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

1

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
for Seconda	ry Tr	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>		
Cable Syste General instru in the first tab	ctions	are located	8/17/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))			
Accounting Period			Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 I - see instructions)			
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of t	idiary of another corporation, give the full co he cable system. the last day of the accounting period should :			
	x	single statement of account and royalty fer	e payment covering the entire accoun	ting period.	29350		
			. In not, enter the system s ib number	assigned by the Licensing Division.			
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		Wire Tele-View Corp.					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		(Number, street, rural route, apartment, or suite nu Pottsville, PA 17921	mber)				
		(City, town, state, zip)					
С				ntify the business and operation of the system, if different from the addres			
System	1	IDENTIFICATION OF CABLE SYSTEM: Pottsville, PA					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	imber)				
		(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:	SYSTEM ID#
	Wire Tele-View Corp.	29350
D	"a separate and distinct community or municipal entity (including uninco	y that you list will serve as a form of system identification hereafter known e filings.
Area	identified city.	or mobile nome parks should be reported in parentileses below the
Served		
	CITY OR TOWN	STATE
First	Five Points Cumbola	PA
Community	Pottsville	PA
	Port Carbon	PA
dd Rows as Necessary	Palo Alto	PA

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name	Wire Tele-View Corp.	ADLE STOTEM						010	2935
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p			•					
Transmission	last day of the accounting period	l (June 30 or E	ecember	31, as the case	may be	e).		C	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
nutoo	separately for the particular serv		0			•	•	lo onargou	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				standa	rd rate variation	ns within a	i particular rate	
	Block 1: In the left-hand block				s of sec	ondary transmi	ssion serv	rice that cable	
	systems most commonly provide			-		-			
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					U .			
	first set" and would be counted of					u in the count u	nuel Sel	lice to the	
	Block 2: If your cable system	has rate categ	ories for	secondary transr	nission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	and block. A two-	or thre	e-word descrip	tion of the	service is	
		DCK 1					BLOC	K 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT			NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Service to first set		681	\$21.77					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								I
	Non-residential								
			I						
	SERVICES OTHER THAN SEC					ll vour ochio ov	atom'o oo		
F	In General: Space F calls for rain not covered in space E, that is, t		,			• •			
	service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually i	billed. If any rates	s are cr	harged on a var	lable per-	program basis,	
ransmissions:	Block 1: Give the standard rat		the cable	system for each	of the	applicable serv	ices listed		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a brief (two- or three-word) descript		-		ed. List	these other se	rvices in tl	ne form of a	
	bhei (two- of three-word) desch		ue ine ra						
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	\$33.94		el, hotel	illiai		PPV		F
	• Pay cable—add'l channel	\$ 33.34		mercial			FFV		•
			• Pay						•
	-								
	Fire protection		• Pav	cable-add'l chan	nel				
	-		-	cable-add'l chan protection	nel				
	Fire protection Burglar protection		• Fire	protection	nel				
	Fire protection Burglar protection Installation: Residential		• Fire	protection lar protection	nel				
	Fire protection Burglar protection Installation: Residential First set		• Fire • Burg Other so	protection lar protection	nel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire • Burg Other so • Reco	protection lar protection ervices:	nel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other so • Reco • Disc	protection lar protection ervices: onnect	nel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other so • Reco • Disc • Outl	protection lar protection e rvices: onnect onnect					

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
Name	Wire Tele-View Corp.			29
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part e carriage of certain network prog	-time basis under rams [sections
Primary ansmitters: Felevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations:		
	 Do not list the station her station was carried only or List the station here, and 	re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried	l both on a substitute basis and als	so on some other
	Column 1: List each statio	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pi d with a station according to its over-the- the form	rogram services such as HBO, ES	SPN, etc. Identify each
	Column 2: Give the chann of license. For example, W	Ine form. Inel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. In case whether the station is a network s	Ū.	
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instru- on of each station. For U.S. stations, list i adian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WYOU	12	N	WILKES-BARRE, PA
	WBRE	11	N	WILKES-BARRE, PA
ows as Necessary	WPSG	22	<u> </u>	N/A
	WOLF	22	N	SCRANTON/WILKES-BARRE, PA
	WNEP	21	N	WILKES-BARRE, PA
	WVIA	21	E	WILKES-BARRE, PA
	WGAL	8	N	LANCASTER, PA
	WGAL WSWB	8 22	N N	LANCASTER, PA SCRANTON/WILKES-BARRE, PA
	WSWB	22	N	SCRANTON/WILKES-BARRE, PA
	WSWB JUSTICE	22 11	N	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA
	WSWB JUSTICE WFMZ	22 11 22	N I-M I	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA
	WSWB JUSTICE WFMZ WQMY	22 11 22 30	N I-M I I-M	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A
	WSWB JUSTICE WFMZ WQMY KYW	22 11 22 30 36	N I-M I I-M	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA
	WSWB JUSTICE WFMZ WQMY KYW WITF	22 11 22 30 36 12	N I-M I I-M N I	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA
	WSWB JUSTICE WFMZ WQMY KYW WITF ESCAPE	22 11 22 30 36 12 21	N I-M I I-M N I	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA N/A
	WSWB JUSTICE WFMZ WQMY KYW WITF ESCAPE WNEP2	22 11 22 30 36 12 21 21 21	N I-M I I-M N I I I I I	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA N/A WILKES-BARRE, PA
	WSWB JUSTICE WFMZ WQMY KYW WITF ESCAPE WNEP2 WVIAD	22 11 22 30 36 12 21 21 21 21	N I-M I I-M N I I I I E-M	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA N/A WILKES-BARRE, PA WILKES-BARRE, PA
	WSWB JUSTICE WFMZ WQMY KYW WITF ESCAPE WNEP2 WVIAD WVIAC	22 11 22 30 36 12 21 21 21 21 21 21	N I-M I I I I I I I E-M E-M	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA N/A WILKES-BARRE, PA WILKES-BARRE, PA
	WSWB JUSTICE WFMZ WQMY KYW WITF ESCAPE WNEP2 WVIAD WVIAC KYWD2	22 11 22 30 36 12 21 21 21 21 21 21 30	N I-M I I-M N I I I I E-M E-M I	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA N/A WILKES-BARRE, PA WILKES-BARRE, PA WILKES-BARRE, PA
	WSWB JUSTICE WFMZ WQMY KYW WITF ESCAPE WNEP2 WVIAD WVIAC KYWD2 LAFF	22 11 22 30 36 12 21 21 21 21 21 21 30 11	N I-M I I I I I I I E-M E-M I I I I I I I I I I I I I	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA N/A WILKES-BARRE, PA WILKES-BARRE, PA PHILADELPHIA,PA WILKES-BARRE, PA
	WSWB JUSTICE WFMZ WQMY KYW WITF ESCAPE WNEP2 WVIAD WVIAC KYWD2 LAFF GRITT	22 11 22 30 36 12 21 21 21 21 21 21 30 11 11 11	N I-M I I I I I I I I E-M E-M I I I I I I I I I I I I I	SCRANTON/WILKES-BARRE, PA WILKES-BARRE, PA ALLENTOWN, PA N/A PHILADELPHIA,PA HARRISBURG, PA N/A WILKES-BARRE, PA WILKES-BARRE, PA PHILADELPHIA,PA WILKES-BARRE, PA

Nire Tele-Vi	F OWNER OF (ew Corp.							SYSTEM 293
	t every radio s	station ca	nrried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can ertain st eneral ii parate a	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:						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Wire Tele-View Corp.							29350
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident	-	-			tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		reat of this no	an blank. If your anower	a "Vaa " vau	⊐ musteemel	_	
	Note: If your answer is "No	, leave the	e rest or this pa	ige blank. If your answer	is res, you i	must compi	ete the prot	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if th	neir meanin	n is
	clear. If you need more spa					0001010, 11 11		9 10
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		Jues of Dask	etball. List specific progr		example, i	LOVE LUCY	0
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which the			the FCC or,	in
				stem carried the substitut			s. with the r	nonth
	first. Example: for May 7 gi				o programi o		o,	
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program							0
	effect on October 19, 1976							
						N SUBSTI		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
					1			
								"
							_	
								"
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							_	
					1			1
							_	
					1			1
					1.1			

Accounting Period:		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
Name	Wire Tele-View Corp.		29350
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service	32
	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 \$ 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. 	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	nis 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 \$137,10		
	1. Base amount under statutory formula		
	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		
		<u> </u>	
	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		
	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)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	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	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O Wire Tele-View Corp.	F CABLE SYSTEM:				SYSTEM ID# 29350
M Channels	 to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system 	the cable system's tota of channels on which th n broadcast stations of activated channels em carried television bro		nels during the acco	ounting period.	23
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		R INFORMATION IS NEED	DED (Identify an indiv	ridual to whom	
for Further Information	Name Kelse	y Kenney			Telephone	s 570-622-4501
	(Number,	Market St street, rural route, apartmen ville, PA 1791 n, state, zip) kelsey@wtvacces			Fax (optional)	
	CERTIFICATION (This stat					
O Certification	 I, the undersigned, hereby X (Owner other the in line 1 of s (Officer or part in line 1 of s I have examined the state 	y certify that (Check one nan corporation or part r other than corporatio pace B and that the own t ner) I am an officer (if a pace B. ement of account and here rect to the best of my kn	e, but only one, of the boxes. tnership) I am the owner of on or partnership) I am the ner is not a corporation or pa a corporation) or a partner (if preby declare under penalty of howledge, information, and b) the cable system as duly authorized ager artnership; or f a partnership) of the of law that all stateme	identified in line 1 of space nt of the owner of the cable legal entity identified as o ents of fact contained here	e B; or e system as identified wner of the cable system
			X /s/ Kelsey Ken	on the line above to ce		-
			ame: Kelsey Kenne Co Office Manager / ¹ al position held in corporation or	Vice President		
		Date:			08/17/2020	

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:	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
re Tele-View Corp.	2935
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 Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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 Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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