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

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	2/26/2020	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CANBY TELEPHONE ASSOCIATION BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 1189 (Number, street, rural route, apartment, or suite number)
		MT ANGEL OR 97362 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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 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	CANBY TELEPHONE ASSOCIATION	62618
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known illings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CANBY	OR
Community	ากการการการการการการการการการการการการกา	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CANBY TELEPHONE AS	SOCIATIO	N						6261
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCR	IBERS AND R	ATES				
E	In General: The information in s		-	-	-	y transmission s	ervice of th	e cable	
_	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu	umber of billing	in tha	at category (the	number o	f persons or org	anizations		
	separately for the particular servi							a and the	
	Rate: Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for adv	ance payment.	iny standa		s within a p		
	Block 1: In the left-hand block	in space E, the	e form l	lists the catego					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h	-		•					
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-l	hand block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		1,469	40.92/MTH		's choice/ez	/ideo	928	77.5
	 Service to additional set(s) 		198	5/10.00 MTH	HD DVI	R		185	15.0
	 FM radio (if separate rate) 				SD DV			86	10.0
	Motel, hotel				WHOLE	E HOME HD	DVR	97	17.0
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
E	In General: Space F calls for rat					I your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the					,	,		
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-			-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				Shou. List				
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable		• Mo	otel, hotel			НВО		17.0
	Pay cable—add'l channel		• Co	ommercial			CINEM	٩X	17.0
	Fire protection		•Pa	y cable			SHOWT	TIME/TMC	17.0
	•Burglar protection		• Pa	y cable-add'l ch	nannel		STARZ	ENCORE	15.0
	Installation: Residential		• Fir	e protection			LATIN I	ESSENTIALS	7.0
	• First set		• Bu	irglar protection	I				
	 Additional set(s) 	45.00	Other	services:			PAY PE	R VIEW	Ρ
		P				10.00			1
	• FM radio (if separate rate)		• Re	econnect		10.00			
	()	9.95		econnect sconnect		10.00			
	• FM radio (if separate rate)	9.95	• Dis			25.00			

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	CANBY TELEPHONE	ASSOCIATION		62
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ento (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progr I(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κδτιι	2		PORTI AND OR
	KATU KRCW	2	I	PORTLAND OR PORTLAND OR
is as Necessary	KRCW	2 3 6	I I N	PORTLAND OR PORTLAND OR PORTLAND OR
's as Necessary		3	I I N N	PORTLAND OR
s as Necessary	KRCW KOIN	3 6		PORTLAND OR PORTLAND OR
as Necessary	KRCW KOIN KGW	3 6 8	N	PORTLAND OR PORTLAND OR PORTLAND OR
as Necessary	KRCW KOIN KGW KOPB	3 6 8 10 12	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR
as Necessary	KRCW KOIN KGW KOPB KPTV KPDX	3 6 8 10	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA
as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP	3 6 8 10 12 13	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR
ıs Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
; as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP	3 6 8 10 12 13 16	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR
s as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
s as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
s as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
vs as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
is as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
vs as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
ws as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
wws as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
ows as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
wws as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR
ows as Necessary	KRCW KOIN KGW KOPB KPTV KPDX KUNP KPXG	3 6 8 10 12 13 16 22	N	PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR PORTLAND OR VANCOUVER WA LAGRANDE OR SALEM OR

								SYSTEM ID
CANBY TEL	EPHONE A	5500	ATION					626
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	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 a mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AN4 or 514	- -			ANA an ENA	C/D		
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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CANBY TELEPHONE A	ASSOCIA	TION					62618
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	a distant stat	ion. that vour ca	able svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the p	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisior	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mι	ist complete th	ne progran	n
	log in block 2.			·	·			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa			sion program ("substitute	program") tha	t during the ac	ccounting	
	period, was broadcast by a							ion
	under certain FCC rules, re							1.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. snot	ud be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	na regulations	in	
					11			
						N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	6. TIME		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						<u></u>		
						_		
						_		
						_		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CANBY TELEPHONE ASSOCIATION	62618
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service ount, see
_	COPYRIGHT ROYALTY FEE	
L 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 \$263 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	3,800
	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 this accounting period is \$52.00	s six-mon
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100	
	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	
	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 \$527,60	00)
	1. Enter the amount of gross receipts from space K \$ 438,204.55	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,744.05
	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 \$	3,063.05
	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)	3,063.05
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	3,083.05
	EFT Trace # or TRANSACTION ID # 26NQR53Q	
	Important: Your remittance must be in the form of an electronic payment payable to the Register c See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mor	

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: EPHONE ASSOCIATION			SYSTEM ID# 62618
M Channels	to its subscribe	ers, and (2) the cable system's t tal number of channels on which	otal numb n the cabl	s on which the cable system carried television broadcast station per of activated channels during the accounting period. e	ıs 10
	on which the	tal number of activated channel cable system carried television dcast services	broadcas	st stations	188
N Individual to Be Contacted		TO BE CONTACTED IF FURTH t about this statement of accourt		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	DIANE ORI		Telepho	ne 503 845-4442
	Address	PO BOX 1189 (Number, street, rural route, apart	ment, or su	ite number)	
		MT ANGEL OR 97362 (City, town, state, zip)	2		
	Email	dori@cbsorego	n.com	Fax (optional) 503 845-	1445
O Certification	I, the undersig (Ow (Age	ned, hereby certify that (Check or	ne, but on artnershi tion or pa	p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable	e B; or
	• I have examin are true, compl	in line 1 of space B. ed the statement of account and	nereby de	ation) or a partner (if a partnership) of the legal entity identified as c clare under penalty of law that all statements of fact contained here e, information, and belief, and are made in good faith.	
				/s/Paul Hauer electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed	name:	Paul Hauer	
		Title: (Title of c	Presic	Jent on held in corporation or partnership)	
		Date:		2/26/2020	
			4	e Copyright Office to collect the personally identifying information (PI	

Firvacy 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 the 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 telephol 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 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 t 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

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
IBY TELEPHONE ASSOCIATION	626
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	P Special Statemen Concerning Gros Receipts Exclusio
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	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
x	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - - x days Line 3 Multiply line 2 by the number of days late and enter the sum here -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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