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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Zito Midwest LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Zito Media
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 665 (Number, street, rural route, apartment, or suite number)
	Coudersport, PA 16915 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	Zito Media - Golconda
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-26-20

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 suffciency of the fling, a determination that would be made by a court of law.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Zito Midwest LLC	1183
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single a list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Golconda	IL
Community		
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 1183
	Zito Midwest LLC								110
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including pathates)								
Transmission	last day of the accounting period	• •						sing on the	
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and Rates	down by categories of secondar each category by counting the n	•		-		•			
Rates	separately for the particular serv		-	•••		•	-	s onarged	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· ·		,	•	ard rate variation	ns within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ission serv	vice that cable	
	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	•			• • •			from the ope	
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a					•			
	sufficient.				1		<u> </u>	()	
	BLC	OCK 1 NO. OF	:				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		8	63.15					
	• Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC						stom's so	wight that work	
F	In General: Space F calls for ran not covered in space E, that is, the space E is that is, the space E is the					• •			
	service for a single fee. There a	re two exceptio	ons: you	u do not need t	o give rate	information cor	ncerning (*	1) services	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		susuali	y billed. If any i	ales ale c	nargeu on a vai	lable per-	orograffi basis,	
Transmissions:	Block 1: Give the standard ra	te charged by		•					
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip		-						
		BLO					Τ	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	17.95	• Mo	otel, hotel					
	 Pay cable—add'l channel 		-	mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential	00.00		e protection					
	 First set Additional set(s) 	30.00	4	rglar protection services:					
	• FM radio (if separate rate)		1	connect		30.00			
	• Converter		4	sconnect		50.00			
				itlet relocation		30.00			
				ove to new add	ess	30.00			
	-						A		

	LEGAL NAME OF OWNER OF			FORM SA1-2E. PAG
Name	Zito Midwest LLC	F CADLE ST ST EIVI.		118
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried 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 orgram services such as HBO, ESP e-air designation. For example, repore 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 in	me basis under ms [sections ions carried on a pstitute program _og)—if the o on some other ons. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI		N	
	KFVS	23.1	N	Cape Girardeau MO Cape Girardeau MO
·	KFV3	12.1	IN	
		40.1	I	
		49.1	I	Paducah KY
	WKPD	29	I N	Paducah KY Paducah KY
	WKPD WPSD	29 6.1	N	Paducah KY Paducah KY Paducah KY
	WKPD WPSD WSIL	29 6.1 3.1		Paducah KY Paducah KY Paducah KY Harrisburgh IL
	WKPD WPSD WSIL WTCT	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
	WKPD WPSD WSIL	29 6.1 3.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL
Nesses	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
s Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
s Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
s Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
vs as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
ws as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
ws as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL
ows as Necessary	WKPD WPSD WSIL WTCT KFVS	29 6.1 3.1 27.1	N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Marion IL

unting Period:	-			OVOTEM
Name	LEGAL NAME OF OWNER OI	F CABLE SYSTEM:		SYSTEM
	Zito Midwest LLC			118
	PRIMARY TRANSMITTERS:	TELEVISION		
^	In General: In space G, ide	entify every television station (including	g translator stations and low power tel	evision stations)
G		m during the accounting period, exception		
Primary	-	in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76.		-
ransmitters:		is explained in the next paragraph.		
Television		: With respect to any distant stations of	carried by your cable system on a sub	stitute program
		ules, regulations, or authorizations:		
	• Do not list the station her station was carried only on	e in space G—but do list it in space I (a substitute basis	the Special Statement and Program L	_og)—If the
		also in space I, if the station was carrie	ed both on a substitute basis and also	o on some other
	basis. For further information	on concerning substitute basis stations	s, see page (v) of the general instruction	ons.
		n's call sign. <i>Do not</i> report origination		-
	"WETA-2" as the same on	d with a station according to its over-the form	ne-air designation. For example, repo	rt multistream
		el number the FCC assigned to the tel	evision station for broadcasting over t	the air in its community
	of license. For example, W	RC is channel 4 in Washington, D.C.		
		case whether the station is a network	-	
	-	ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),	· · · · ·	
		erms, see page (iv) of the general insti-		
		on of each station. For U.S. stations, lis		is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF Zito Midwes								SYSTEM I 118
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be rece at the Co l sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C 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 ante this point, see pa sed by the cable s ne station is licens	adend, 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, tated 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	
		-				· 		
						·		
						·		
						·		
						·		
						·		
						·		
						·		
		-				·		
						·		
						·		
						·		
		-				·		
						·		
		1						

Accounting Perio	od: 2020/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							11832
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or aut	horization	s. For a further
Substitute	explanation of the programm	-			ne general ins	tructions in the	paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCEP	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network televis	ion progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	nust complete	the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if their	meaning	ıis
	clear. If you need more spa							,
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute		-		-
	period, was broadcast by a		•	•		•		
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am titles, for e	example, 1 Lo	ve Lucy	or
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
		-		asting the substitute prog the community to which th		consod by the	FCC or	in
	the case of Mexican or Car		,	-		•		
				stem carried the substitute		,	with the m	nonth
	first. Example: for May 7 give	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	5:28:30 p.m. sł	nould 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 requ	ired
	to delete under FCC rules a							
	was substituted for program							9.000
	effect on October 19, 1976					-		
			E PROGRAM	1		N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH			DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
					·	<u>-</u> .		
					·			

Accounting Period:	2020/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Zito Midwest LLC11832
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-month 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 \$ 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)
	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

	0.00	
	52.00 15.00	
	\$	67.00
-		nts!
	\$. \$ 	\$ 15.00

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: _LC	SYSTEM ID# 11832
M Channels	to its subscribers 1. Enter the total	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable	8
	2. Enter the total on which the ca	television broadcast stations	35
N Individual to Be Contacted	we can contact a	BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name Address	Teri McMullen Telephone 814-2 PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	260-0434
O Certification		teri.mcmullen@zitomedia.com Fax (optional) (This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Agenting) In a state of the state	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	X /s/James Rigas
	ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	me: James Rigas
	resident I position held in corporation or partnership)
Date:	08/27/2020

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.

unting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	118
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	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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.	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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 Interest Assessme
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
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	Interest Assessme
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	Interest Assessme
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	Interest Assessme
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	Interest Assessme
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	Interest Assessme
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	
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	
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	
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	Interest Assessme
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	Interest Assessme
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	Interest Assessme
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	Interest Assessme
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	Interest Assessme

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.