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 Ś	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	1/3/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20192 Barcode Data Filing Period (optional - see instructions)	
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.	63237
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ALPINE CABLE TELEVISION LC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043 (City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system us 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.

Name		SYSTEM ID#
D	ALPINE CABLE TELEVISION LC Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor	
D	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 future	that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	GUTTENBERG	IA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	-2E. PAGE TEM ID
Name								313	6323
	ALPINE CABLE TELEVI	SION LC							0020
Е	SECONDARY TRANSMISSION		-	-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							g on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							harged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.	-				
	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								
	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.		s ngin n			e nera accompt			
	BLO	DCK 1	·				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		42	42.45	ESSEN	TIALS PACK	(AGE	137	60.0
	<ul> <li>Service to additional set(s)</li> </ul>				PREMI	ER PACKAG	Ε	102	70.0
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS				•		
-	In General: Space F calls for rat					l your cable sys	tem's servic	es that were	
F	not covered in space E, that is, t								
<b>O</b> omilaaa	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		deddify	Silled. If any fat				grann baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				neu. Lisi	lifese olifer serv			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi					
	• Pay cable		• Mot	el, hotel			CINEMA	X	16.0
	• Pay cable—add'l channel		• Con	nmercial			НВО		18.0
	Fire protection		• Pay	cable			SHOWT	IME	17.0
	•Burglar protection		-	cable-add'l cha	annel		STARZ		15.0
	Installation: Residential			protection					
	• First set	124.95		glar protection					
	1 1101 001			-					
	Additional set(s)		other s	ervices:					
				ervices: connect		29.00			
	<ul> <li>Additional set(s)</li> </ul>		• Rec			29.00			
	• Additional set(s) • FM radio (if separate rate)		• Rec • Disc	onnect		29.00			

me	LEGAL NAME OF OWNER OF ALPINE CABLE TELE			SYSTEM ID# 63237
	PRIMARY TRANSMITTERS:			
nary nitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-t le carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESF -air designation. For example, report vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- er "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCRG	9	N	CEDAR RAPIDS, IA
	KCRG KFXA	9 27	l	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
essary		•	I N	
sary	KFXA	27		CEDAR RAPIDS, IA
essary	KFXA KGAN	27 51	I N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA
essary	KFXA KGAN KPXR	27 51 47	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA
sary	KFXA KGAN KPXR KRIN	27 51 47 35	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA
sary	KFXA KGAN KPXR KRIN KWKB	27 51 47 35 25	I N I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA
essary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
essary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
essary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
essary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
cessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
cessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
ccessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
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cessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
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Necessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA
lecessary	KFXA KGAN KPXR KRIN KWKB KWWF	27 51 47 35 25 22	I N I E I I I	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA WATERLOO, IA IOWA CITY, IA WATERLOO, IA

ALPINE CAR	F OWNER OF ( BLE TELEV							SYSTEM I 632
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio state this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ant this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	2) it can ertain si jeneral 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	
		5,0		C. LE DIGIN		5,0		
KCTN	FM		Garnavillo, IA					
			·					
		<b></b>						

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
INAILIE	ALPINE CABLE TELE	VISION LO	2					63237
	SUBSTITUTE CARRIAG				G			
	In General: In space I, ident	-	-		-	ion, that your	<sup>-</sup> cable syste	m carried on a
	substitute basis during the a							
Substitute Carriage:	explanation of the programm				e general instr	uctions in the	e paper SAT	-2 torm.
Special	<ol> <li>SPECIAL STATEMEN</li> <li>During the accounting per</li> </ol>	-				hwark talavia	ion program	
Statement and	broadcast by a distant sta	•	il cable system	carry, on a substitute basi	s, any nonne			
Program Log	,						YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				wherever pos		meaning is	
	Column 1: Give the title	of every no	nnetwork telev	sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."					-	
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your sys	tem carried the substitute	orogram. Use	numerals, v	with the mor	ith
			e substitute pro	gram was carried by your o	cable system.	List the time	es accurate	ly
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S		TE PROGRAM		CARRI	AGE OCCL		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		IMES — TO	DELETION
						_	_	
						-	_	
						_	_	
							<b></b>	
							_	
						-	_	
			4					
					·			

Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC			S	¥STEM ID# 63237
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's se of how f	econdary trans to compute this	mission servio s amount, see	5,730.16
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fer accounting period is \$52.00 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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (	(but mo	re than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		155,730.16		
	3. Subtract line 2 from line 1		108,069.84		
	4. Enter the amount of gross receipts from space K	<u>.</u>	\$ 1	55,730.16	
	5. Enter the amount from line 3		\$ 1	08,069.84	
	6. Subtract line 5 from line 4		\$	47,660.32	
	7. Multiply line 6 by .005 (enter figure here)			\$	238.30
	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	d 8		\$	238.30
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess 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	-			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	-			
	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)	· · · · · · - <u>-</u>	\$	238.30	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\ldots$	· · · · · · · <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	258.30
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo		-		jhts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: BLE TELEVISION LC	SYSTEM ID# 63237
M Channels	to its subscrib 1. Enter the to system carri 2. 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.	8
		e cable system carried television broadcast stations adcast services	343
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	MARGARET CORLETT Telephone (563	) 245-4481
	Address	PO BOX 1008 (Number, street, rural route, apartment, or suite number)	
		ELKADER, IA 52043	
		(City, town, state, zip)	
	Email	MCORLETT@ALPINE-COMMUNICATIONS.COM Fax (optional)	
-	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersi	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ov	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Ag	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or	as identified
	X (O1	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th in line 1 of space B.	e cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
		X /s/ Chris Hopp	
		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: CHRIS HOPP	
		Title: CHIEF OPERATING OFFICER (Title of official position held in corporation or partnership)	
		Date: 1/3/2020	

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 telephoin 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 lave

Inting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
INE CABLE TELEVISION LC	632
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemen Concerning Gros Receipts Exclusio
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?	
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
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
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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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.