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:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
General instru	ems (Short Form) uctions 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	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period	20192	Barcode Data Filing Period (optiona	i - see instructions)		
B Owner	of the subsidiary, not that of the parent c	orporation.	idiary of another corporation, give the full co	rporate title	
	List any other name or names under which If there were different owners during the single statement of account and royalty for Check here if this is the system's first filin	accounting period, only the owner on ee payment covering the entire accour	the last day of the accounting period should sting period.	submit a	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER OF	F 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 r	number)			
	City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:	, , , , , , , , , , , , , , , , , , , ,	,	5 1	
-	1 COAL TOWNSHIP STATE	CORRECTIONAL INSTITU	ITION		
	MAILING ADDRESS OF CABLE SYSTEM	<b>/</b> :			
	2 (Number, street, rural route, apartment, or suite r	number)			
	(City, town, state, zip code)				
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code at	uthorizes the Copyright Offce to collect t	he personally identifying information (PII) requ	ested on this	

rrvacy Act Nouce: Section 111 or tute 17 or 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06243
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorpo	
-	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future f	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	COAL TOWNSHIP	PA
Community	(COAL TOWNSHIP SCI)	
d Rows as Necessary		
,		

	T								1-2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SY	
	CEQUEL COMMUNICAT	TIONS LLC							06243
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRII	BERS 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	<i>,</i> , ,	,		,		HUSE EXIS	ing on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular service			0,0				charged	
	<b>Rate:</b> 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					d in the count ur	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	different f	rom these	
	printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.		U		•				
	BLO	OCK 1 NO. OF					BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		429	42.53					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscrib	per) infor	mation with re	espect to a	all your cable sys	tem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a	• •			-				
		1 0	•		2.00				
	brief (two- or three-word) descrip								
			CK 1					BLOCK 2	
		BLO		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVIC	E RATE
	brief (two- or three-word) descrip	BLO	CATEG			RATE	CATEGO		E RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CATEG Installa	ORY OF SER		RATE	CATEGO		E RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CATEG Installa • Mote	ORY OF SER tion: Non-res		RATE	CATEGO		E RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEG Installa • Mote • Com	ORY OF SER t <b>ion: Non-res</b> el, hotel		RATE	CATEGO		E RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEG Installa • Mote • Con • Pay	ORY OF SER t <b>ion: Non-res</b> el, hotel imercial	idential	RATE	CATEGO		E RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEG Installa • Moto • Com • Pay • Pay	ORY OF SER tion: Non-res el, hotel imercial cable	idential	RATE	CATEGO		ERATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLO	CATEG Installa • Moto • Con • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel imercial cable cable	<b>idential</b>	RATE	CATEGO		E RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	<b>idential</b>	RATE	CATEGO		E RATE
	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	BLO	CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	<b>idential</b>	RATE	CATEGO		E RATE
	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)	BLO	CATEG Installa • Moto • Corr • Pay • Pay • Fire • Burç Other s • Rec	ORY OF SER tion: Non-res el, hotel imercial cable cable-add'l ch protection glar protection ervices:	<b>idential</b>	RATE	CATEGO		ERATI
	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)	BLO	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection glar protection ervices: ponnect	<b>idential</b>	RATE	CATEGO		ERATE

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		062433
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 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 information <b>Column 1:</b> List each station	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: this pace G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Loved both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each
	"WETA-2" as the same on the <b>Column 2:</b> Give the channer of license. For example, WE <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is the community with which the station i	ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	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	Ν	SCRANTON, PA
Rows as Necessary	WOLF-1	56	I	HAZLETON, PA
	WSWB-1	38	I	SCRANTON, PA
	WVIA-1	44	E	SCRANTON, PA
	WYOU-1	22	Ν	SCRANTON, PA

EGAL NAME OF								SYSTEM 0624
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in 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 abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 his 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 leneral 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	
0.122 01011		0,5		0.112 0.011		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					062433
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you	r coblo ava	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			sis anv non	network telev	ision nroa	ram
Statement and		-		n ouny, on a substitute ba	515, any 11611			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	o ECC or	in
	the case of Mexican or Car							111
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				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."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour systen	n was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							- <u>-</u>
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
					·			
						_		
							-	
						_		
							-	
						_		
							-	
							-	
							-	
						_	-	
						_		
								1
							-	
1		1	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# 062433
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 trans (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	,539.64
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		
	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 me		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062433
<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 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 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) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul>	
	<ul> <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</li> <li>X (Officer or partner) I am an officer (if a corporation) 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> </ul>	system as identified wner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2020	

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unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	06243
<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:</li> <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> <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>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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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