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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY by email to:				
	ary Transmissions by	DATE RECEIVED	AMOUNT			
General instru	ems (Short Form) uctions are located of this workbook	02/28/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))			
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20192	Barcode Data Filing Period (optional	- see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent c		diary of another corporation, give the full cor	porate title		
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.			
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should suiting period.	ıbmit a		
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	063584		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	CEQUEL COMMUNICATIONS LLC					
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)			
	SUDDENLINK COMMUNICATIONS					
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	3015 S SE LOOP 323	umber)				
	TYLER, TX 75701 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin					
	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the address	given in space B.		
System	1 IDENTIFICATION OF CABLE SYSTEM: SOUTHEAST CORRECTION	NAL FACILITY				
	MAILING ADDRESS OF CABLE SYSTEM	1:				
	2 (Number, street, rural route, apartment, or suite r	number)				
	(City, town, state, zip code)					
Deles es Art Notio						

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063584
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	nmunity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	CHARLESTON	MO
Community	(SOUTHEAST CORR)	
d Rows as Necessary		
u nows as necessary		

	I							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							06358
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including preservices)								
Transmission	last day of the accounting period	<i>,</i> , ,			,				
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serve			0,0				s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	different	from these	
	printed in block 1 (for example, t	0							
	with the number of subscribers a								
	sufficient.	,	5			•			
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		77	42.53					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			SIONS: RATES	5				
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	2			anio hei h	ogram zaolo,	
Fransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) description		,		sneu. List	these other ser		e ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l cha	annel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Bur	glar protection					
	 Additional set(s) 	-	Other s	services:					
	• FM radio (if separate rate)		• Rec	connect		-			I
	• Converter		• Dise	connect					
			• Out	let relocation		_			
			Out	let relocation		_			
				/e to new addre	ess	-			

ting Period: 2				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Vallie	CEQUEL COMMUNIC	ATIONS LLC		063584
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary	carried by your cable syste FCC rules and regulations	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting tl e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
levision	substitute program basis, a Substitute Basis Stations	: With respect to any distant stations ci les, regulations, or authorizations:		
	• Do <i>not</i> list the station her station was carried <i>only</i> on	e in space G—but do list it in space I (t		
	basis. For further information Column 1: List each station	n's call sign. <i>Do not</i> report origination d with a station according to its over-the	, see page (v) of the general instruct program services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the channe	•		
	Column 3: Indicate in each educational station, by enter	n case whether the station is a network ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	endent), "I-M"
	For the meaning of these te Column 4: Give the location	, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI-1	23		
				CAPE GIRARDEAU, MO
	KFVS-1	12		CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
Necessary			N I	CAPE GIRARDEAU, MO
s Necessary	KFVS-1	12	I N I N	
Necessary	KFVS-1 WDKA-1 WPSD-1	12 49	l	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY
ecessary	KFVS-1 WDKA-1	12 49 6	l N	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY
Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2	12 49 6 12.2	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
s Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY
Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
s Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
ıs Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
5 Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
/s as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
s as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
s as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
vs as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL
vs as Necessary	KFVS-1 WDKA-1 WPSD-1 WQWQ(KFVS)-2 WSIL-1	12 49 6 12.2 3	I N I	CAPE GIRARDEAU, MO PADUCAH, KY PADUCAH, KY PADUCAH, KY HARRISBURG, IL

EGAL NAME OF								SYSTEM 063
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
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	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063584
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		n ouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad hu th	a FOO ar	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							• <u>•</u>	
						_		
						_		
						_		
						-		
					·			
						_		
						_		
					·			
		1	1	1	1			1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063584
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 amount, se	,770.00
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 t accounting period is \$52.00	his 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	00)	
	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		0.00
			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,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063584
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	s 7
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	ne (903) 579-3121
	(City, town, state, zip) Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation: I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)] (s/ Alan Dannenbaum) 	ce B; or le system as identified owner of the cable system
	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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 02/18/2020	

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counting Period: 2019/2		FORM SA1-2E. PAG
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
EQUEL COMMUNICATIONS LLC		0635
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 I lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syster service of providing secondary transmissions of primary broadcast transmitters, the system sh scribers and amounts collected from subscribers receiving secondary transmissions pursuant For more information on when to exclude these amounts, see the note on page (vii) of the general inclocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners? X NO	em for the basic hall not include sub- t to section 119." astructions	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late paymen For an explanation of interest assessment, see page (viii) of the general instructions located in the pa		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the page	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular time 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 particular time 1 Enter the amount of late payment or underpayment	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular interest int	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular interest in the particular instruction of late payment or underpayment	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular interest interest in the particular interest int	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular interest interest in the particular interest int	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular and the partic	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular of the payment or underpayment	aper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the particular of the payment or underpayment	aper SA1-2 form.	Q Interest Assessme

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