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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Form)	2/25/2020	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	Tel. (202) 707-0150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(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 th of the subsidiary, not that of the parent co	-	diary of another corporation, give the full corp	orate title
Owner	List any other name or names under which	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should sul ing period.	bmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	33572
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Zito NCTNWVPAOH LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))	
	Zito Media			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 665 (Number, street, rural route, apartment, or suite n	umber)		
	Coudersport, PA 16915			
	(City, town, state, zip)	and ar trade names used to iden	tify the hypinese and exerction of the	aveter unless these
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1			
	Zito Media - Thompson			
1	MAILING ADDRESS OF CABLE SYSTEM	I:		

Return completed workbook

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

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	Zito NCTNWVPAOH LLC	335
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c 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.	ommunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Thompson Township	ОН
Community	Hambden Township	ОН
	Huntsburg Township	ОН
	Claridon Township	ОН
dd Rows as Necessary		
	Hartsgrove Township	ОН
	Leroy Township	ОН
	Montville Township	ОН
	Windsor Township	ОН
	Trumbull Township	OH
	Rustic Pines	ОН

								FORM SA1-	-2E. PAGE TEM IC
Name			:					515	3357
	Zito NCTNWVPAOH LL								
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND RA	ATES				
E	In General: The information in s			-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	, , ,	,		,		lnose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n		0	0,0				charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	Block 1: In the left-hand block			-					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		0			
	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, t					,		, U	
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	vo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIB	EKS	RAIE	CATE	GORT OF SE	VICE	SUBSCRIBERS	RAI
	Service to first set		164	21.71					
	Service to additional set(s)			-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,		-	• •			
ſ	not covered in space E, that is, t								
Services	service for a single fee. There ar 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					-		-	
ransmissions:	Block 1: Give the standard rat			•		• •		wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	• •			SHCU. LISU				
								BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		-	ation: Non-resi	-				
	• Pay cable	17.95	• Mo	tel, hotel					
	• Pay cable—add'l channel		• Co	nmercial					
	Fire protection		• Pa	/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	30.00	• Bur	glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		•Re	connect		30.00			
	• Converter			connect					
			-						
			• Ou	tlet relocation		30.00			
				tlet relocation ve to new addre	ess	30.00 30.00			

	2019/2			FORM SA1-2E. PAGE 3.
ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito NCTNWVPAOH L	LC		33572
ame G imary smitters: avision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC rr. • 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 statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION entify every television station (including m during the accounting period, <i>except</i> n 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 ales, 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 carried 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-ti- ne carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	levision stations) 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
	WBNX	55.1	E	
				Akron OH
	WEWS	5.1	N	Cleveland OH
s as Necessary	WEWS WJW	8.1	N	Cleveland OH Cleveland OH
s as Necessary	WEWS WJW WKYC	8.1 3.1	N N N	Cleveland OH Cleveland OH Cleveland OH
as Necessary	WEWS WJW WKYC WOIO	8.1 3.1 19	N N N N	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH
as Necessary	WEWS WJW WKYC WOIO WUAB	8.1 3.1 19 43.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH
5 Necessary	WEWS WJW WKYC WOIO WUAB WVIZ	8.1 3.1 19 43.1 25.1	N N N N	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH
s Necessary	WEWS WJW WKYC WOIO WUAB	8.1 3.1 19 43.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
s Necessary	WEWS WJW WKYC WOIO WUAB WVIZ	8.1 3.1 19 43.1 25.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH
as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
ns Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
5 as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
s as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
5 as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
s as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
5 as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
s as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
s as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
5 as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH
s as Necessary	WEWS WJW WKYC WOIO WUAB WVIZ WVPX	8.1 3.1 19 43.1 25.1 23.1	N N N N I	Cleveland OH Cleveland OH Cleveland OH Shaker Heights OH Lorain OH Cleveland OH Akron OH

Zito NCTNW	FOWNER OF (ISTEM.					SYSTEM 338
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a 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 abour m. lentify the call tate whether to the radio stat this by placing vive 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 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 < 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 anna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii parate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE GION		3,0				5,0		
		1						

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						33572
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		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				0		• •	
Special	During the accounting per	-			isis anv noni	network telev	vision nroa	ram
Statement and		-		in ourly, on a substitute be	loio, any nom			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad bu th	a FCC ar	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0 [.]	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
	e		E PROGRAM	٨		N SUBSTIT		7. REASON FOR
		1	3. STATION'S			AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- то	
							-	
						_		
		+						
							-	
						_		
							-	
							-	
						_		
						_		
							-	
						_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Zito NCTNWVPAOH LLC		33572
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	1,796.84 ss receipts)
			<u> </u>
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 \$2 • 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.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	VNER OF CABLE SYSTEM: AOH LLC			SYSTEM ID# 33572
M Channels	 to its subscribers, 1. Enter the total system carried to 2. Enter the total on which the cal 	and (2) the cable system's total nun umber of channels on which the cal	ist stations	ccounting period.	9 66
N Individual to Be Contacted		BE CONTACTED IF FURTHER INF out this statement of account.)	ORMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	Teri McMullen		Telephone 814	1-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or s Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitome		Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in li X (Office in li I have examined	I, hereby certify that (Check one, <i>but o</i> other than corporation or partners of owner other than corporation or e 1 of space B and that the owner is r or partner) I am an officer (if a corp e 1 of space B. he statement of account and hereby and correct to the best of my knowle 1001(1986)] $\qquad \qquad $	hip) I am the owner of the cable system partnership) I am the duly authorized a not a corporation or partnership; or oration) or a partner (if a partnership) of declare under penalty of law that all state dge, information, and belief, and are man /s/James Rigas nelectronic signature on the line above to gnature using an "/s/ signature" (e.g., /s/	as identified in line 1 of space B; or gent of the owner of the cable syste the legal entity identified as owner of ements of fact contained herein de in good faith.	em as identified
		Date:		02/26/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
D NCTNWVPAOH LLC	3357
 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
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L

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.