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 COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
General instru	uctions are located	02/28/2020		Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2019	Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full co	orporate title
Owner	List any other name or names under which	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should nting period.	submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	063670
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Γ)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite TYLER, TX 75701	number)		
	(City, town, state, zip)		which the business and supportion of the	
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	INDIANA WOMENS PRISO			
	MAILING ADDRESS OF CABLE SYSTE	М:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Drive ov A of Notic	ce: Section 111 of title 17 of the United States Code a	when increases the Comparise to Office to collect t	he neverally identifying information (DII) as w	antan an thic

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	063670
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community	INDIANAPOLIS (INDIANA WOMENS PRISON)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGE
Name								51	06367
Е	SECONDARY TRANSMISSION							h	
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E cal	for the numb	er of subso	ribers to the ca	ole system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n	•	,	0,0				charged	
	separately for the particular serv Rate: Give the standard rate of							ic and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·	,		ny standa		3 within a j		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	e that cable	
	systems most commonly provide	e to their subso	ribers. C	Give the number	er of subso	cribers and rate	for each lis	ted category	
	that applies to your system. Not			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.		0						
	BLC	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		60	42.53					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra					Il your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
	service for a single fee. There are				0				
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ites are cr	harged on a vari	able per-pi	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
110100	listed in block 1 and for which a	separate charg	je was n	nade or establ	shed. List	these other ser	vices in the	e form of a	
i latoo			de the ra	te for each					
i altoo	brief (two- or three-word) descrip	ption and inclue							
hatoo		BLO	CK 1					BLOCK 2	
latoo				ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	brief (two- or three-word) descrip	BLO	CATEG			RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO	CATEG Installa	ORY OF SER		RATE	CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEG Installa • Mot • Con	ORY OF SER tion: Non-res el, hotel		RATE	CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEG Installa • Mot • Con • Pay	ORY OF SER tion: Non-res el, hotel ımercial	idential	RATE	CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEG Installa • Mot • Con • Pay • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	idential	RATE	CATEGO		E RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CATEG Installa • Mot • Con • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable	idential	RATE	CATEGO		RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEGO		E RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO		E RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec	ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'I ch protection glar protection ervices: onnect	idential	RATE	CATEGO		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLO	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection glar protection ervices: onnect connect	idential	RATE	CATEGO		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'I ch protection glar protection ervices: onnect	idential annel	RATE	CATEGO		

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
				063670
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	ot (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI-1	20	E	INDIANAPOLIS, IN
	WISH-1	8	N	INDIANAPOLIS, IN
ows as Necessary	WNDY-1	23	I	INDIANAPOLIS, IN
	WRTV-1	6	N	INDIANAPOLIS, IN
	WTHR-1	13	N	INDIANAPOLIS, IN
	WTTV-2	4	l	INDIANAPOLIS, IN
	WXIN-1	59	I	INDIANAPOLIS, IN

EGAL NAME OF								SYSTEM 0630
	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 isignal, 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 vive 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. In is AM or FM. hal was electronically process < 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	
		5,0		CALL OIGH		5,0		
						·		
						·		
						·		

Accounting Perio							FORM	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063670
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
I I	In General: In space I, ident	-	-			tion that v	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general in	structions ir	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
	-		reat of this no	an blank If your analyses i	"Vee" veu	-		
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, you	must comp	lete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI							
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle ift	heir meanin	n is
	clear. If you need more spa				s wherever p	0001010, 11 1	nen meanny	y 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			erball. List specific progra		example, i	LOVE LUCY	01
	_		dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls with the n	nonth
	first. Example: for May 7 gi		when your sy		program. o	se numera		nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m	n. should be	-
	stated as "6:00–6:30 p.m."	or"D"iftho	listed program	n was substituted for prog	remained the	t vour ovet		uire d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	·		0		
								1
	e		E PROGRAM	A		N SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	T		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
							<u> </u>	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063670
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	,217.00
	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 \$527,600 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 \$ 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,	600)	
	1. Enter the amount of groop requires from appage K	,	
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 5 263,800.00		
	2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 • • •		
	4. Multiply line 3 by .01	4 240 00	
		<u>1,319.00</u> 0.00	
	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, 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
	EFT Trace # or TRANSACTION ID #		
	Important: 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 more		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063670
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 vhich the cable system carried television broadcast stations and nonbroadcast services	20
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.)	(0.02) 570 2424
for Further Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	(903) 579-3121
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov 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 herei 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)] 	system as identified vner 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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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06367
 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 made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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
	Q Interest Assessmen
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 Assessmen
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 Assessmen
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 Assessmen
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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	Q Interest Assessmen
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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	Q Interest Assessment

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