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		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	-	
Cable Syste	-	-			coplicsoa@copyright.gov	
, , , , , ,		/		\$	For additional information,	
General instru	uctions	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	BY THIS STATEMENT: (Y	YYY/(Period))		
			L			
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		20192	Barcode Data Filing Period (optiona	II - see instructions)		
		20152				
Accounting Period						
		Instructions:				
_			e cable system. If the owner is a subs	idiary of another corporation, give the full co	rporate title	
В		of the subsidiary, not that of the parent co	prporation.			
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 a	accounting period, only the owner on	the last day of the accounting period should s	submit a	
		single statement of account and royalty fe				
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	038623	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		CEQUEL COMMUNICATIONS LLC				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)		
		SUDDENLINK COMMUNICATIONS		·		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		3015 S SE LOOP 323				
		(Number, street, rural route, apartment, or suite ne	umber)			
		TYLER, TX 75701 (City, town, state, zip)				
	INST		ess or trade names used to ide	ntify the business and operation of the	e system unless these	
C				ne system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		LUTHER LUCKETT CORRE	CTIONAL FACILITY			
		MAILING ADDRESS OF CABLE SYSTEM	:			
	2	(Number, street, rural route, apartment, or suite n	umber)			
	_	(,				
		(City, town, state, zip code)				
Privacy Act Notic	ce: Sectio			he personally identifying information (PII) reque		

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
Name	CEQUEL COMMUNICATIONS LLC	038623
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mol	S.
Area Served	identified city.	olie nome parks should be reported in parentheses below the
	CITY OR TOWN	
First		STATE KY
Community	(LUTHER LUCKETT CORR)	
dd Rows as Necessary		

	1						FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	1					TEM ID
	CEQUEL COMMUNICA	TIONS LLC						03862
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBE	RS AND RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmissi about other services (including provided to the services of the services) about the services of the services of the services (including provided to the services) are services as the services of the servic							
Transmission	last day of the accounting period	, , ,	,		,		ang on the	
Service: Sub-	Number of Subscribers: Bot					able systen	n, broken	
scribers and	down by categories of secondar	•						
Rates	each category by counting the n			•••	•	•	s charged	
	separately for the particular serverse Rate: Give the standard rate of						ge and the	
	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. 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	has rate categ	ories for sec	ondary transmis	sion service that a	re different	from those	
	printed in block 1 (for example,					, .		
	with the number of subscribers a sufficient.	and rates, in th	e right-hand	block. A two- or	three-word descr	ption of the	service is	
		OCK 1				BLOCI	<2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEGORY OF S		NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCRIB			DATEGORY OF 3		SUBSCRIBERS	10411
	Service to first set		0	_				
	Service to additional set(s)		0	0				
	• FM radio (if separate rate)		, in the second s					
	Motel, hotel							
	Commercial		79	42.53				
	Converter			72.00				
	Residential							
	Non-residential							
	Non residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES				
F	In General: Space F calls for ra		,	-	•	•		
I	not covered in space E, that is, the							
Services	service for a single fee. There a furnished at cost or (2) services							
Other Than	amount of the charge and the u							
Secondary	enter only the letters "PP" in the				-		-	
ransmissions:	Block 1: Give the standard ra							
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-			
	brief (two- or three-word) descri		•				c lonn of a	
	CATEGORY OF SERVICE	BLO RATE		Y OF SERVICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	TUTE		: Non-resident		0/1120		TUTL
	• Pay cable	-	• Motel, ł	otel				
	Pay cable—add'l channel	-	• Comme					
	• Fire protection		• Pay cal					
	•Burglar protection			ole-add'l channe				
	Installation: Residential		• Fire pro					
	• First set	_	•	protection				
	Additional set(s)	••••••••	Other serv	•				
			• Reconr					
	• FM radio (if senarate rate)			ect				
	• FM radio (if separate rate)				-			
	 FM radio (if separate rate) Converter 		 Disconr 	nect	-			
	, , ,		• Discon • Outlet r					

				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
lame	CEQUEL COMMUNIC	ATIONS LLC		038623
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-ti ne carriage of certain network progra	me basis under ms [sections
rimary smitters: evision	substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca		
	basis under specific FCC ru	ules, regulations, or authorizations: e in space G—but do list it in space I (tł		
	basis. For further information	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	see page (v) of the general instruction	ons.
	"WETA-2" as the same on	d with a station according to its over-the the form. el number the FCC assigned to the tele		
	of license. For example, W	/RC is channel 4 in Washington, D.C.	-	
		n case whether the station is a network ering the letter "N" (for network), "N-M" (
		, "E" (for noncommercial educational), c		
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		is licensed by the
		dian stations, if any, give the name of the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAVE-1	3	Ν	LOUISVILLE, KY
		·		
	WDRB-1	41	I	LOUISVILLE, KY
lecessary	WDRB-1 WHAS-1	41 11	I N	LOUISVILLE, KY LOUISVILLE, KY
Necessary		n		
ecessary	WHAS-1	11	N	LOUISVILLE, KY
lecessary	WHAS-1 WKMJ-1	11 68	N E	LOUISVILLE, KY LOUISVILLE, KY
ecessary	WHAS-1 WKMJ-1 WKPC-1	11 68 15	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY
Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1	11 68 15 32	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY
Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
s Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
IS Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
s Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
s Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
as Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
as Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
as Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
as Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
as Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
/s as Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN
s as Necessary	WHAS-1 WKMJ-1 WKPC-1 WLKY-1 WMYO-1	11 68 15 32 58	N E E	LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY SALEM, IN

CEQUEL CO	MMUNICA	TIONS	LLC					0386
	every radio s	tation 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 by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright 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 this point, see pa ed by the cable s le station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL OION	AIMOLTIN	0,0		CALL DION	AWOTTW	0/0		

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					038623
	SUBSTITUTE CARRIAG				G			
1		-	-					
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	nge blank. If vour answer i	- "Ves " vouu	must comple	te the proc	
				ige blank. If your answer is	5 103, you i	indst compie	te the prog	jram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Llas abbraviation	- whorever p	oogiblo if the	ir moonin	a io
	clear. If you need more spa				s wherever p		in meaning	J 15
				vision program ("substitute	e program") t	hat. during th	ne account	ina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for furth	er informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			۵/ ۳ <u>0</u> /۱	K I I			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						010001,	
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far prog	romming the	t vour ovotor	NASS FOR	urad
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		,			, and regulat		
								1
						N SUBSTIT		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							-	
							_	
							-	
						-		
							-	
							-	
							-	
						_		
							-	
						_		
			[
							-	
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1					·			+

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		038623
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transit (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,172.30
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 • 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.	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	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
	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		
	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
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> 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 OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 038623
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	8
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephor	e (903) 579-3121
	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) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as 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 her 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)]	ce B; or le system as identified owner of the cable system
	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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	03862
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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. 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.	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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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 Assessment
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 Assessment
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 Assessment

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