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

STATEMEN	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	Transmissions by	DATE RECEIVED	AMOUNT	
Cable System	s (Short Form)			<u>coplicsoa@copyright.gov</u>
			\$	For additional information, contact the U.S. Copyright
General instruction		9/1/2020		Office Licensing Division at:
in the first tab of	this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020/1		-	
	20201	Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
	Instructions:	a an bla augusta na lifetha augusta is a au baid	lian, of another correction, since the full as	
B	of the subsidiary, not that of the parent co		liary of another corporation, give the full con	porate title
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.	
			ne last day of the accounting period should s	ubmit a
	single statement of account and royalty fe	e payment covering the entire accounti	ng period.	040661
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	040001
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu	un de la companya de		
	TYLER, TX 75701	iniber)		
	(City, town, state, zip)			
	NSTRUCTIONS: In line 1, give any busing ames already appear in space B. In line 2		, , , , , , , , , , , , , , , , , , , ,	5
System	IDENTIFICATION OF CABLE SYSTEM:			
		EX		
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite nu	imber)		

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

(City, town, state, zip code)

D	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community i 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. CITY OR TOWN EDDYVILLE (WEST KY COMPLEX)	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
D Area Served First Community	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community i 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. CITY OR TOWN EDDYVILLE	borated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings. or mobile home parks should be reported in parentheses below the STATE
Area Served First Community	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community is 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. CITY OR TOWN EDDYVILLE	that you list will serve as a form of system identification hereafter know filings. or mobile home parks should be reported in parentheses below the STATE
Area Served 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. CITY OR TOWN EDDYVILLE	filings. or mobile home parks should be reported in parentheses below the STATE
Area Served First Community	Note: Entities and properties such as hotels, apartments, condominiums, o identified city. CITY OR TOWN EDDYVILLE	or mobile home parks should be reported in parentheses below the STATE
Area Served First Community	identified city. CITY OR TOWN EDDYVILLE	STATE
First Community	CITY OR TOWN EDDYVILLE	
Community	EDDYVILLE	
Community	EDDYVILLE	
Community	EDDYVILLE	
Community		
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d Rows as Necessary		
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	LEGAL NAME OF OWNER OF C							FORM SA	TEM IC
Name			•					510	04066
Е	SECONDARY TRANSMISSION							h	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or D	ecember 3	1, as the cas	se may be	e).		0	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv			0 , (,	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth"). S	ummarize ar	ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additional	sets would be	e includeo	d in the count ur	Ider "Servi	ce to the	
	first set" and would be counted of								
	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-nan	u DIOCK. A IW	0- 01 tille	e-word descript		Service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODCOTUD		TUTE	0/11		(IIIOE	CODECTUDENCE	
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		75	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	te (not subscril	ber) inform	ation with res	spect to a	ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a 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		,	· · · · · · · · · · · · · · · · · · ·				- 3,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri				sned. List	these other ser	vices in the	e form of a	
							1		
		BLO			105	DATE		BLOCK 2	DATE
	CATEGORY OF SERVICE	RATE		RY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		motanatic		dential				
	Continuing Services:		Motel						
	• Pay cable	-	• Motel,						
	• Pay cable • Pay cable—add'l channel		• Comm	ercial					
	Pay cable Pay cable Pay cable—add'l channel Fire protection		• Comm • Pay ca	ercial ıble	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Comm • Pay ca • Pay ca	ercial ıble ıble-add'l cha	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Comm • Pay ca • Pay ca • Fire pr	ercial ible ible-add'l cha otection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Comm • Pay ca • Pay ca • Fire pr • Burgla	ercial Ible Ible-add'l cha otection r protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	ercial Ible Ible-add'l cha otection r protection vices:	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon	ercial ible ible-add'l cha otection r protection vices: nect	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	ercial Ible Ible-add'I cha otection r protection vices: nect inect	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor • Outlet	ercial ible ible-add'l cha otection r protection vices: nect		· · · · · · · · · · · · · · · · · · ·			

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		040661
G Primary	carried by your cable syster FCC rules and regulations i	TELEVISION ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6	<i>t</i> (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
Transmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	earried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF	ostitute program Log)—if the o on some other ions. PN, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	with a station according to its over-th he form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of the	evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station	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-1	23	I	CAPE GIRARDEAU, MO
	KFVS-1	12	N	CAPE GIRARDEAU, MO
d Rows as Necessary	WDKA-1	49	I	PADUCAH, KY
	WKPD-1	29	Е	PADUCAH, KY
	WPSD-1	6	N	PADUCAH, KY
	WQWQ(KFVS)-2	12.2	I	PADUCAH, KY
	WSIL-1	3	N	HARRISBURG, IL

EGAL NAME OF								SYSTEM 040
	every radio s	tation 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 ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he 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 sertain st general in eparate s	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
						<u> </u>		
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Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					040661
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident				-	tion that you	r coblo ovo	tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	ision nroa	ram
Statement and		-		n ouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	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 bu th		in
	the case of Mexican or Car			the community to which the community with 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	6:28:30 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 systen	n 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. TII		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	
							-	
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 040661
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	mission service amount, se \$ 18	,375.78
	In OCTANT. Tou must complete a statement in space r concerning gloss receipts.	(Amount of gros	ss 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 • 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 t accounting period is \$52.00	his 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 \$137,1	00)	
	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		
	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)	
		,000)	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #	[
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040661
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on value of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	7 39
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 RODNEY HASKINS Telephone	(903) 579-3152
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified mer of the cable system
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING	
	(Title of official position held in corporation or partnership) Date: 8/14/2020	

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ccounting Period: 2020/1		FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
EQUEL COMMUNICATIONS LLC		0406
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shal scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instr located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO	n for the basic all not include sub- o section 119." ructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment o For an explanation of interest assessment, see page (viii) of the general instructions located in the pape		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	er SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. - days -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. - days -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. - days - x 0.00274 - terest charge)	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. - days - x 0.00274 - terest charge)	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. days 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. days 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. days 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. days 	Q Interest Assessme

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