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

for Secondary T Cable Systems General instruction in the first tab of th	Is are located is workbook COUNTING PERIOD COVERED I 2019/2 20192 Instructions:	Period 1 = January 1 - June 30 Barcode Data Filing Period (option	Period 2 = July 1 - December 31	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
General instruction in the first tab of the Accounting Period B	Is are located is workbook COUNTING PERIOD COVERED I 2019/2 20192 Instructions: Give the full legal name of the owner of th	BY THIS STATEMENT: (* Period 1 = January 1 - June 30	ALLOCATION NUMBER YYYY/(Period)) Period 2 = July 1 - December 31	For additional information, contact the U.S. Copyright Office Licensing Division at:
Accounting Period B	2019/2 20192 Instructions: Give the full legal name of the owner of th	Period 1 = January 1 - June 30 Barcode Data Filing Period (option	Period 2 = July 1 - December 31	
Period	20192 Instructions: Give the full legal name of the owner of th	Barcode Data Filing Period (option		
Period	Instructions: Give the full legal name of the owner of th		nal - see instructions)	
_	Give the full legal name of the owner of th	he cable system. If the owner is a su		
Owner			bsidiary of another corporation, give the full co	rporate title
_	single statement of account and royalty fe	accounting period, only the owner o ee payment covering the entire acco	n the last day of the accounting period should s unting period.	submit a 040675
	Check here if this is the system's first filing			
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTE	M	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	NT)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite n	number)		
	TYLER, TX 75701 (City, town, state, zip)			
	TRUCTIONS: In line 1, give any busin	ness or trade names used to id	entify the business and operation of the	e system unless these
		2, give the mailing address of	the system, if different from the address	s given in space B.
System 1	IDENTIFICATION OF CABLE SYSTEM:			
	LIMON CORRECTIONAL FA			
2	(Number, street, rural route, apartment, or suite n	number)		
	(City, town, state, zip code)			

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	040675
	Instructions: List each separate community served by the cable system. A "comm	nunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporate	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	5.
<b>A</b> == = =	Note: Entities and properties such as hotels, apartments, condominiums, or mole	ile home parks should be reported in parentheses below the
Area Served	identified city.	
Served		
	CITY OR TOWN	STATE
First	LIMON	CO
Community	(LIMON CORR)	
<b>,</b>		
d Rows as Necessary		
	r	

	LEGAL NAME OF OWNER OF C							FORM SA1		
Name			:					313	04067	
									• • • • •	
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES					
E	In General: The information in s									
Secondary	system, that is, the retransmissi about other services (including p									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Bot						ble system	, broken		
scribers and	down by categories of secondar									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).									
	Rate: Give the standard rate of							re and the		
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc	· ·	,		5					
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity			-		-				
	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 the	e right-ha	and block. A to	vo- or thre	e-word descript	ion of the s	service is		
		OCK 1					BLOCK	(2		
		NO. OF		DATE	0.4.7		N//OF	NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Service to first set		0							
			0	-					•	
	Service to additional set(s)		v	0					•	
	• FM radio (if separate rate)								•	
	Motel, hotel		24	40.50					•	
	Commercial		24	42.53					•	
	Converter     Residential									
									•	
	Non-residential									
	SERVICES OTHER THAN SEC		NSMISS		s					
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t	those services	that are	not offered in	combinatio	on with any seco	ondary tran	Ismission		
<b>.</b> .	service for a single fee. There a		,		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		usualiy	nieu. Il ally la	ales are ci	laiged on a van	able pei-pi	ogram basis,		
ransmissions:	Block 1: Give the standard ra		he cable	system for ea	ach of the	applicable servi	ces listed.			
Rates	Block 2: List any services that	• •			-	• •				
	listed in block 1 and for which a				ished. List	these other ser	vices in the	e form of a		
		1								
	brief (two- or three-word) descrip									
	briet (two- or three-word) descri	BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE	
		1	CATEG	DRY OF SER ion: Non-res		RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	1	CATEG Installa • Mote	<b>ion: Non-res</b> I, hotel		RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEG Installa • Mote • Corr	<b>ion: Non-res</b> el, hotel mercial		RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	CATEG Installa • Mote	<b>ion: Non-res</b> el, hotel mercial		RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEG Installa • Mote • Com • Pay	<b>ion: Non-res</b> el, hotel mercial	idential	RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	CATEG Installa • Mote • Com • Pay • Pay	<b>ion: Non-res</b> I, hotel mercial cable	idential	RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	1	CATEG Installar • Mote • Com • Pay • Pay • Fire	<b>ion: Non-res</b> II, hotel mercial cable cable-add'l ch	<b>idential</b> nannel	RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	1	CATEG Installar • Mote • Com • Pay • Pay • Fire	ion: Non-res II, hotel mercial cable cable-add'l ch protection lar protection	<b>idential</b> nannel	RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	1	CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg Other s	ion: Non-res II, hotel mercial cable cable-add'l ch protection lar protection	<b>idential</b> nannel	RATE	CATEGO		RATI	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection ervices:	<b>idential</b> nannel	RATE	CATEGO		RATI	
	CATEGORY OF SERVICE 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)	1	CATEG Installar • Mote • Com • Pay • Pay • Fire • Burç Other s • Reco • Disc	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	<b>idential</b> nannel	RATE	CATEGO		RATE	

counting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		040675
G Primary Transmitters: Television	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, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (f 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 d with a station according to its over-th	t (1) stations carried only on a part-ti- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- the Special Statement and Program I ed 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- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	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
	KBDI-1	12	E	DENVER, CO
	KCEC-1	14	I	DENVER, CO
ows as Necessary	KCNC-1	4	N	DENVER, CO
	KDVR-1	31	I	DENVER, CO
	KMGH-1	7	N	DENVER, CO
	KUSA-1	9	N	DENVER, CO

EGAL NAME OF								SYSTEM 0400
	every radio s	tation ca	arried on a separate and discr 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: If ignal, indicate	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	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 k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					040675
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	tion, that vo	our cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	aa blank lf vour answar i	с "Voc " уоц и	- must.comp	-	
	-	, leave life	rescortins pa	age blarik. Il your allswer i	s res, your	musi comp	iele li le pi di	yrann
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa					,		9
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			Liet op oon o progre		oxampio, i	2010 2009	01
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which the			the FCC or,	IN
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi		, ,		1 5 -		,	
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0 <sup>.</sup>	1:15 p.m. to 6	5:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	em was <i>requ</i>	uired
	to delete under FCC rules							
	was substituted for program	nming that						0
	effect on October 19, 1976	•						
					WHE	N SUBST		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
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								1
		•		1		•		1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 040675
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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.	nission servic∉ amount, se	,164.46
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 th accounting period is \$52.00		50.00
	Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		52.00
	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 \$527,6	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	1 310 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u> </u>	
	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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register on See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables at the paper SA1-2 form and the Excel instructions tab for more tables at tables a		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040675
<b>M</b> 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         on which the cable system carried television broadcast stations and nonbroadcast services	6
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(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)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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 a partner (if a partnership) of the legal entity identified as or in line 1 of space B.</li> <li>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)]</li> <li>K /s/ Alan Dannenbaum</li> <li>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> </ul>	B; or system as identified wner of the cable system
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING	
	(Title of official position held in corporation or partnership) 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
QUEL COMMUNICATIONS LLC	0406
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>Y ES. Enter the total here and list the satellite carrier(s) below</li></ul>	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
	Q Interest Assessme
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 Assessme
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 Assessme
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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 

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