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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/26/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING 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		
		Instructions:
В		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
		WINDSTREAM IOWA COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		4001 RODNEY PARHAM (Number, street, rural route, apartment, or suite number)
		LITTLE ROCK AR 72212
		(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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	WINDSTREAM IOWA COMMUNICATIONS LLC	63339
D Area Served	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	ity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First	NEWTON	A
Community	BRISTOL SQUARE	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	WINDSTREAM IOWA CO		TIONS	LLC					6333
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	ERS AND RAT	ES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						nose existi	ng on the	
Transmission Service: Sub-	Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	in that	category (the nu	umber of	f persons or org	anizations		
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				Standar		s within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categories					
	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	has rate catego	ories for a	secondary transi	mission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	nd block. A two	- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	ERS	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	NATE
	Service to first set		9	54.99					
	Service to additional set(s)		3	54.55					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
E	In General: Space F calls for rat				ect to al	l your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaany .	, in our in our y rate		ungen en a rand	and her br	og.a 200.0,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip				eu. Lisi	litese oliter serv		IOIIII OI a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVI	CE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resid			UATEO		
	Pay cable	19.00		el, hotel			PPV		PP
	• Pay cable—add'l channel			mercial					
	• Fire protection		• Pay						
	•Burglar protection			cable-add'l char	nnel				
	Installation: Residential		,	protection					
	• First set			lar protection					
	Additional set(s)		-	ervices:					
	• FM radio (if separate rate)			onnect					
	· · · /			onnect					
	• Convener								
	Converter								
	Convener		• Outl	et relocation e to new addres	c				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
ame	WINDSTREAM IOWA	COMMUNICATIONS LLC		633
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: 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 I with a station according to its over-the	(1) stations carried only on a part-ti- te 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 L d both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP in-air designation. For example, repo- vision station for broadcasting over the 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 in	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community 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
	WOI	5	Ν	DES MOINES IA
	WOI KFPX	5	<u>N</u>	DES MOINES IA DES MOINES IA
cessary				
cessary	KFPX	39	N	DES MOINES IA
cessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
cessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
cessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
cessary	KFPX KDSM KDIN WHO KCCI	39 17 11 13 8 56	N N E N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
2cessary	KFPX KDSM KDIN WHO KCCI IND	39 17 11 13 8	N N E N N N	DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA DES MOINES IA
Vecessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
s Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
is Necessary	KFPX KDSM KDIN WHO KCCI IND	39 17 11 13 8 56	N N E N N N	DES MOINES IA
as Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA
as Necessary	KFPX	39	N	DES MOINES IA
	KDSM	17	N	DES MOINES IA
	KDIN	11	E	DES MOINES IA
	WHO	13	N	DES MOINES IA
	KCCI	8	N	DES MOINES IA
	IND	56	N	DES MOINES IA

Accounting F	Period: 2019	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
WINDSTREA	AM IOWA C	OMMU	NICATIONS LLC					63339
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat	y the sys be recein at the Co l sign of the static cion's sig	I-Band FM Carriage: Under C stem whenever it is received at wed 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.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain si jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: C	Give the station	n's locati	on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	I	I		1		L		

Accounting Perio	od: 2019/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	WINDSTREAM IOWA	COMMUN	ICATIONS L	LC			63339
	SUBSTITUTE CARRIAGI	- SPECI			G		
l Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy <i>every no</i> ccounting p	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or authorizati	ions. For a further
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 television pro	-
Program Log	broadcast by a distant sta	tion?				YE	S 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 pro	ogram
	log in block 2.						0
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call a Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter	ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s adcast static dadian static th and day ve "5/7." es when the Example: a er "R" if the	add additional i nnetwork telev ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (the ons, if any, the when your sys e substitute pro a program carrie	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N usting the substitute progra ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:"	brogram") that d for the prog eral instruction h titles, for exa lo." m. station is lice station is iden brogram. Use cable system. 15 p.m. to 6:2 mming that y	t, during the account ramming of another as for further inform ample, "I Love Lucy nsed by the FCC of tiffied). numerals, with the List the times accu 8:30 p.m. should be our system was red	nting r station hation. " or r, in month urately e quired
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.		E PROGRAM	1	CARRI	N SUBSTITUTE) 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	6. TIMES FROM — 1	TO DELETION
						_	
						_	
						<u> </u>	
						_	
						_	
1		1	1	1	1 1		1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM IOWA COMMUNICATIONS LLC	S	STEM ID# 63339
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 s amount, see	, 358.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	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 accounting period is \$52.00	this 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. 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		
	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	7,600)	
	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: IM IOWA COMMUNICATIONS LLC	SYSTEM ID# 63339
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. Ital number of channels on which the cable ed television broadcast stations	8
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	JIM POWELL Telephone 70	3.896.1089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apartment, or suite number)	
		YOUNG HARRIS GA 30582 (City, town, state, zip)	
	Email	sandra.blade@windstream.com Fax (optional) 330.486.3504	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, complete	In (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.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. need 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/ TIMOTHY P LOKEN 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: TIMOTHY P LOKEN	
		Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
		Date: FEBRUARY 25,2020	

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unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DSTREAM IOWA COMMUNICATIONS LLC	633
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gross
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.	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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