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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Form) ctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
	20201	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period		-		
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	diary of another corporation, give the full corpo	orate title
Owner	List any other name or names under which	h the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty fe	- · · ·	he last day of the accounting period should sub ting period.	bmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	061726
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
			<u>.</u>	
	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 n TYLER, TX 75701	umber)		
	(City, town, state, zip)			
C	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
Sustam				

 System
 1
 IDENTIFICATION OF CABLE SYSTEM:

 CIBOLA COUNTY CORRECTIONAL FACILITY

 MAILING ADDRESS OF CABLE SYSTEM:

 2

 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

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#
Humo	CEQUEL COMMUNICATIONS LLC	061726
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpora	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	MILAN	NM
Community	(CIBOLA COUNTY CORR)	
	การการการการการการการการการการการการการก	
d Rows as Necessary		
a Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABIE OVOTEMA							SA1-2E. PA
Name								5	0617
Е	SECONDARY TRANSMISSION In General: The information in s					u transmission (onvice of t	ha aabla	
-	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv		<i>,</i>	0 , (cnarged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth").	Summarize a	ny standa	rd rate variation	s within a p	oarticular 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	additiona	al sets would b	e includeo	in the count un	der "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 fales, in the	e nym-na	and DIOCK. A IW		e-word descript		ervice is	
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBER	s RA
	Residential:	CODOCIAD	LING	TUTE	0/11		(TIOL	CODOCIADEIX	5 101
	Service to first set		0	-					
	Service to additional set(s)		Ō	-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		10	40.71					
	Converter			-0.7 1					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	3				
F	In General: Space F calls for ra	te (not subscrib	oer) infor	mation with re	spect to a	ll your cable sys	tem's serv	ices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services		,		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 rat								
Rates	Block 2: List any services that	• •			-				
	listed in block 1 and for which a brief (two- or three-word) description				sned. List	these other services	vices in the	e iorm of a	
								BLOCK 2	
		BLO			105	DATE	OATEOC		
	CATEGORY OF SERVICE	BLOO RATE	CATEG	ORY OF SER		RATE	CATEGO	ORY OF SERVIO	CE RA
	Continuing Services:		CATEG Installa	tion: Non-resi		RATE	CATEGO	ORY OF SERVIO	
	• Pay cable		CATEG Installa • Mote	tion: Non-resi el, hotel		RATE	CATEGO	DRY OF SERVI	
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mote • Com	tion: Non-resi el, hotel ımercial		RATE	CATEGO	DRY OF SERVI	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mote • Com • Pay	tion: Non-resi el, hotel mercial cable	dential	RATE	CATEGO	DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEG Installa • Moto • Com • Pay • Pay	tion: Non-resi el, hotel mercial cable cable-add'l cha	dential	RATE	CATEGO	DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		CATEG Installa • Moto • Con • Pay • Pay • Fire	tion: Non-resi anercial cable cable-add'l cha protection	dential	RATE	CATEGO	DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg	tion: Non-resi el, hotel nmercial cable cable-add'l ch: protection glar protection	dential	RATE	CATEGO	DRY OF SERVIC	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Moto • Com • Pay • Pay • Fire • Burg	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices:	dential	RATE	CATEGO	DRY OF SERVIC	
	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)		CATEG Installa • Moto • Con • Pay • Pay • Fire • Burç Other s • Rec	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices: onnect	dential	RATE	CATEGO		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices: onnect onnect	dential	RATE 6	CATEGO		
	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)		CATEG Installa • Moto • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices: onnect	dential	RATE	CATEGO		

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
				061726
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program Li- d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a li- (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 is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KASA-1	2		ALBUQUERQUE, NM
	KASY-1	50		ALBUQUERQUE, NM
Rows as Necessary	KLUZ-1	14		ALBUQUERQUE, NM
lows as necessary	KOAT-1	7	N	ALBUQUERQUE, NM
	KOB-1	4	N	ALBUQUERQUE, NM
	KRQE-1	- 13	N	ALBUQUERQUE, NM
	KTFQ-1	41	IN	ALBUQUERQUE, NM
	KWBQ-1			ALBUQUERQUE, NM

EGAL NAME OF								SYSTEM 061
	every radio s	station ca	arried on a separate and discre 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 isignal, indicate if	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei it the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a 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	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
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	CEQUEL COMMUNICA	ATIONS L	LC					061726
	SUBSTITUTE CARRIAG							
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:	1. SPECIAL STATEMEN				ine general in		ie paper e	
Special		-				ootwork tolov	icion prog	rom
Statement and	During the accounting per	-	ul cable system	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				program") t	hot during th		ina
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	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.			() () () () () () () () () ()				
				er "Yes." Otherwise enter " casting the substitute prog				
				the community to which th		censed by th	e FCC or.	in
	the case of Mexican or Car						,	
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car	ned by a system norm 0.0	i. io p.iii. io c	.20.30 p.m.		
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your system	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
	effect on October 19, 1976							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	/IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
					·			
							-	
						_		
						_		
							-	·
						_		
					·		-	
						_		
						_		
						_		
1	1			1				

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID#
		061726
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss: (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service
	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 \$26 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. 	3,80(
	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 this accounting period is \$52.00	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 \$137,100)	
	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	
	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)	,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 of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061726
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 which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	8
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.)	<u></u>
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
O Certification	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) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, 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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner	B; or system as identified
	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)] Image: 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)] Image: 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)] Image: the statement of account and hereby declare under penalty of law that all statements are made in good faith.	1
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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.

	FORM SA1-2E. PAGE
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06172
 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 Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q 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	Q Interest Assessmen
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