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	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/24/20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20192 Barcode Data Filing Period (optional - see instructions)
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.
	х	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
		INDIANOLA MUNICIPAL UTILITIES
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		111 S. BUXTON STREET (Number, street, rural route, apartment, or suite number)
		INDIANOLA, IA 50125 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	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:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	INDIANOLA MUNICIPAL UTILITIES	0
D Area Served	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
	CITY OR TOWN	STATE
First	INDIANOLA	IA
Community		
Add Rows as Necessary	У	

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	INDIANOLA MUNICIPAL	UTILITIES							
	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover a	Il categories of	secondar				
	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						olo svetom	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular servi							C C	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iny standai	rd rate variation	s within a p	articular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note	: Where an ind	dividual	or organizatior	n is receivi	ing service that	falls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		700						
	Service to first set		728	45.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		s				
-	In General: Space F calls for rat				-	ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th	hose services t	that are	not offered in a	combinatio	on with any seco	ondary trans	mission	
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuany	billed. If arry re				gram basis,	
Transmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	vices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	RAIE		ation: Non-res		RAIE	CATEGO	DRT OF SERVICE	RATE
	Pay cable			tel, hotel	naemua		EXPAN	DED	86.0
	• Pay cable—add'l channel			nmercial			FAMILY		96.0
	• Fire protection		-	/ cable		• • • • • • • • • • • • • • • • • • • •	SPORT		96.0
	•Burglar protection		-	/ cable-add'l cł	annol			JM PLUS	106.0
	3 .			protection	annei		HBO		18.0
	Installation: Residential			•			CINEMA	X	16.0
	First set Additional set(s)	E 00		glar protection			STARZ		16.0
	Additional set(s) EM radio (if concrete rate)	5.00		services:			SHOWT	IME	
	• FM radio (if separate rate)			connect			SHOWI		16.0
	Converter			connect					
			i • Out	let relocation					
			_	ve to new addr					

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
	INDIANOLA MUNICIP			
	PRIMARY TRANSMITTERS:	TELEVISION		
G	· · · · · · · · · · · · · · · · · · ·	entify every television station (including t em during the accounting period, <i>except</i>		,
-	FCC rules and regulations i	in effect on June 24, 1981, permitting the	ne carriage of certain network progr	rams [sections
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain sta	ations carried on a
Television	Substitute Basis Stations	s: With respect to any distant stations ca	arried by your cable system on a su	ıbstitute program
		rules, regulations, or authorizations: re in space G—but do list it in space I (th	ne Special Statement and Program	Log)—if the
	station was carried <i>only</i> on	n a substitute basis. also in space I, if the station was carried	hoth on a substitute basis and als	a an aoma athar
	basis. For further informatio	on concerning substitute basis stations, s	see page (v) of the general instruc	tions.
		on's call sign. <i>Do not</i> report origination pred of with a station according to its over-the-	0	
	"WETA-2" as the same on t	5	°	
	of license. For example, W	VRC is channel 4 in Washington, D.C.	° °	,
		h case whether the station is a network s ering the letter "N" (for network), "N-M" (f	· · · · · · · · · · · · · · · · · · ·	
	(for independent multicast),), "E" (for noncommercial educational), or	r "E-M" (for noncommercial educat	
		terms, see page (iv) of the general instruction of each station. For U.S. stations, list t		n is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WOI	5.1	Ν	DES MOINES, IA
	WOI-2	5.2	N-M	DES MOINES, IA
ows as Necessary	WOI-3	5.3	N-M	DES MOINES, IA
	WOI-4	5.4	N-M	DES MOINES, IA
	кссі	8.1	Ν	DES MOINES, IA
	KCCI-2	8.2	N-M	DES MOINES, IA
	KCCI-3	8.3	N-M	DES MOINES, IA
	KDIN	11.1	E	DES MOINES, IA
	KDIN-2	11.2	E-M	DES MOINES, IA
	KDIN-3	11.3	E-M	DES MOINES, IA
	KDIN-4	11.4	E-M	DES MOINES, IA
	WHO	13.1	N	DES MOINES, IA
	WHO-2	13.2	N-M	DES MOINES, IA
	WHO-3	13.3	N-M	DES MOINES, IA
	WHO-4	13.4	N-M	DES MOINES, IA
	KDSM	17.1	N	DES MOINES, IA
	KUSM-2	1/2	N-M	DES MOINES, IA
	KDSM-2	17.2		
	KDSM-3	17.3	N-M	DES MOINES, IA
	KDSM-3 KDSM-4	17.3 17.4	N-M	DES MOINES, IA
	KDSM-3	17.3 17.4 23.1	N-M N	DES MOINES, IA DES MOINES, IA
	KDSM-3 KDSM-4	17.3 17.4	N-M	DES MOINES, IA
	KDSM-3 KDSM-4 KCWI	17.3 17.4 23.1	N-M N	DES MOINES, IA DES MOINES, IA
	KDSM-3 KDSM-4 KCWI KCWI-2	17.3 17.4 23.1 23.2	N-M N N-M	DES MOINES, IA DES MOINES, IA DES MOINES, IA
	KDSM-3 KDSM-4 KCWI KCWI-2 KCWI-3	17.3 17.4 23.1 23.2 23.3	N-M N N-M N-M	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA

Accounting Period:	2019/2			FORM SA1-2E. PAG
News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	INDIANOLA MUNICIP	AL UTILITIES		
	PRIMARY TRANSMITTERS:	TELEVISION		
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 the 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	also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination I with a station according to its over-the	<i>bt</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indepen 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 ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFPX-3	39.2	N-M	DES MOINES, IA
	KDMI	19.1	N	DES MOINES, IA

EGAL NAME OF								SYSTEM
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper 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. Jentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at the system's he system's FM anter this point, see particular sed by the cable s ne 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 jeneral 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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	INDIANOLA MUNICIPA		IES					0
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion that your	cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	on program	ı
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	, , , , , , , , , , , , , , , , , , ,			a blank. Kurun anaurania (·//		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	rres," you mu	ist complete t	ine prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations :	wherever nos	sible if their i	meanina is	
	clear. If you need more spa				wherever pos		ineaning is	
				sion program ("substitute	program") tha	t, during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specilic program		ampie, i Love	e Lucy Of	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	the case of Mexican or Can			e community to which the			-CC or, in	
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	ould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem w	as require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		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. TIN FROM —	MES - TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM -	- 10	
							<u>-</u>	
							-	
						_	-	
						_	-	
							-	
						_	-	
							<u>-</u>	
						_	-	
							-	
							-	
1								

Accounting Period:	2019/2 FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
	INDIANOLA MUNICIPAL UTILITIES
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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. 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 six-mon
	accounting period is \$52.00 Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	2. Enter amount of gross receipts from space K \$ 164,835.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 164,835.00
	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)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	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) \$ 329.35
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 349.35
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: INDIANOLA MUNICIPAL UTILITIES	SYSTEM ID# 0
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	27
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	175
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 KURT RIPPERGER Telephone 515-96	32-5283
	Address 111 S. BUXTON STREET (Number, street, rural route, apartment, or suite number) INDIANOLA, IA 50125 (City, town, state, zip)	
	Email KRIPPERGER@INDIANOLAIOWA.GOV Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) 1 am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the of in line 1 of space B. 1 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)] Event X /S/ Kurt Ripperger Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	
	Title: Telecommunications Supervisor (Title of official position held in corporation or partnership)	
	Date: 2/24/20	

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 the 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 telephol 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 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 t 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 lav

unting Period: 2019/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ANOLA MUNICIPAL UTILITIES	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	_
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm

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 th 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.