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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	by email to:			
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov			
Cable Syste General instru in the first tab	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150							
A	ACC		ED BY THIS STATEMENT: (Y)					
Accounting Period		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31 I - see instructions)				
B Owner		of the subsidiary, not that of the pare List any other name or names under If there were different owners during single statement of account and roya	ent corporation. which the owner conducts the business of t	the last day of the accounting period should ting period.				
			LING ADDRESS OF CABLE SYSTEM					
		CASTLE CABLE TV, INC. BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (IF DIFFERENT	)				
		MAILING ADDRESS OF OWNER PO BOX 339 (Number, street, rural route, apartment, or s	uite number)					
		HAMMOND, NY 13646-0 (City, town, state, zip)	339					
С		, <b>0</b> , <b>1</b> ,		ntify the business and operation of the system, if different from the addres	5			
System	1	IDENTIFICATION OF CABLE SYSTE			o given in opace 2.			
		MAILING ADDRESS OF CABLE SYS	STEM:					
	2	(Number, street, rural route, apartment, or s	ulte number)					
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CASTLE CABLE TV, INC.	5790
D	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 as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ALEXANDRIA BAY	NY
Community		
dd Rows as Necessary		
uu nows as necessary		

	LEGAL NAME OF OWNER OF C	ABIE OVOTEMA						FORM SA1	-2E. PAGI
Name	CASTLE CABLE TV, IN							313	579
		0.							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period	d (June 30 or De	ecembe	er 31, as the ca	ase may be	e).		0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n			0 / 3		•			
Rates	separately for the particular serv	0		0 , (			<i>,</i>	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	• •		,		rd rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not	e: Where an ind	dividua	l or organizatio	on is receiv	ing service that	falls unde	different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servi	ce to the	
	Block 2: If your cable system	0			( )	service that are	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-h	nand block. A t	wo- or thre	e-word descript	tion of the	service is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		744	70.75		L BASIC			6 1
	Service to first set		744 731	76.75 5.95		L EXTENDE			6.5 26.2
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		731	0.90	DIGITA		U		20.4
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		•	• •			
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar 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:	Block 1: Give the standard rat	• •				••		were not	
				maneu or one	eu uuring	-			
Rates	Block 2: List any services that listed in block 1 and for which a	separate chard			ished. List	these other ser			
Rates	listed in block 1 and for which a brief (two- or three-word) descrip		e the ra	made or establ	ished. List	these other ser			
Rates	listed in block 1 and for which a	ption and includ		made or establ	ished. List	these other ser			
Rates	listed in block 1 and for which a	otion and includ	CK 1	made or establ		these other ser		BLOCK 2	RATI
Rates	listed in block 1 and for which a brief (two- or three-word) descrip	btion and includ BLOC RATE	CK 1 CATEC	made or establ ate for each.	VICE				RAT
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	btion and includ BLOC RATE	CK 1 CATEC	made or establ ate for each. GORY OF SER	VICE				RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOC RATE	CK 1 CATEO Installa • Mo	made or establ ate for each. GORY OF SER ation: Non-res	VICE				RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE 20.50	CK 1 CATEC Installa • Mo • Col	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel	VICE				RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE 20.50	CK 1 CATEC Installa • Mo • Col • Pay	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	VICE				RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE 20.50	CK 1 CATEC Installa • Mo • Col • Pay	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	VICE				RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC RATE 20.50	CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	WICE sidential				RAT
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	0000 and includ BLOC RATE 20.50 11.25 99.99	CK 1 CATEC Installa • Mo • Cou • Pay • Pay • Fire • Bur	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	WICE sidential				RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	0000 and includ BLOC RATE 20.50 11.25 99.99	CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l cl e protection rglar protection	WICE sidential				RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	0000 and includ BLOC RATE 20.50 11.25 99.99	CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other s	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	WICE sidential	RATE			RATI
Kates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	0000 and includ BLOC RATE 20.50 11.25 99.99	CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Rea • Dis	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	WICE sidential	RATE			RATI

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Hallie	CASTLE CABLE TV, IN	IC.		5790
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	lso in space I, if the station was carrie in concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-th	of (1) stations carried only on a part-ti- the 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 instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDIV	4	N	DETROIT, MI
		7	N	
	WWNY		N	WATERTOWN, NY
dd Rows as Necessary	CKWS	11		
	СЈОН	13	<b>I</b>	
	WWTI-DT2	14	N	
	WPBS	16	E	WATERTOWN, NY
	WWTI	21	N	WATERTOWN, NY
	WNYF	28	N	WATERTOWN, NY
	WUHF	28	Ν	ROCHESTER, NY

EGAL NAME OF								SYSTEM 5
	every radio s	tation 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 stati this by placing sive the station	/ the sys be recei t the Cc sign of e he static on's sign a checl i's locatio	I-Band FM Carriage: Under C stem 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 his point, see pa ed by the cable s e station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral 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	
							·	
				<b></b>				

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CASTLE CABLE TV, I	NC.						5790
	SUBSTITUTE CARRIAG				G			
1		-	-			tion that you	, and la sur	town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ile general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yoi	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this na	nge blank. If your answer is	s "Yes " vouu	must complet	te the proc	
		, iouvo uio		ige blank. If your anower is	5 100, you i	nuot oompio		jian
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Lise abbreviation	wherever n	ossible if the	ir moonin	n ie
	clear. If you need more spa				s wherever p		ii meanni	y 15
	· ·			vision program ("substitute	e program") t	hat. during th	e account	ina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furth	er informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			(b) ( b) (b) (b) (b) (b) (b) (b) (b) (b)				
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e ECC or	in
	the case of Mexican or Car							
				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. s	should be	
	stated as "6:00–6:30 p.m."							store of
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ografii
	effect on October 19, 1976		your system w			, and regulat		
	,							1
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO	
						-		
					·			
						_		
					·		-	
								,
						_		
							-	· <b></b>
						_		
						_		
						_		
						_		

	2020/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CASTLE CABLE TV, INC.			ę	6YSTEM ID# 5790
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	stem's see	condary transmi compute this a	ission service amount, see \$2	
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha formation.	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for t	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 line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	00)	
	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		·····		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	276,959.00		
	2. Base amount under statutory formula	\$	263,800.00		
	- 3. Subtract line 2 from line 1	\$	13,159.00		
			\$	131.59	
	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 .	· · · · · · · · · · · · · · · ·	\$	1,450.59
	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)		\$	1,450.59	
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			\$	1,470.59
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CASTLE CABLE TV, INC.	SYSTEM ID <del>:</del> 5790
M Channels	CHANNELS Instructions: You must give (1) the number of channels on wh to its subscribers, and (2) the cable system's total number of ac 1. Enter the total number of channels on which the cable system carried television broadcast stations	stivated channels during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATI we can contact about this statement of account.)	ON IS NEEDED (Identify an individual to whom
for Further Information	Name SHELLY L. COLE	Telephone 315-324-5911
	Address PO BOX 339 (Number, street, rural route, apartment, or suite number HAMMOND, NY 13646-0339 (City, town, state, zip)	r)
	Email slcole@cit-tele.com	Fax (optional) 315-324-6289
O Certification	(Agent of owner other than corporation or partners in line 1 of space B and that the owner is not a cor	of the boxes.) the owner of the cable system as identified in line 1 of space B; or hip) I am the duly authorized agent of the owner of the cable system as identified poration or partnership; or r a partner (if a partnership) of the legal entity identified as owner of the cable system inder penalty of law that all statements of fact contained herein
	Enter an electron	helly L. Cole ic signature on the line above to certify this statement. sing an "/s/ signature" (e.g., /s/ John Smith)
	Title: Accounting	lly L. Cole Supervisor
	(Title of official position held in Date:	corporation or partnership) 8/14/2020

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
STLE CABLE TV, INC.	579
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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	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 Assessmer
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	
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	
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	
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	
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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