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	HT 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>
General instructions are located in the first tab of this workbook	01/21/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	63018
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Northeast Missouri Rural Telephone	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 98 718 S West St (Number, street, rural route, apartment, or suite number)	
		Green City, MO 63545-0098 (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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	

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.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Northeast Missouri Rural Telephone	63(
-	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated c	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	known as the "first community." Please use it as the first community on all future fi	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the
Served	laentinea city.	
	CITY OR TOWN	STATE
Firef	Green City	MO
First Community	Arbela	MO
Community		
	Granger	MO
Rows as Necessary	Luray	MO
	Memphis	MO
	Novinger	MO
	Green Castle	MO
	Livonia	МО
	Unionville	МО
	Queen City	MO

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:				FORM SA1	
Name	Northeast Missouri Rur		e			010	6301
			•				
Е	SECONDARY TRANSMISSION			-			
-	In General: The information in s system, that is, the retransmission						
Secondary	about other services (including p						
Transmission	last day of the accounting period					g	
Service: Sub-	Number of Subscribers: Both	•					
scribers and	down by categories of secondary						
Rates	each category by counting the n separately for the particular serv					lions charged	
	Rate: Give the standard rate of					charge and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth"). Summariz	e any standard rat			
	category, but do not include disc						
	Block 1: In the left-hand block systems most commonly provide						
	that applies to your system. Note						
	categories, that person or entity						
	subscriber who pays extra for ca	able service to a	additional sets wou	ld be included in th			
	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.						
	BLO	OCK 1			BL	OCK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATEGO	RY OF SERVIC	NO. OF E SUBSCRIBERS	RAT
	Residential:						
	 Service to first set 		1,402 37.0	4			
	 Service to additional set(s) 						
	 FM radio (if separate rate) 						
	Motel, hotel						
	Commercial						
	Converter						
	Residential						
	 Non-residential 						
_	SERVICES OTHER THAN SEC In General: Space F calls for rate				r cable system's	services that were	
F	not covered in space E, that is, t	`	,				
	service for a single fee. There ar	re two exceptio	ns: you do not nee	d to give rate inforr	nation concernin	ng (1) services	
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 billed. If an	y rates are charge	d on a variable p	er-program basis,	
ransmissions:	Block 1: Give the standard rat		he cable system fo	r each of the applic	able services lis	sted.	
Rates	Block 2: List any services that	t your cable sys	stem furnished or o	ffered during the a	ccounting period	that were not	
	listed in block 1 and for which a				e other services	in the form of a	
	brief (two- or three-word) descrip	otion and includ	le the rate for each				
		BLO				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S		RATE CA	TEGORY OF SERVICE	RAT
	Continuing Services:	07.50	Installation: Non-	residential			
	• Pay cable	97.58	• Motel, hotel				
	Pay cable—add'l channel Fire methods		Commercial		29.95		
	Fire protection Purgler protection		• Pay cable	'l obonnol			
	•Burglar protection		Pay cable-add				
	Installation: Residential	20.05	Fire protection				
	First set Additional set(s)	29.95	Burglar protec				
	Additional set(s) EM radio (if concrete rate)	5.95	Other services:		20.05		
	• FM radio (if separate rate)		Reconnect		29.95		
	• Converter						
	Converter		Disconnect		20.00		
	• Converter		Outlet relocation Move to new a		30.00 29.95		

	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM II
	Northeast Missouri F	Rural Telephone		630 [,]
_	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carrier on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain si arried by your cable system on a si he Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ational multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСРТ	19		Kansas City, MO
	KMCI	38		Kansas City, MO
vs as Necessary	KTVO	3	N	Kirksville, MO
	WGEM	10	Ν	Quincy, IL
	WGEM	18	<u>N</u>	Quincy, IL
	KDIN	5	E	Des Moines, IA
	KDIN KTVO	5	E N	Des Moines, IA Kirksville, MO
	KDIN	5	E	Des Moines, IA
	KDIN KTVO	5	E N	Des Moines, IA Kirksville, MO
	KDIN KTVO KDIN PBS	5 2 11	E N E	Des Moines, IA Kirksville, MO Ottumwa, IA
	KDIN KTVO KDIN PBS KYOU	5 2 11 15	E N E N	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA
	KDIN KTVO KDIN PBS KYOU KYOU	5 2 11 15 8	E N E N N	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA
	KDIN KTVO KDIN PBS KYOU KYOU KYOU CW	5 2 11 15 8 13	E N E N N N	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA
	KDIN KTVO KDIN PBS KYOU KYOU KYOU Grit	5 2 11 15 8 13 17	E N E N N N N	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA
	KDIN KTVO KDIN PBS KYOU KYOU KYOU CW Grit Comet	5 2 11 15 8 13 17 21	E N E N N N N N	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO
	KDIN KTVO KDIN PBS KYOU KYOU KYOU CW Grit Comet WGEM	5 2 11 15 8 13 17 21 18	E N E N N N N N N N	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Quincy, IL
	KDIN KTVO KDIN PBS KYOU KYOU KYOU CW Grit Comet WGEM KDIN PBS Kids	5 2 11 15 8 13 17 21 18 12	E N E N N N N N N E	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Quincy, IL Des Moines, IA
	KDIN KTVO KDIN PBS KYOU KYOU KYOU CW Grit Comet WGEM KDIN PBS Kids KDIN PBS World	5 2 11 15 8 13 17 21 18 12 5	E N N N N N N N N E E E	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Quincy, IL Des Moines, IA Des Moines, IA
	KDIN KTVO KDIN PBS KYOU KYOU KYOU CW Grit Comet WGEM KDIN PBS Kids KDIN PBS World	5 2 11 15 8 13 17 21 18 12 5	E N N N N N N N N E E	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Quincy, IL Des Moines, IA Des Moines, IA
	KDIN KTVO KDIN PBS KYOU KYOU KYOU CW Grit Comet WGEM KDIN PBS Kids KDIN PBS World	5 2 11 15 8 13 17 21 18 12 5	E N N N N N N N N E E	Des Moines, IA Kirksville, MO Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Ottumwa, IA Kirksville, MO Quincy, IL Des Moines, IA Des Moines, IA

EGAL NAME O								SYSTEM I 630
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the cal tate whether the radio stat this by placin Sive the statio	by the sy be rece ut the C I sign of the stati tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations of each station carried. on is AM or FM. gnal was electronically proces k mark in the "S/D" column. ion (the community to which the community with which the	at the system's h e system's FM ar n this point, see p ssed by the cable the station is lice	neadend, and intenna, during page (v) of the e system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or EM	e/D	LOCATION OF STATION	CALL SIGN		e/n	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LUCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Northeast Missouri Ru	ral Telepl	hone					63018
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion. that vou	ır cable svste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm	ng that mus	t be included in	this log, see page (v) of th	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	<u>sion</u> program	1 <u></u>
Program Log	broadcast by a distant stat	ion?					YES	XNO
r rogram Eog	Note: If your answer is "No"	leave the	rest of this pag	e blank If your answer is	"Vee " vou mi	et complete	-	-
		, leave life	rest of this pay	e blank. Il your answer is	res, you mu		e the program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if thei	r meaning is	
	clear. If you need more space				•	,	5	
	Column 1: Give the title							
	period, was broadcast by a under certain FCC rules, reg							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."					,	
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa	sign of the s	station broadca	sting the substitute progra	am. Istation is lico	neod by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your syst	tem carried the substitute	program. Use	numerals,	with the mor	ith
	first. Example: for May 7 giv							
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	noula be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	er FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	_
							_	
			1		-			
			+					
			+		-			
			+				<u> </u>	
							_	
							_	
			L					
							_	
			+					
							_	
			+					
			L					
							_	
			T					
			+					
					-			

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Northeast Missouri Rural Telephone	63018
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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.	service
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 \$263,80 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	0
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six accounting period is \$52.00 Line 1. Royalty fee for accounting period	-mon
	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 \$527,600)	
	1. Enter the amount of gross receipts from space K \$ 319,137.00	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
		<u>3.37</u>
		9.00
	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	1,872.37
	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) \$ 1,87	2.37
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	1,892.37
	EFT Trace # or TRANSACTION ID # 75933564507	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more int	

	2019/2		FORM SA1-2E. PAGE 7.
Name		OF OWNER OF CABLE SYSTEM: Iissouri Rural Telephone	SYSTEM ID# 63018
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	17
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	207
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Denise Cowan Telephone 660-87	74-4111
	Address	718 S West St (Number, street, rural route, apartment, or suite number) Green City, MO 63545 (City, town, state, zip)	
	Email	denise@nemr.net Fax (optional) 660-874-4100	
O Certification	I, the undersite (Ow X (Ag (Of I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or rent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		X /s/Denise Cowan 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: Denise Cowan	
		Title: Customer Service Rep (Title of official position held in corporation or partnership)	
		Date: 01/21/2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 telephon 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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

ounting Period: 2019/2			FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM I
theast Missouri Rural Telephone			6301
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS E. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(lowing sentence: "In determining the total number of subscribers and the gross amoun service of providing secondary transmissions of primary broadcast trascribers and amounts collected from subscribers receiving secondary. For more information on when to exclude these amounts, see the note on palocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of made by satellite carriers to satellite dish owners? 	A), of the Copyright Act by addin ts paid to the cable system for th ansmitters, the system shall not i r transmissions pursuant to section age (vii) of the general instruction	e basic nclude sub- on 119." Is	P Special Statement Concerning Gross Receipts Exclusion
NO	¢		
YES. Enter the total here and list the satellite carrier(s) below.	<u>ə</u>		
Name Mailing Address Name Mailing Address	ldress		
INTEREST ASSESSMENT			
NA A A A A A A A A A 			
You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	ructions located in the paper SA		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst	ructions located in the paper SA		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	ructions located in the paper SA		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst	ructions located in the paper SA		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	ructions located in the paper SA		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	ructions located in the paper SA x	1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x	1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x	1-2 form. days 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. days 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. days 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x	1-2 form. days days 00274 tcharge)	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0 x	1-2 form. days days 00274 tcharge)	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	xxxx	1-2 form. - days - 00274 - t charge) ince please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. - days - 00274 - t charge) ince please fice, please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. - days - 00274 - t charge) ince please fice, please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. - days - 00274 - t charge) ince please fice, please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. - days - 00274 - t charge) ince please fice, please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. - days - 00274 - t charge) ince please fice, please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general inst Line 1 Enter the amount of late payment or underpayment	x 0.0	1-2 form. - days - 00274 - t charge) ince please fice, please	Q Interest Assessme

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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.