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

<b>STATEM</b>	ENT OF		FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
		missions by	DATE RECEIVED	AMOUNT		
Cable Syste General instru- in the first tab	uctions are	located	08/19/2020	\$ ALLOCATION NUMBER	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUN	ITING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	202	0/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting			Barcode Data Filing Period (optiona	I - see instructions)		
Period						
В	Give	ructions: e the full legal name of the owner of th ne subsidiary, not that of the parent co		idiary of another corporation, give the full co	orporate title	
Owner	List	any other name or names under whic	n the owner conducts the business of t	he cable system.		
			accounting period, only the owner on the payment covering the entire accounting the enti	the last day of the accounting period should ting period.	submit a	
	Chee	ck here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	61967	
	LE	GAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	Hor	neTel Entertainment, Inc.				
			CABLE SYSTEM (IF DIFFERENT	)		
				1		
	MA	ILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		1 N. Douglas Street				
		iber, street, rural route, apartment, or suite n int Jacob, IL 62281	umber)			
		, town, state, zip)				
С				ntify the business and operation of th e system, if different from the addres		
System		NTIFICATION OF CABLE SYSTEM:				
	MAI	LING ADDRESS OF CABLE SYSTEM	:			
		D. Box 215 ber, street, rural route, apartment, or suite n	umber)			
	Sa	int Jacob, IL 62281 , town, state, zip code)				
<u> </u>						
Privacy Act Noti	ce: Section 111	of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	ne personally identifying information (PII) regulation	ested on this	

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#
	HomeTel Entertainment, Inc.	61967
D	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First ommunity	St. Jacob	
manty		
Necessary		
	/	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							2E. PAGE
Name	HomeTel Entertainment							010	6196
Е	SECONDARY TRANSMISSION In General: The information in s	SERVICE: SI				y transmission	service of	the cable	
	system, that is, the retransmission	on of television	and rac	dio broadcasts	by your sy	stem to subscr	ibers. Give	information	
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number c	of persons or or	ganizations		
	separately for the particular serv Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				,				
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		c ngnt-n						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				-				
	Service to first set		367	61.95	Digital	tal Basic			12.
	<ul> <li>Service to additional set(s)</li> </ul>				Digital	gital Premium			33.
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
_	SERVICES OTHER THAN SEC In General: Space F calls for rai				-	ll vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There an	•			0		0.	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If any fa	iles ale ci	larged on a var	iable pei-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t				••			
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 sei	vices in the	e form of a	
		BLO			105	DATE	0.475.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RAT
	Pay cable			tel, hotel	uentiai		Digital	Premium	10.
	Pay cable—add'l channel			nmercial			to		27.
	Fire protection		_	/ cable					~ · · ·
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential		-	protection					
	• First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	• Converter			connect					
			• Out	let relocation					
			• Mov	ve to new addre	ess				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	HomeTel Entertainme			619
	PRIMARY TRANSMITTERS:	,		
<b>G</b> Primary nsmitters: elevision	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, a <b>Substitute Basis Stations</b> 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 informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on f <b>Column 2:</b> Give the channe of license. For example, W <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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca lles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part he carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si arried by your cable system on a sine Special Statement and Program d both on a substitute basis and al see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er a noncommercial pendent), "I-M" ttional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL	30	N	St. Louis, Missouri
	KETC	9	E	St. Louis, Missouri
ows as Necessary	KMOV	4	N	St. Louis, Missouri
	KPLR	11	<b>I</b>	St. Louis, Missouri
	KSDK	5	Ν	St. Louis, Missouri
	κτνι	2	N	St. Louis, Missouri
	WRBU	46	l	East St. Louis, Illinois
	KNLC	24	<b>I</b>	St. Louis, Missouri
	KNLC KPLR-2	24 11.2	I I-M	
			I I-M I-M	St. Louis, Missouri
	KPLR-2	11.2		St. Louis, Missouri St. Louis, Missouri
	KPLR-2 KPLR-3	11.2 11.3	I-M	St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4	11.2 11.3 11.4	I-M I-M	St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2	11.2 11.3 11.4 30.2	I-M I-M N-M	St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3	11.2 11.3 11.4 30.2 30.3	I-M I-M N-M N-M	St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3 KDNL-4	11.2 11.3 11.4 30.2 30.3 30.4	I-M I-M N-M N-M N-M	St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3 KDNL-4 KETC-2	11.2 11.3 11.4 30.2 30.3 30.4 9.2	I-M I-M N-M N-M N-M E-M	St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-3	11.2 11.3 11.4 30.2 30.3 30.4 9.2 9.3	I-M I-M N-M N-M N-M E-M E-M	St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-3 KETC-4	11.2 11.3 11.4 30.2 30.3 30.4 9.2 9.3 9.4	I-M I-M N-M N-M E-M E-M E-M	St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-3 KETC-4 KSDK-2	11.2 11.3 11.4 30.2 30.3 30.4 9.2 9.3 9.4 5.2	I-M I-M N-M N-M N-M E-M E-M E-M N-M	St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-3 KETC-4 KSDK-2 KSDK-3	11.2         11.3         11.4         30.2         30.3         30.4         9.2         9.3         9.4         5.2         5.3	I-M I-M N-M N-M E-M E-M E-M E-M N-M	St. Louis, Missouri
	KPLR-2 KPLR-3 KPLR-4 KDNL-2 KDNL-3 KDNL-4 KETC-2 KETC-3 KETC-4 KSDK-2 KSDK-3 KSDK-4	11.2         11.3         11.4         30.2         30.3         30.4         9.2         9.3         9.4         5.2         5.3         5.4	I-M I-M N-M N-M E-M E-M E-M N-M N-M N-M	St. Louis, Missouri         St. Louis, Missouri

LEGAL NAME OF			IGTEWI.					SYSTEM I 619
	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 t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recei at the Co l sign of e the static ion's sign g a chech 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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii eparate 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	
		5,5				5,0		
N/A								
				L				

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	HomeTel Entertainme	nt, Inc.						61967
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom carried 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	vision prog	ram
Statement and		-		frouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age 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 hu th	а FCC ат	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	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	n was requ	uired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
						-	-	
							-	
						_		
						_		
					·			
							-	
					·			
						_		
						_		
					·			
1	1	1	1	1	1			1

Accounting Period:	2020/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	HomeTel Entertainment, Inc.		61967
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	Insmission servic this amount, se	¢ 6,535.33
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>		
	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 f accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)	
	1. Base amount under statutory formula \$ 263,800.0	0	
	2. Enter amount of gross receipts from space K \$ 156,535.3	3	
	3. Subtract line 2 from line 1	57	
	4. Enter the amount of gross receipts from space K	156,535.33	
	5. Enter the amount from line 3	107,264.67	
		<u> </u>	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	-	246.35
	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	··· \$	246.35
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	0	
	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)	246.35	
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	\$	266.35
	EFT Trace # or TRANSACTION ID #		
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O HomeTel Entertainmer					SYSTEM ID# 61967
<b>M</b> Channels	<ul> <li>to its subscribers, and (2)</li> <li>1. Enter the total number system carried television</li> <li>2. Enter the total number on which the cable system</li> </ul>	the cable system's tota of channels on which th broadcast stations of activated channels m carried television bro	al numbe he cable	on which the cable system carried televisio r of activated channels during the accountir stations	ng period.	23 299
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			MATION IS NEEDED (Identify an individua	I to whom	
for Further Information	Name Rach	el Stopka			Telephone	618-644-3366
O Certification	(Number, Saint (City, tow Email CERTIFICATION (This stat • I, the undersigned, hereby (Owner other th (Agent of owner in line 1 of s • I have examined the state	y certify that (Check one <b>nan corporation or part</b> <b>r other than corporatio</b> pace B and that the own <b>mer)</b> I am an officer (if a pace B. ment of account and hei	el.com	Fax fied and signed in accordance with Copyrig	ht Office regulations) tified in line 1 of space E the owner of the cable s al entity identified as own of fact contained herein	system as identified ner of the cable system
	[18 U.S.C., Section 1001(1	Typed or printed na Title:	Enter an e Enter sign name: Secret	held in corporation or partnership)		

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
meTel Entertainment, Inc.	6196
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: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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</li></ul>	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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	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
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
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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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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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 Assessment

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