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

STATEM		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	-	-	DATE RECEIVED		coplicsoa@copyright.gov
				\$	For additional information,
General instru	ctions	are located	02/28/2020		contact the U.S. Copyright Office Licensing Division at:
in the first tab			02/20/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
		hernbeen			-
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))	
			Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2019/2			
		r			
		20192	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting					
Period					
		Instructions:			
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full cor	rporate title
Owner		List any other name or names under which	the owner conducts the business of	he cable system.	
		If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a
					063710
		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		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3015 S SE LOOP 323			
		(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
	name	,	z, give the maining address of th	le system, il different from the address	з given in space в.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		NORTH CENTRAL CORRECT MAILING ADDRESS OF CABLE SYSTEM			
1					
	2	(Number, street, rural route, apartment, or suite n	umber)		
	2	(Number, street, rural route, apartment, or suite n	umber)		
	2		umber)		

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#
	CEQUEL COMMUNICATIONS LLC	063710
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	nunities within unincorporated areas and including single,
	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 hon	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	MARION, OH	ОН
Community	NORTH CENTRAL CORRECTIONAL COMPLEX	ОН
dd Rows as Necessary		

	I							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	TEM ID
Hamo	CEQUEL COMMUNICA	TIONS LLC							06371
	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period	, , ,					nose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ole system	, broken	
scribers and	down by categories of secondar	y transmission	service.	In general, yo	u can con	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			0,0				charged	
	separately for the particular servert Rate: Give the standard rate of							re 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								
	first set" and would be counted of	once again und	er "Serv	ce to addition	al set(s)."				
	Block 2: If your cable system	•							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and DIOCK. A t	vo- or thre	e-wora descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					1
	• FM radio (if separate rate)								1
	Motel, hotel								
	Commercial		70	42.53					1
	Converter								1
	Residential								
	Non-residential								I
	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sve	tom's son	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There a	re two exceptic	ns: you	do not need to	give rate	information con	cerning (1)) services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are cl	harged on a vari	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard ra		he cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a		•		shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descri	ption and inclue	the ra	te for each.			1		
								BLOCK 2	
		BLO							
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:		CATEG Installa	tion: Non-res		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG Installa • Mote	tion: Non-res		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mote • Com	tion: Non-res el, hotel imercial		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mote • Con • Pay	tion: Non-res el, hotel mercial cable	idential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEG Installa • Moto • Com • Pay • Pay	tion: Non-res el, hotel mercial cable cable-add'l ch	idential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential		CATEG Installa • Moto • Con • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential	RATE	CATEGO		RATE
	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)		CATEG Installa • Moto • Corr • Pay • Pay • Fire • Burç Other s • Rec	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: ponnect	idential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect onnect	idential	RATE -	CATEGO		RATE
	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)		CATEG Installa • Moto • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: ponnect	idential annel	RATE	CATEGO		RATE

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
				063710
G Primary Transmitters: Television	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 ti Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tir he carriage of certain network program S1(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst he Special Statement and Program Lo d both on a substitute basis and also g see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (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	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial 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
	WBNS-1	10	N	COLUMBUS, OH
	WCMH-1	4	Ν	COLUMBUS, OH
ws as Necessary	WCMH-2	4.2	I-M	COLUMBUS, OH
	WOSU-1	34	E-M	COLUMBUS, OH
	WOSU-1	34	E	COLUMBUS, OH
	WSYX-1	6	N	COLUMBUS, OH
	WTTE-1	28	I	COLUMBUS, OH
	WWHO-1	53	I	CHILLICOTHE, OH

EGAL NAME OF								SYSTEM
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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 ant this point, see pa ed by the cable he station is licen	eadend, and (2 enna, during c age (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain st jeneral ii 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	
0/122 01011		0,5				0,5		
					+			
						·		

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					063710
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			isis anv noni	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa			vision program ("substitute	e program") t	hat during th		ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		depet live ant	ar "Vaa " Othanuiaa antar "	"NIo."			
				er "Yes." Otherwise enter " casting the substitute prog				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was carried by you	r ochlo ovoto	m liet the tir		ataly
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."		a program our					
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
		•						
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO	
							<u>.</u>	
						_		
							-	
						_		
						_		
							-	·

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063710
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service nount, se
	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 \$26 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.	3,80(
	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 this accounting period is \$52.00	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 \$137,100)	
	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	
	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	0)
	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)	,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
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of (See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063710
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	8 . 40
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	Name SARAH BOGUE Telephon	e (903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (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 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 a 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)] X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	e B; or e system as identified wwner of the cable system
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 02/18/2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0637
 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? 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	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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.	
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	

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