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

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ny Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste General instru in the first tab	ctions	are located	07/14/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α			NY THIS STATEMENT. (W		
	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	(YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
		20201	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		diary of another corporation, give the full corp	porate title of
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.	
		-		he last day of the accounting period should su	bmit a single
		statement of account and royalty fee paym			62240
		Check here if this is the system's first filing.	in not, enter the system's 1D number a	issigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		MURRAY ELECTRIC PLANT BOARD			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF O P.O. BOX 1095 (Number, street, rural route, apartment, or suite nu			
		MURRAY, KY 42071			
С				ntify the business and operation of the	
System	name	s already appear in space B. In line 2	2, give the mailing address of th	he system, if different from the addres	s given in space B.
System	1	IDENTIFICATION OF CABLE STSTEM.			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			

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

Accounting Period:	2020/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MURRAY ELECTRIC PLANT BOARD	62240
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	MURRAY	KY
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:							TEM ID
Name	MURRAY ELECTRIC PL		C						6224
Е	SECONDARY TRANSMISSION In General: The information in sp					/ transmission s	ervice of th	e cable	
—	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
Rates	separately for the particular servi							Sharged	
	Rate: Give the standard rate cl	harged for eac	h catego	ory of service. In	clude bot	th the amount o	f the charg		
	unit in which it is generally billed.				y standar	d rate variations	s within a pa	articular rate	
	category, but do not include disce Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	•		•					
	that applies to your system. Note								
	categories, that person or entity s						•		
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti	-							
	with the number of subscribers a								
	sufficient.	014.4					DI 00	()	
	BLC	DCK 1 NO. OF	-				BLOCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		2,589	13.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		165	1.10					
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS					•	
-	In General: Space F calls for rate				pect to all	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							.g,	
Transmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				ieu. List t	inese other serv	nces in the	IOTTI OF A	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi					
	• Pay cable	16.50	• Mo	tel, hotel			PAY-PI	ER-VIEW	7.9
	Pay cable—add'l channel		• Cor	mmercial					
				/ cable					1
	 Fire protection 	k	· ·	, / cable-add'l cha	annel				1
	Fire protection Burglar protection			Cable-auu i Che					
				e protection					
	•Burglar protection		• Fire						
	•Burglar protection Installation: Residential		• Fire • Bur	e protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bur Other s	e protection glar protection		24.95			
	•Burglar protection Installation: Residential • First set		• Fire • Bur • Bther • Rec	e protection glar protection services:		24.95			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur Other s • Rec • Dis	e protection glar protection services: connect		30.00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur Other s • Rec • Dis • Out	e protection glar protection services: connect connect	55	••••••			

Maria a	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM I
Name	MURRAY ELECTRIC	PLANT BOARD		622
	PRIMARY TRANSMITTERS	TELEVISION		
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the locati	also in space I, if the station was carried b ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro ad with a station according to its over-the-a	1) stations carried only on a part- carriage of certain network progr e)(2) and (4))]; and (2) certain station ied by your cable system on a su Special Statement and Program both on a substitute basis and als ee page (v) of the general instruct gram services such as HBO, ES in designation. For example, rep sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	time basis under trams [sections titions carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial endent), "I-M" ional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSIL	3	N	HARRISBURG, IL
	WTVF	5	N	NASHVILLE, TN
Rows as Necessary	WTVF	5.2	N	NASHVILLE, TN
	WPSD	6	N	PADUCAH, KY
	WPSD-D2	6.2	Ν	PADUCAH, KY
	WPSD-D2 WPSD-D3	6.2 7.1	N N	PADUCAH, KY PADUCAH, KY
	WPSD-D3	7.1	N	PADUCAH, KY
	WPSD-D3 WDCN	7.1 8	N	PADUCAH, KY NASHVILLE, TN
	WPSD-D3 WDCN KBSI	7.1 8 9	N E I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS	7.1 8 9 12	N E I N	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3	7.1 8 9 12 12.3	N E I N N	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA	7.1 8 9 12 12.3 49	N E I N N	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO
	WPSD-D3 WDCN KBSI KFVS KFVS-D3 WDKA WQWQ	7.1 8 9 12 12.3 49 17	N E I N N N I	PADUCAH, KY NASHVILLE, TN CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY CAPE GIRARDEAU, MO

Accounting F	Period: 2020/	/1						FORM	I SA1-2E. PAGE 4
LEGAL NAME O									SYSTEM ID
MURRAY EL	LECTRIC PL	LANT E	OARD						6224
	st every radio s	station ca	rried on a separate and disc nerally receivable by your ca						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to ormation abou orm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be recein the Co sign of e the statio ion's sign g a chech n's locati	-Band FM Carriage: Under tem whenever it is received ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically proces mark in the "S/D" column. on (the community to which t	at s tr	the system's he ystem's FM anten is point, see pa ed by the cable s e station is licens	eadend, 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 :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	1	1	the community with which the	e		1			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	┞	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WFGE	FM		MURRAY, KY						
WKMS WAAJ	FM FM		MURRAY, KY MURRAY, KY						
WZKY	FM	<u> </u>	MURRAY, KY						
		<u> </u>							
				-					
		 		-					
		<u> </u>							
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		<u> </u>							
		+							
		<u> </u>		1					

Accounting Perio	d: 2020/1					FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	MURRAY ELECTRIC P	LANT BO	ARD				62240
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati CC rules, regul	ations, or authorization	s. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA	\1-2 form.
Carriage: Special	1. SPECIAL STATEMENT						
Statement and	 During the accounting per 	-	ur cable system	n carry, on a substitute bas	sis, any nonne	etwork television prog	
Program Log	broadcast by a distant stat	ion?				YES	× NO
	Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	s "Yes," you m	ust complete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3 : Give the call	ice, please of every no distant stat gulations, c ies like "mo Bulls." n was broa sign of the	add additional onnetwork televition and that yo or authorization ovies" or "baske dcast live, ente station broadca	rows to the tables. vision program ("substitute our cable system substitute is. See page (v) of the ger	e program") th ed for the pro neral instruction in titles, for e No." am.	at, during the account gramming of another ons for further informa xample, "I Love Lucy"	ting station ation. or
	the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	nadian station of hand day ve "5/7." es when the	ons, if any, the when your sys	community with which the stem carried the substitute ogram was carried by your	e station is ide program. Us cable system	ntified). e numerals, with the r n. List the times accura	nonth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulati	ons in effect d		d; enter the le	etter "P" if the listed pr	
	s	UBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
					-		
					-		
					-		
					-		
					-		
					-		
						_	
						_	
					-		
					-		

Accounting Period:	2020/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MURRAY ELECTRIC PLANT BOARD	S	YSTEM ID# 62240
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	1,481.84 pss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period	is six-month	0.00
	Line 2. Interest charge. Enter the amount from the 4, space Q, page 6		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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 201,481.84		
	3. Subtract line 2 from line 1		
		201,481.84	
	5. Enter the amount from line 3	62,318.16	
		139,163.68	
	7. Multiply line 6 by .005 (enter figure here)		695.82
	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	\$	695.82
	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		
	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)	695.82	
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	\$	715.82
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: ECTRIC PLANT BOARD	SYSTEM ID# 62240
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried television broadcast ers, and (2) the cable system's total number of activated channels during the accounting period. Datal number of channels on which the cable ried television broadcast stations	18
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	TINA COX	elephone (270) 762-1719
	Address	P.O. BOX 1095 (Number, street, rural route, apartment, or suite number) MURRAY, KY 42071 (City, town, state, zip)	
	Email	tcox@murrayelectric.net Fax (optional	
O Certification	I, the undersign (Own X (Age (Off I have examine are true, comp	 N (This statement of account must be certified and signed in accordance with Copyright Office reguned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of second or the owner of the cable system as identified in line 1 of second or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained here, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] 	space B; or cable system as identified as owner of the cable system
		X TONY THOMPSON Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: TONY THOMPSON	t.
		Title: GENERAL MANAGER (Title of official position held in corporation or partnership)	
		Date: 07/14/2020	

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unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
RAY ELECTRIC PLANT BOARD	622
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Statemen Concerning Gros Receipts Exclusio
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 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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