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

ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.go</u>	
ems (Short Form) actions are located of this workbook	06/22/2020	06/22/2020 \$		
ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT: (Y	YYY/(Period))		
2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	20192 Barcode Data Filing Period (optiona	ıl - see instructions)		
-		idiary of another corporation, give the full co	orporate title	
List any other name or names und	er which the owner conducts the business of	the cable system.		
			submit a	
Check here if this is the system's fi	irst filing. If not, enter the system's ID number	assigned by the Licensing Division.	35396	
LEGAL NAME OF OWNER/M	IAILING ADDRESS OF CABLE SYSTEM			
ACTV Broadband				
	IER OF CABLE SYSTEM (IF DIFFEREN	Г)		
MAILING ADDRESS OF OWN	ER OF CABLE SYSTEM			
PO Box 429				
(Number, suee, rula roue, apartment, 1 Sparta, NC 28675 (City, town, state, zip)				
INSTRUCTIONS: In line 1, give any	/ business or trade names used to ide	ntify the business and operation of th	e system unless these	
		ne system, if different from the addres	ss given in space B.	
2 PO Box 429 (Number, street, rural route, apartment,				
))	ACCOUNTING PERIOD COVE 2019/2 Instructions: Give the full legal name of the own of the subsidiary, not that of the p List any other name or names und If there were different owners dur single statement of account and ro Check here if this is the system's fi LEGAL NAME OF OWNER/M ACTV Broadband BUSINESS NAME(S) OF OWN PO Box 429 (Number, street, rural route, apartment, Sparta, NC 28675 [City, town, state, 2ip) INSTRUCTIONS: In line 1, give any names already appear in space B. 1 IDENTIFICATION OF CABLE SYS ACTV Broadband, Inc	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subs of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of if there were different owners during the accounting period, only the owner on single statement of account and royalty fee payment covering the entire account of this is the system's first filing. If not, enter the system's ID number LEGAL NAME OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 429 NUMMER, street, rural route, apartment, or sulle number) Sparta, NC 28675 [cby, roum, state, zp)	my Transmissions by ms (Short Form) DATE RECEIVED AMOUNT ctions are located of this workbook 06/22/2020 \$ ALLOCATION NUMBER ALLOCATION NUMBER ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2019/2 Barcode Data Filing Period (optional - see instructions) 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 o of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners first filing. If not, enter the system's ID number assigned by the Licensing Division. 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 ACTV Broadband BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM PO Box 429 [Namber, street, min rolue, spatrimet, or sude number) Spatra, NC 28675 [Cap, town, state, zap Spatra, NC 28675 [Cap, town, state, zap <t< td=""></t<>	

Privacy Act Notice: Section 111 of title 1/ of the United States Code aution/zes 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	ACTV Broadband	35396
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Sparta	NC
Community		
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 353
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		•		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period	, , ,	,		,		those exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n		0	0,0		•		s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·		,	,			F	
	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								
	with the number of subscribers a sufficient.	and rates, in th	e right-r	nand block. A t	NO- or thre	e-word descrip	tion of the	service is	
		OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODOCIND		TVTE	0/11		THE	COBCORIBEIRO	101
	Service to first set		135	37.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								
Rates	listed in block 1 and for which a	, ,			•	•	•		
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	STILOOTT OF OLIVIOL		Installa	tion Non roa	idential				
	Continuing Services:			ation: Non-res	luential				
				tel, hotel	identiai				
	Continuing Services:		• Mo		identiai				
	Continuing Services: • Pay cable		• Mo • Cor	tel, hotel	luential				
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mo • Cor • Pay	tel, hotel mmercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mo • Cor • Pay • Pay	tel, hotel mmercial y cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mo • Cor • Pay • Pay • Fire	tel, hotel mmercial y cable y cable-add'l ch	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Mo • Cor • Pay • Pay • Fire • Bur	tel, hotel mmercial y cable y cable-add'l cł e protection	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		• Mo • Cor • Pay • Pay • Fire • Bur Other	tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Mo • Cor • Pay • Pay • Fire • Bur Other s	tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Mo • Cor • Pay • Fire • Bur • Bur • Rec • Dis	tel, hotel mmercial y cable y cable-add'l ch protection rglar protection services: connect	annel				

nting Period:				SYSTEM ID#
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		35396
	ACTV Broadband			55550
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1 : List each statio multicast stream associate "WETA-2" as the same on Column 2 : Give the chann 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 location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ci- ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie 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- he 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- 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 indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections ams
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WXII	12	N	Winston-Salem, NC
		12 8	N	Winston-Salem, NC High Point, NC
/s as Necessary	WXII WGHP WXLV			High Point, NC
ws as Necessary	WGHP	8	N	High Point, NC Winston-Salem, NC
vs as Necessary	WGHP WXLV	8 45	N N	High Point, NC
ws as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
; as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
vs as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
vs as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
<i>i</i> s as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
is as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
iws as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC
ows as Necessary	WGHP	8	N	High Point, NC
	WXLV	45	N	Winston-Salem, NC

ACTV Broad	F OWNER OF (IUILIWI.					SYSTEM 35
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the call tate whether the the radio stat this by placing sive the station	y the sys be recei at the Co l 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. In 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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii 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	
OALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		310	LOCATION OF STATION	
							·	
						·		

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	ACTV Broadband							35396
	SUBSTITUTE CARRIAG	-	-					
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in			
Special	During the accounting per	-			isis anv noni	network telev	ision nroa	ram
Statement and		-		n ouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	gis
				vision program ("substitute	e program") t	hat, during th	ne account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming o	of another s	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
				the community to which th			e FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		initian your by		program o		,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour svsten	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
	effect on October 19, 1976							
					WHF	N SUBSTIT	UTF	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
							-	
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Accounting Period:	2019/2 FORM SA1-	2E. PAGE 6.
Name		STEM ID#
	ACTV Broadband	35396
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 total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	970.00 receipts)
	COPYRIGHT ROYALTY FEE	
L 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month 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	0.67
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	52.67
	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	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.67
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C ACTV Broadba	WNER OF CABLE SYSTEM: nd			SYSTEM ID# 35396
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television b		nting period.	4 70
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHE bout this statement of account Jeff Smith	R INFORMATION IS NEEDED (Identify an individu		36-918-4421
Information	Address	PO Box 429 (Number, street, rural route, apartm	nt or suife number)		
		Sparta, NC 28675 (City, town, state, zip)			
	Email		Fa	ax (optional)	
O Certification	I, the undersigned X (Owne (Agenti in I (Offici in I I have examined	ed, hereby certify that (Check or r other than corporation or pa of owner other than corporat ine 1 of space B and that the ow er or partner) I am an officer (if ine 1 of space B. the statement of account and h e, and correct to the best of my I	it be certified and signed in accordance with Copyr e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as ide ion or partnership) I am the duly authorized agent of ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the le ereby declare under penalty of law that all statement mowledge, information, and belief, and are made in a	entified in line 1 of space B; of the owner of the cable sy egal entity identified as owner ts of fact contained herein	stem as identified
			X /s/ Jeff Smith		
		(Title of offi	hame: Jeff Smith Owner dal position held in corporation or partnership)		
		Date:		06/11/20	

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.

Dunting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
TV Broadband	3539
 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 	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	
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 Assessmer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	
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	
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	67
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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	<u>67</u> 55
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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.