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	ΞΝΤ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	-	
Cable Syste	ems (S	Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information,	
General instru	ctions	are located	02/28/2020		contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this	workbook	02/20/2020	ALLOCATION NUMBER	Tel: (202) 707-8150	
]	
Α	ACC	OUNTING PERIOD COVERED E	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	I - 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		idiary of another corporation, give the full corp	porate title	
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.		
		If there were different owners during the a single statement of account and royalty fer		the last day of the accounting period should su	ubmit a	
		7			037144	
		Check here if this is the system's first filing	. In hot, enter the system's to humber	assigned by the licensing Division.		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		CEQUEL COMMUNICATIONS LLC				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		SUDDENLINK COMMUNICATIONS				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	Imper)			
		TYLER, TX 75701				
		(City, town, state, zip)				
С				ntify the business and operation of the e system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		ROTAN, TX MAILING ADDRESS OF CABLE SYSTEM:				
		A SERVER ADDRESS OF CABLE STOTEM.				
	2	(Number, street, rural route, apartment, or suite nu	imber)			
		(City, town, state, zip code)				
L						
Privacy Act Notic	e: Section	n 111 of title 17 of the United States Code aut	horizes the Copyright Offce to collect the	ne personally identifying information (PII) reques	sted 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.

Maria	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	03714
	Instructions: List each separate community served by the cable system. A "con	
-	"a separate and distinct community or municipal entity (including unincorpora	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filir	
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area		oblie nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ROTAN	ТХ
Community		
-		
Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:						SYS	
	CEQUEL COMMUNICAT	IONS LLC							03714
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RAT	TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Both	•				,	ble svsten	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in tha	category (the n	umber o	f persons or or	ganization	s charged	
	separately for the particular serv							we and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				y stanua		5 within a	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a	and rates, in th	e right-h	and block. A two	o- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		58	24.00					
			30	34.99					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		8	24.00					
	Converter		•	34.99					
	Residential								
	Non-residential								
	- Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES					
-	In General: Space F calls for ra				pect to a	ll your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There are		,	0			0 (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		doually					ingram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a		-		ned. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) description and include the rate for each.						T		
		BLO			05	DATE	0.475.0	BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI tion: Non-resid		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	10.00			ential				
	Pay cable Add'l channel	19.00		el, hotel nmercial					
	Pay cable—add'l channel	19.00							
	Fire protection Burglar protection			cable add'l char	nnel				
	•Burglar protection Installation: Residential			cable-add'l chai protection	IIIEI				
	• First set	99.00		protection					
	Additional set(s)	99.00 25.00		ervices:					
	• FM radio (if separate rate)	20.00		onnect		40.00			
	• Converter			onnect		40.00			
	Converter					25.00			
			• (11) •	et relocation					
				et relocation e to new addres	29	25.00 99.00			

ting Period:				FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER OF	SYSTEM ID 037144								
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G rimary Ismitters: levision	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions, inthe paper SA									
	1. CALL SIGN	4. LOCATION OF STATION								
	KIDZ-1	42	1	ABILENE, TX						
		17	I							
s Necessary	KPCB-1 KRBC-1	17 9	I N	ABILENE, TX SNYDER, TX ABILENE, TX						
S Necessary	KPCB-1	····	i N E	SNYDER, TX						
lecessary	KPCB-1 KRBC-1	9		SNYDER, TX ABILENE, TX						
Vecessary	KPCB-1 KRBC-1 KRMA-1	96	E	SNYDER, TX ABILENE, TX DENVER, CO						
lecessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1	9 6 32	E N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX						
Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1	9 6 32 12	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX						
Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
s Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
is Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
5 Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
s Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
: Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
: Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
s Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
s Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
s Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
as Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
ws as Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						
ws as Necessary	KPCB-1 KRBC-1 KRMA-1 KTAB-1 KTXS-1 KTXS-2	9 6 32 12 12.2	E N N	SNYDER, TX ABILENE, TX DENVER, CO ABILENE, TX SWEETWATER, TX SWEETWATER, TX						

EGAL NAME OF								SYSTEM 037
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. entify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM anten his point, see par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC) it can l ertain sta eneral ir eparate a	be expected, ated intervals. Instructions 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	
ON LEE OTOTA		0,0		OF LEE OF ON	7 407 01 7 10	C/D		

Accounting Perio	od: 2019/2					FORM	A SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					037144
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program</i> , broadcast by	, a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, o	r authorization	ns. For a further
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syste	m carry, on a substitute ba	isis, any nonr	network te	evision prog	ram
Program Log	broadcast by a distant sta	tion?					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 r	nust comp	lete the prog	
	log in block 2.				-			
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if t	their meaning	g is
	clear. If you need more spa			vision program ("substitute	e program") ti	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
			/ when your sy	stem carried the substitute	e program. U	se numera	ils, with the n	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable system	m liettha	times accur	atoly
	to the nearest five minutes							atery
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und		s and regu	lations in	
					WHE	N SUBST	ITUTE	
	s		E PROGRAM	1		AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							-	

Accounting Period:	2019/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IE CEQUEL COMMUNICATIONS LLC 03714
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 form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.
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 \$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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	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 0.00
	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) \$ 1,319.00
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 2. Files Fee (0, or the instruction of formation on files for a shadded in
	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 \$ 67.00
	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 OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037144
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	<u>8</u> 54
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name SARAH BOGUE	(903) 579-3121
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov 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 herei 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)] 	system as identified vner of the cable system
	X /s/ Alan Dannenbaum Image: A state of the state of th	-
	Date: 02/18/2020	

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

	2019/2	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMM	UNICATIONS LLC	03714
The Satellite Ho lowing sentence "In deter service o scribers	mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST /	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter th	ne amount of late payment or underpayment	Interest Assessmen
	x	
Line 2 Multiply	/ line 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply	x days v line 2 by the number of days late and enter the sum here	
Line 4 Multiply	y line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274 y line 3 by 0.00274** and enter here - e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 4 Multiply in space * To view th	/ line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an list below the or	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an list below the ow Owner Address	y line 2 by the number of days late and enter the sum here	
Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an list below the ow	y line 2 by the number of days late and enter the sum here	

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.