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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	-
General instru	ems (Short Form) ctions are located of this workbook	02/28/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	20192	Barcode Data Filing Period (optiona	I - see instructions)	
	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 co	rporate title
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	submit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	061475
	LEGAL NAME OF OWNER/MAILING	G 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	umber)		
	TYLER, TX 75701 (City, town, state, zip)			
<u> </u>	INSTRUCTIONS: In line 1, give any busin	ess or trade names used to ider	ntify the business and operation of the	e system unless these
С	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	s given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM: RETREAT STATE CORRECT	TIONAL INSTITUTION		
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite n			
		umber)		
	(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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	061475
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
		STATE
First Community	HUNLOCK CREEK (RETREAT SCI)	
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C								SA1-2E. PA
Name								3	0614
		HONS LLC							
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIB	ERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Bot						ole system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n	•	,	0,0				charged	
	separately for the particular serv Rate: Give the standard rate of							e 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	-		•					
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in the	e right-har	nd block. A ty	vo- or thre	e-word descript	on of the s	ervice is	
		OCK 1					BLOCK	2	
		NO. OF		DATE	0.4.7		N//OF	NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	VICE	SUBSCRIBER	S RA
	Service to first set		0						
			0	-					
	Service to additional set(s)		v	0					
	• FM radio (if separate rate)								
	Motel, hotel		245	40.50					
	Commercial		215	42.53					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSI		s				
_	In General: Space F calls for ra					Il your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t	those services	that are n	ot offered in	combinatio	on with any seco	ondary tran	smission	
	service for a single fee. There an				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		usually b	lieu. Il ally la	ites are cr	larged on a van	able per-pi	ografii basis,	
ransmissions:	Block 1: Give the standard rate		he cable s	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-				
Rates			e was ma	de or establi	الممطم	these other ser	vices in the	form of a	
nutes	listed in block 1 and for which a				snea. Lisi				
Rates	listed in block 1 and for which a brief (two- or three-word) descrip				shed. List		1		
Ruco			de the rate		sned. List			BLOCK 2	
Ruco	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	de the rate			RATE	CATEGO	BLOCK 2 ORY OF SERVIO	CE RA
Null S	brief (two- or three-word) descrip	ption and inclue BLO	de the rate CK 1 CATEGO	for each.	VICE		CATEGO		CE RA
, and a	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue BLO	de the rate CK 1 CATEGO	r for each. RY OF SER on: Non-res	VICE		CATEGO		CE RA
, allo	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	de the rate CK 1 CATEGO Installati	r for each. RY OF SER on: Non-res	VICE		CATEGO		CE RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel	RY OF SER on: Non-res , hotel nercial	VICE		CATEGO		CE RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c	RY OF SER on: Non-res , hotel nercial	VICE idential		CATEGO		CE RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c	RY OF SER DR: Non-res , hotel nercial able	VICE idential		CATEGO		CE RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p	RY OF SER RY OF SER on: Non-res , hotel hercial able able-add'l ch	VICE idential		CATEGO		CE RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p	RY OF SER on: Non-res , hotel hercial able able-add'l ch rotection ar protection	VICE idential		CATEGO		CE RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgla	RY OF SER on: Non-res , hotel able able-add'l ch rotection ar protection rvices:	VICE idential		CATEGO		CE RA
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgla Other se	RY OF SER DN: Non-res hotel hercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential		CATEGO		CE RA
	brief (two- or three-word) descrip 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)	ption and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgla Other se • Recol • Disco	RY OF SER DN: Non-res hotel hercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential		CATEGO		CE RA

	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II
	CEQUEL COMMUNIC	ATIONS LLC		06147
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, at Substitute Basis Stations 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 Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	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 eles, 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 in concerning substitute basis stations of call sign. <i>Do not</i> report origination d with a station according to its over-th he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	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 ad both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a	levision stations) ime basis under ims [sections itions carried on a postitute program _og)—if the o on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station the community with which the station	onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE-1	28	N	WILKES BARRE, PA
	WNEP-1	16	N	SCRANTON, PA
d Rows as Necessary	WOLF-1	56	I	HAZLETON, PA
	WSWB-1	38	I	SCRANTON, PA
	WVIA-1	44	E	SCRANTON, PA
				, , , , , , , , , , , , , , , , , , ,
	WYOU-1	22	N	SCRANTON, PA
	WYOU-1	22	N	
	WYOU-1	22	N	
	WYOU-1	22	N	
	WYOU-1	22	N	
	WYOU-1	22	N	
	WYOU-1	22	N	
		22		
		22		
		22		
		22		
		22		

EGAL NAME OF								SYSTEM 0614
	t every radio s	station 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 prmation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be receint the Co sign of e the 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 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 th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during co 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
lexican or Can			the community with which the	station is identifi		0 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2019/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061475
	SUBSTITUTE CARRIAG							
1		-	-			tion that you	, and la sur	town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general in		ie paper e	
Special		-				activark tala	ision prog	rom
Statement and	During the accounting per	-	ui cable syster	in carry, on a substitute ba	sis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				program") t	hat during th		ina
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	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.			() / NO() · · · · ·				
				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						,	
	Column 5: Give the more	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ned by a system from 6.01	: 15 p.m. to c	.28:30 p.m.	snould be	
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulat	ions in	
	effect on October 19, 1976	•						
					WHE	N SUBSTIT	UTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	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 -	- то	
						_		
						_		
							-	
						-		
						_		
							-	
						_		
						_		
1				I				1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 061475
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 transi (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	,740.94
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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: 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 more than the the second secon		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061475
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	6 44
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 Telephone	(903) 579-3121
O Certification	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulte 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) • 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 on in line 1 of space B.	B; or system as identified
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereis 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)]	n

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06147
 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 Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	
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
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