
ary itters: sion	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channa of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the locatio	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a sub- the Special Statement and Program Lu- d both on a substitute basis and also see page (v) of the general instruction or ogram services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a fu- (for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTVQ	36	N	LEXINGTON, KY
				í.
	WKYT	27	Ν	LEXINGTON, KY
essary	WKYT WKLE	27 46	N E	LEXINGTON, KY LEXINGTON, KY
ary				
ary	WKLE	46	E	LEXINGTON, KY
ary	WKLE WLEX	46 18	E N	LEXINGTON, KY LEXINGTON, KY
	WKLE WLEX WDKY	46 18 56	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY
ary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
sary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
ssary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
essary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
essary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
essary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
cessary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
cessary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
eessary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
essary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
cessary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
cessary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
Necessary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY
Necessary	WKLE WLEX WDKY WYMT	46 18 56 57	E N I	LEXINGTON, KY LEXINGTON, KY DANVILLE, KY HAZARD, KY

Accounting P							FORM	I SA1-2E. PAGE
EGAL NAME OF		CABLE SY	/STEM:					SYSTEM II
C & W CABL	E INC							33
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct eceivable if (1) on the basis of r or detailed info paper SA1-2 for Column 1: lo	tions Conce it is carried b monitoring, to prmation abou m. lentify the call	rning Al y the sys be recei it the Cc	I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried.	Copyright Office r It the system's he system's FM ante	egulations, ar adend, and (2 enna, during c	n FM sig 2) it can ertain si	nal is generally be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing ive the station	ion's sig g a checl n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		5/0	LOOATION OF STATION	UALL SIGN		3/0	LOOATION OF STATION	
							+	

	d: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	C & W CABLE INC							3336
	SUBSTITUTE CARRIAGI	-	-					
I	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				general instru	uctions in tr	ie paper SA i	-2 101111.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	work televi	ision progran	
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 " vou mu	st complet	e the progra	
	-		rest of this pag		res, you mu	or complet	e the program	
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. I lee abbreviations v	wherever nos	sible if the	ir moonina is	
	clear. If you need more spa				merever pos		ii meaning is	•
				sion program ("substitute p	orogram") tha	t, during th	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva anta	"Vaa" Othanwiga optar "N	o "			
				r "Yes." Otherwise enter "N sting the substitute program				
				e community to which the		nsed by the	e FCC or, in	
	the case of Mexican or Can						,	
			when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:1	5 p.m. to 6:28	8:30 p.m. s	should be	
		er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	hd
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.		-			-		
						N SUBST		
	S		E PROGRAM		CARRI	AGE OCC	URRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S			0		7. REASON FOR
		165 01 110			5. MONTH		TIMES	DELETION
			CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
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				4. STATION'S LOCATION				1
			CALL SIGN	4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1
				4. STATION'S LOCATION				1

Accounting Period:	2019/2	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: C & W CABLE INC	SY	STEM ID# 3336
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ssion service mount, see	284.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 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
			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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1		
	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 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26NPMV67		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	F OWNER OF CABLE SYSTEM: LE INC	SYSTEM ID: 3336
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	8 28
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	VEOLA R WILLIAMS Telephone (606) 36	64-5357
	Address	PO BOX 490 (Number, street, rural route, apartment, or suite number)	
	Email	ANNVILLE, KY 40402-0490 (City, town, state, zip) vbwilliams@prtcnet.org Fax (optional) (606) 364-2138	
O Certification	<pre>(Ow (Ag (Ag X (Of</pre>	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; or tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as iden 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 of the cable 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. iction 1001(1986)]	
		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: Veola R Williams Title: Vice-President (Title of official position held in corporation or partnership)	
		Date: 2-25-2020	

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unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
W CABLE INC	333
 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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. 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
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