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@loc.gov</u>
General instructions are located in the first tab of this workbook	01/21/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	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			
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.	63434
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Auburn Essential Services	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 506, 210 S Cedar St (Number, street, rural route, apartment, or sulte number)	
		Auburn, IN 46706-2302 (City, town, state, zip)	
С		UCTIONS: 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Auburn Essential Services	63434
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules: rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter known re filings.
Area Served	identified city.	or mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Auburn	Indiana
Community		
Add Powe of Nocoscony		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM IC
Name	Auburn Essential Servic	es							6343
E	SECONDARY TRANSMISSION In General: The information in s					/ transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, no	ot here. All the	e facts you	state must be t			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both								
Rates	down by categories of secondary each category by counting the nu								
Nates	separately for the particular servi							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ry of service.	nclude bot	th the amount o	f the charg		
	unit in which it is generally billed.				ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc				: <b>f</b>		_:	- 44 - 4 44 -	
	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	ble service to a	additiona	sets would b	e included				
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		s ngni-na						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		691	36.95					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		45	42.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
E	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
Services	service for a single fee. There ar	•			•		• • • •		
Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		abdaily c	mod. If arry to				sgram basis,	
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				sned. List	inese other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			ion: Non-res			UATEOC		
	Pay cable			el, hotel	laonnaí				
	• Pay cable—add'l channel			mercial					
	• Fire protection		• Pay						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	48.95		lar protection					
		48.95 38.95	• Burg Other se						
	Additional set(s)     EM radio (if separate rate)	30.95				49.05			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			onnect		48.95 35.00			
			1 11100			35 00			
	Conventer			onnect					
	Converter		• Outle	et relocation et to new addr		58.95 48.95			

					FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF				SYSTEM ID#
	Auburn Essential Ser				63434
G Primary ransmitters: Television	In General: In space G, ide 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 rr • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie 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	t (1) stations carried only on a part- he carriage of certain network progra arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bstitute program Log)—if the o 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 O	F STATION
	WANE-DT	2	N	FORT WAYNE, IN	
	WFWA-DT	3	E	FORT WAYNE, IN	
Rows as Necessary	WPTA-DT	4	Ν	FORT WAYNE, IN	
	WISE-DT	6	Ν	FORT WAYNE, IN	
	WISE-DT2	7	Ν	FORT WAYNE, IN	
	WFFT-DT	8	Ν	FORT WAYNE, IN	
	WFFT-DT WGN			FORT WAYNE, IN	
	WGN	9	N N I	FORT WAYNE, IN	
	WGN EWTN	9 10		FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT	9 10 11	N 1 1	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN	9 10 11 13	N 1 1 1	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2	9 10 11 13 14	N 1 1 1 1 E	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3	9 10 11 13 14 15	N 1 1 1 1 E E E	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4	9 10 11 13 14 15 16	N I I E E E E	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4 WPTA-DT2	9 10 11 13 14 15 16 17	N 1 1 1 1 E E E	FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4 WPTA-DT2 WANE-DT3	9 10 11 13 14 15 16 17 18	N 1 1 1 E E E N N 1	FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4 WPTA-DT2 WANE-DT3 WPTA-DT3	9 10 11 13 14 15 16 17 18 19	N I I E E E E	FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4 WPTA-DT2 WANE-DT3 WPTA-DT3 WANE-DT3	9 10 11 13 14 15 16 17 18 19 20	N 1 1 1 E E E N N 1	FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4 WPTA-DT2 WANE-DT3 WPTA-DT3	9 10 11 13 14 15 16 17 18 19	N 1 1 1 E E E N N 1	FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4 WPTA-DT2 WANE-DT3 WPTA-DT3 WANE-DT3	9 10 11 13 14 15 16 17 18 19 20	N 1 1 1 E E E N N 1	FORT WAYNE, IN FORT WAYNE, IN	
	WGN EWTN WINM-DT TBN WFWA-DT2 WFWA-DT3 WFWA-DT4 WPTA-DT2 WANE-DT3 WPTA-DT3 WANE-DT3	9 10 11 13 14 15 16 17 18 19 20	N 1 1 1 E E E N N 1	FORT WAYNE, IN FORT WAYNE, IN	

Accounting P LEGAL NAME OF			/STEM:				PORI	A SA1-2E. PAGE
Auburn Ess	ential Serv	ices						6343
	t every radio s	station ca	arried on a separate and discre					н
Special Instruct receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether it the radio stat this by placing tive the station	rning AI y the sys be recein at the Co l sign of of the static tion's sign g a chech n's locati	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. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s the station is licens	egulations, ar adend, and (2 mna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		1	· · ·	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Auburn Essential Serv	rices						63434
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your cal	hle syster	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonnei	twork television	program	<u> </u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	<b>Note:</b> If your answer is "No'	' loovo tho	root of this pag	a blank. If your answer is	"Voo " vou mi		-	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their me	aning is	
	clear. If you need more spa						annig ie	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Liet opeenie program			uoy oi	
				"Yes." Otherwise enter "				
				sting the substitute progra		need by the FC	Carin	
	the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute			the mon	th
	first. Example: for May 7 giv	/e "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. shoul	d be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system was	required	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the liste	ed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations i	n	
	effect on October 19, 1976.							
					WHE	N SUBSTITUT	ΓE	
	S	UBSTITUT	E PROGRAM			AGE OCCURF		7. REASON FOR
	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 —	s то	DELETION
		100 01 110	ONEE OIGHT				10	
						_		
						_		

	2019/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I
Name	Auburn Essential Services				6343
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscr (as identified in space E) during the accounting period. For a furt page (vii) of the general instructions located in the paper SA1-2 f Gross receipts from subscribers for secondary transmission	ibers for the system her explanation of h form. service(s)	n's secondary tra how to compute t	nsmission servie his amount, see	
	during the accounting period			\$ 16 (Amount of gr	4,792.00
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 \$137,10 • Use block 2 if the amount of gross receipts in space K is more th • Use block 3 if the amount of gross receipts in space K is more th See page (vi) of the general instructions located in the paper SA1-2 for	00 or less an \$137,100 but le: an \$263,800 but le:	ss than or equal ss than \$527,600		
	BLOCK 1: GROSS RECEIP	TS OF \$137,100 0	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or le accounting period is \$52.00	ess, the royalty fee th	nat you must pay f	or this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page	e 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE	RIOD Add lines 1 a	nd 2	· · · · <u>· · · · · · · · · · · · · · · </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,	800 OR LESS (bu	t more than \$13	7,100)	
	1. Base amount under statutory formula	<b>\$</b>	263,800.0	<u>)</u>	
	2. Enter amount of gross receipts from space K	<b>\$</b>	164,792.0	0	
	3. Subtract line 2 from line 1	<u>\$</u>	99,008.0	0	
	4. Enter the amount of gross receipts from space K		<u>\$</u>	164,792.00	
	5. Enter the amount from line 3		<b>\$</b>	99,008.00	
	6. Subtract line 5 from line 4		\$	65,784.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	328.92
	8. Interest charge. Enter the amount from line 4, space Q, page 8			··	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD	<b>).</b> Add lines 7 and 8		\$	328.92
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263,800 (	but less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			 D	
	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 statutor	ry 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		. <u></u>		
			10		
	FILING FEE AND TOTAL REMIT	TANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3,	above)	¢	328.92	
otal Remittance Due					
	2. Filing Fee (See the instructions for more information on filing fee of	calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	s 2 and 3		\$	348.92
	Important: Your remittance must be in the form of an ele	etronic navmont n	avable to the De		abtel

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Auburn Essential Services	SYSTEM ID# 63434
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	18 30
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Terri K. Firestein Telephone	301-788-6889
	Address 10806 Garrison Hollow Rd. (Number, street, rural route, apartment, or suite number) Clear Spring, MD 21722 (City, town, state, zip)	
	Email fireccg@myactv.net Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> <li>Marcin M. (S.C., Section 1001(1986)]</li> <li>Marcin M. (S.C., Section 1001(1986)]</li> </ul>	rstem as identified
	Typed or printed name:       Terri K. Firestein         Title:       Sr. Director and Consultant         (Title of official position held in corporation or partnership)	
	Date: 01/21/20	

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unting Period: 2019/2	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
urn Essential Services	634
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.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Stateme Concerning Gros Receipts Exclusi
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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
	Q Interest Assessm
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 Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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	
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	
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	
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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	
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	
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	
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	

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