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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	ctions are located of this workbook	8/31/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	
	2020/1	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
		WAVE DIVISION HOLDINGS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)
		BOTHELL WA 98021 (City, lown, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these a leady 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:
	2	MAILING ADDRESS OF CABLE SYSTEM: 3700 MONTE VILLA PARKWAY (Number, street, rural route, apartment, or suite number)
		(Number, steet, fularioue, apartment, of suite number) BOTHELL WA 98021 (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 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
	WAVE DIVISION HOLDINGS LLC	28040
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorp	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, o	
Area	identified city.	r mobile nome parks should be reported in parentneses below the
Served	identified city.	
		OTATE
Firet	CITY OR TOWN CHELAN	STATE WA
First Community		
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID
Name	WAVE DIVISION HOLDI							010	2804
Ε	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ing on the	
Transmission	last day of the accounting period Number of Subscribers: Both	·				,	blo ovotom	brokon	
Service: Sub- scribers and	down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ny stanua		is within a j		
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servio	ce that cable	
	systems most commonly provide							0,	
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					•••	•		
	first set" and would be counted of	once again und	ler "Serv	vice 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 th	e nym-n			e-word descrip			
	BLO	DCK 1					BLOCK		ſ
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	656		27					
	Service to first set								
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		265	3.55					
	Commercial		182	10.65					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscril	per) info	rmation with re	spect to a	ll your cable sy	stem's serv	rices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rutes	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE		DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	dential			nded Content	74.
	• Pay cable	17.00		tel, hotel				Favorites	13.0
	Pay cable—add'l channel		-	mmercial			Digital		8.2 12.0
	Fire protection		5	/ cable	annal		Digital		
	•Burglar protection Installation: Residential		5	/ cable-add'l ch	annei		HBO	Cable Pack	32.7 19.0
	• First set	29.95		e protection glar protection			HBO M	27	14.9
	Additional set(s)			services:				ax me/The Movie (	14.9
	• FM radio (if separate rate)	14.33		connect		29.95	Cinema		18.5
	Converter			connect		_0.00	Starz		17.0
				tlet relocation			Moviep	lex	5.0
			• Mo	ve to new addr	ess			nus Pack	7.0

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	WAVE DIVISION HOLD	INGS LLC		2
	PRIMARY TRANSMITTERS:	FELEVISION		
G	carried by your cable system FCC rules and regulations in	ntify every television station (including tr in during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the (4) and (4) an 76, 62 (acferring to 76, 62)	(1) stations carried only on a part e carriage of certain network prog	-time basis under rams [sections
Primary Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC rule	(2) and (4), or 76.63 (referring to 76.61) explained in the next paragraph. With respect to any distant stations car es, regulations, or authorizations:	rried by your cable system on a su	ubstitute program
	station was carried <i>only</i> on a • List the station here, and al- basis. For further information	in space G—but do list it in space I (the a substitute basis. Iso in space I, if the station was carried a concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pro-	both on a substitute basis and als see page (v) of the general instruc	so on some other ctions.
	multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WR	with a station according to its over-the-a	air designation. For example, reprision station for broadcasting ove	port multistream
	educational station, by enteri (for independent multicast), " For the meaning of these term	ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc	or network multicast), "I" (for indep "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	pendent), "I-M" tional multicast).
		of each station. For U.S. stations, list the init of each stations, if any, give the name of the	•	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	CBUT - CBC	2	I	VANCOUVER, BC
d Rows as Necessary	KOMO - ABC	4	Ν	SEATTLE, WA
	KOMODT3 - Charge!	4.2	N	SEATTLE, WA
	KOMODT2 - CometTV	4.3	N	SEATTLE, WA
	KING - NBC	5	N	SEATTLE, WA
	KINGDT2 - Justice Ne	5.2	Ν	SEATTLE, WA
	KINGDT3 - Quest	5.3	N	SEATTLE, WA
	KIRO - CBS	7	N	SEATTLE, WA
	KIRODT2 - getTV	7.2	N	SEATTLE, WA
	KIRODT3 - Laff	7.3	N	SEATTLE, WA
	KCTS - PBS	9	E	SEATTLE, WA
	KCTS Plus	9.1	E	SEATTLE, WA
	KCTSDT2 - PBS Kids		_	SEATTLE, WA
	KCISDIZ - PBS Klus	9.2	E	SEATTLE, WA
	KCTSDT2 - PB3 Klus KCTSDT3 - Create	9.2 9.3	E	SEATTLE, WA
	KCTSDT3 - Create	9.3	E	SEATTLE, WA
	KCTSDT3 - Create KSTW - CW	9.3 11	E N	SEATTLE, WA TACOMA, WA
	KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades	9.3 11 11.2	E N N	SEATTLE, WA TACOMA, WA TACOMA, WA
	KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor	9.3 11 11.2 12.1	E N N N	SEATTLE, WA TACOMA, WA TACOMA, WA BELLINGHAM, WA
	KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX	9.3 11 11.2 12.1 13	E N N N N	SEATTLE, WA TACOMA, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA
	KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX KONG - Independent	9.3 11 11.2 12.1 13 16	E N N N N I	SEATTLE, WA TACOMA, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA EVERETT, WA
	KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX KONG - Independent KTBW - TBN	9.3 11 11.2 12.1 13 16 20	E N N N N I N	SEATTLE, WA TACOMA, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA EVERETT, WA SEATTLE, WA
	KCTSDT3 - Create KSTW - CW KSTWDT2 - Decades KVOS - Heroes & Icor KCPQ - FOX KONG - Independent KTBW - TBN KZJO - JOEtv	9.3 11 11.2 12.1 13 16 20 22	E N N N N I N N N	SEATTLE, WA TACOMA, WA TACOMA, WA BELLINGHAM, WA TACOMA, WA EVERETT, WA SEATTLE, WA

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	WAVE DIVISION HOLD	DINGS LLC		28046
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele of (1) stations carried only on a part-tin he carriage of certain network program	ne basis under
Primary			61(e)(2) and $(4))];$ and $(2)$ certain static	
Transmitters:		explained in the next paragraph.		
Television		, , , , , , , , , , , , , , , , , , ,	arried by your cable system on a subs	stitute program
		es, regulations, or authorizations: in space G—but do list it in space I (	the Special Statement and Program Lo	pa)—if the
	station was carried only on a			
		· · ·	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, report	· · · · · · · · · · · · · · · · · · ·
	"WETA-2" as the same on the	0	e-all designation. Tor example, report	
			evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a r	
			(for network multicast), "I" (for indeper or "E-M" (for noncommercial education	
		ms, see page (iv) of the general instr		
			t the community to which the station is	licensed by the
	FCC. For Mexican or Canad	ian stations, if any, give the name of	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM 280
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive 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 at 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 th	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
					-	e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	WAVE DIVISION HOLD	DINGS LL	С					28046
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad hu th	a FOO ar	in
	the case of Mexican or Car			the community to which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							• <u>•</u>	
						_		
						_		
						_		
						_		
						_		
1	I	1	Г	1				7

Accounting Period:	2020/1		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WAVE DIVISION HOLDINGS LLC		\$	8YSTEM ID# 28046
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm to compute this a	ission service amount, see	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 n.	263,800	
	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 y accounting period is \$52.00	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but me	. ,	,	
	Base amount under statutory formula      S			
	2. Enter amount of gross receipts from space K			
	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 gross receipts from space K	317,478.59		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	53,678.59		
	4. Multiply line 3 by .01	. \$	536.79	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.		\$	1,855.79
	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)	\$	1,855.79	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,875.79
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ION HOLDINGS LLC	SYSTEM ID# 28046
M Channels	<ol> <li>to its subscribe</li> <li>Enter the tot system carrie</li> <li>Enter the tot on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	24 354
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Chris Connolly Telephone 60	09-681-2178
	Address	650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton NJ, 08540 (City, town, state, zip)	
	Email	chris.connolly@rcn.net Fax (optional)	
O Certification	I, the undersig     (Own     (Age     i     X     (Off     i     i     I have examin     are true, compl	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	stem as identified
		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:       Parisa Salehani         Title:       Senior Vice President, Controller         (Title of official position held in corporation or partnership)	
		Date: 8/28/20	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
VE DIVISION HOLDINGS LLC	2804
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late 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.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	
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	- /s -
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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	- /s -
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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.