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	ENT	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste			DATE RECEIVED		coplicsoa@copyright.gov
General instru			00/00/0000	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook	02/28/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
in the net tab		Workbook			-
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	/YY/(Period))	
			_		
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
		20192	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of the	he cable system.	
		If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should s ing period.	submit a
					062596
		Check here if this is the system's first filing	. If not, enter the system's 1D number a	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))	
		SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF			
		3015 S SE LOOP 323			
		(Number, street, rural route, apartment, or suite n	umber)		
		City, town, state, zip)			
С				tify the business and operation of the	
	name	1	2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		FOREST STATE CORRECT MAILING ADDRESS OF CABLE SYSTEM			
		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	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Humo	CEQUEL COMMUNICATIONS LLC	062590
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincor	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all futur	
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	MARIONVILLE	PA
Community	(FOREST SCI)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								A1-2E. PAG
Name								5	0625
Е	SECONDARY TRANSMISSION					u transmission (onvice of t	ha aabla	
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv	•	,	0 , (chargeu	
	Rate: Give the standard rate of							je and the	
	unit in which it is generally billed	· ·	,		ny standa	rd rate variation	s within a p	particular rate	
	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	should be cou	nted as a	subscriber in	each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					d in the count ur	der "Servi	ce to the	
	first set" and would be counted o					sonvice that are	difforont f	rom those	
	Block 2: If your cable system printed in block 1 (for example, t	-							
	with the number of subscribers a						,.		
	sufficient.	,	0			•			
	BLC	OCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBER	RAT
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		440	42.53					
	Converter								
	Residential								
	 Non-residential 								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is, t								
	service for a single fee. There a		,		0		0()		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually b	illed. If any ra	tes are cr	harged on a vari	able per-pi	ogram basis,	
ransmissions:	Block 1: Give the standard ra		he cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-				
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
		ntion and inclu	de the rate	e for each.			1		
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE		CATEGO	RY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVIC	E RAT
	CATEGORY OF SERVICE Continuing Services:	BLO	CATEGO	on: Non-res		RATE	CATEGO		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEGO Installat • Mote	on: Non-res , hotel		RATE	CATEGO		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEGO Installat • Mote • Com	on: Non-res , hotel nercial		RATE	CATEGO		CE RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEGO Installati • Mote • Com • Pay o	on: Non-res , hotel nercial able	dential	RATE	CATEGO		CE RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO	CATEGC Installati • Mote • Comi • Pay o	on: Non-res , hotel nercial able able-add'l ch	dential	RATE	CATEGO		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CATEGO Installati • Mote • Comi • Pay o • Pay o • Fire p	on: Non-res , hotel nercial able able-add'l ch protection	dential	RATE	CATEGO		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CATEGO Installati • Mote • Comi • Pay o • Pay o • Fire p • Burg	on: Non-res , hotel nercial able able-add'l ch rotection ar protection	dential	RATE	CATEGO		CE RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEGO Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgi Other se	on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices:	dential	RATE	CATEGO		E RAT
	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	CATEGC Installat • Mote • Com • Pay o • Pay o • Fire p • Burg Other se	on: Non-res , hotel nercial able able-add'l ch protection ar protection rvices: nnect	dential	RATE	CATEGO		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEGC Installati • Mote • Comm • Pay o • Pay o • Fire p • Burg Other se • Recco • Disco	on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect nnect	dential	RATE	CATEGO		E RAT
	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	CATEGC Installat • Mote • Com • Pay o • Pay o • Fire p • Burg Other se • Reco • Disco • Outle	on: Non-res , hotel nercial able able-add'l ch protection ar protection rvices: nnect	dential annel	RATE	CATEGO		E RAT

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			062596
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 the Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, except in effect on June 24, 1981, permitting f)(2) and (4), or 76.63 (referring to 76.0 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (in a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the he form. In umber 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 instri- n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ad both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a fulfor independent (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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
	KDKA-1	2	N	PITTSBURGH, PA
	WKBS-1	47	l	ALTOONA, PA
ws as Necessary	WPCW-1	19	I	PITTSBURGH, PA
	WPGH-1	53	I	PITTSBURGH, PA
	WPXI-1	11	Ν	PITTSBURGH, PA
	WQED-1	13	E	PITTSBURGH, PA
	WTAE-1	4	Ν	PITTSBURGH, PA

	MMUNICA		YSTEM: LLC					SYSTEM 062
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i 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 about rm. dentify the call tate whether t the radio stat this by placing	y the sys be recei it the Cc sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem 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 pay his point, see pay ed by the cable s	adend, and (2 enna, during ca ge (v) of the g) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	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	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					062596
	SUBSTITUTE CARRIAG				G			
1		-	-			tion that you		tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			eie anv non	notwork tolow	vision prog	ram
Statement and		-	ui cable syster	in carry, on a substitute ba	515, 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	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI					:		
	In General: List each subs clear. If you need more spa				s wnerever p	ossible, if the	eir meaning	g is
				vision program ("substitute	e program") t	hat during th	ne account	ina
	period, was broadcast by a							
	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.		depart live ant	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi					1.10.0		. (.)
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system nom 0.01	. 15 p.m. to c	.20.00 p.m.		
		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							ogram
	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	CARRI	AGE OCCU	RRED	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 -	- TO	
						_		
							-	
						_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 062596
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	, <mark>199.76</mark>
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 1 • 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	<u> </u>	
	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 #		
	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# 062596
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	7 45
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
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (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)	system as identified vner of the cable system
	Date: 02/18/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06259
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 ad lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to set For more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? X NO 	the basic ot include sub- ection 119." Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	SA1-2 form.
	SA1-2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	SA1-2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	A1-2 form. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	A1-2 form. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Q Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Q Interest Assessment days
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	Al-2 form. Interest Assessment days 0.00274 est charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	Al-2 form. Interest Assessme days 0.00274 est charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessme days days 0.00274 est charge) istance please Office, please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. Interest Assessme days days 0.00274 est charge) istance please Office, please
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