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.

STATEMENT OF ACCOUNT

## SA1-2E Short Form

by email to:

Return completed workbook

		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste	ems (S	Short Form)			For additional information,
General instru	ictions	are located	08/31/20	\$	contact the U.S. Copyright Office Licensing Division at:
in the first tab				ALLOCATION NUMBER	Tel: (202) 707-8150
					J
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
		Instructions:			
В		of the subsidiary, not that of the parent co		ary of another corporation, give the full cor	porate title
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.	
		If there were different owners during the a	accounting period, only the owner on the	e last day of the accounting period should su	ubmit a
		single statement of account and royalty fee	e payment covering the entire accountin	ng period.	
		Check here if this is the system's first filing	. If not, enter the system's ID number as	signed by the Licensing Division.	
		1			
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		BALLARD RURAL TELEPHONE COC	PERATIVE CORPORATION INC		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		Number, street, rural route, apartment, or suite nu	imber)		
		LA CENTER KY 42056 (City, town, state, zip)			
	INSTR	RUCTIONS: In line 1, give any busine	ess or trade names used to identi	fy the business and operation of the	system unless these
С		s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2				
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			
Privacy Act Notic	e Section	n 111 of title 17 of the United States Code aut	horizes the Convright Office to collect the	nerconally identifying information (PII) regue	sted on this
				r	

FOR COPYRIGHT OFFICE USE ONLY

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. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STSTEM
	BALLARD RURAL TELEPHONE COOPERATIVE CORPORATION IN(	
	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated commur	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	I serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	parks should be reported in parentheses below the
Area	identified city.	P
Served		
	CITY OR TOWN	STATE
First	BARLOW	КҮ
Community	KEVIL	KY
,		
		ΚΥ
ld Rows as Necessary	BANDANA	KY
	WEST PADUCAH	ΚY
	BLANDVILLE	KY
	LOVELACEVILLE	KY
	WICKLIFFE	KY
	PADUCAH	KY

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
Humo	BALLARD RURAL TEL	EPHONE CO	DOPER	ATIVE CORPO	ORAT	ION INC			
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIB	ERS AND RATE	ES				
E	In General: The information in s	•		•					
- ·	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	, ,					those existii	ng on the	
Service: Sub-	Number of Subscribers: Bot						ble system,	broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n			0,0		•		charged	
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-		
	category, but do not include disc		,	•	Standar		is within a p		
	Block 1: In the left-hand block				of seco	ondary transmis	ssion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted						idel Selvic		
	Block 2: If your cable system	0			· · ·	service that are	e different fro	om those	
	printed in block 1 (for example,	tiers of services	s that inclu	ide one or more	second	lary transmissi	ons), list the	m, together	
	with the number of subscribers a	and rates, in th	e right-ha	nd block. A two-	or three	e-word descript	tion of the se	ervice is	
	sufficient.	OCK 1		П			BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	EKS	RAIE	CATE	GORT OF SEI	<b>NICE</b>	SUBSCRIBERS	RATE
	Service to first set		1,442	30.99 SE		E TO ADDL	BOX	659	4.6
			1,442			E TO ADDL		283	4.0 6.9
	Service to additional set(s)					E TO ADDL			0.9 10.9
	• FM radio (if separate rate)								
	Motel, hotel							463	15.9
	Commercial			3=		E TO ADDL	. BUX	343	9.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES					
F	In General: Space F calls for ra		,	•		• •			
	not covered in space E, that is,								
Services	service for a single fee. There a furnished at cost or (2) services	•		•			• • • •		
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
Transmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descri		,		u. List i	inese other ser	vices in the	IOTTI OF A	
		BLO			-	DATE	047500	BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC		RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		• Mote		iniai		BASIC		48.0
	Continuing Services:	30.99		, notei			STAND	NPN	-0.0
	• Pay cable	30.99		noroial			STAND		57.0
	• Pay cable • Pay cable—add'l channel	30.99	• Com	nercial			FYDANI	חשר	57.0 67.0
	Pay cable     Pay cable—add'l channel     Fire protection	30.99	• Comi • Pay o	able	nel		EXPAN	DED	57.0 67.0
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	30.99	• Com • Pay o • Pay o	able able-add'l chann	nel		EXPAN	DED	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	30.99	• Com • Pay o • Pay o • Fire p	able able-add'l chann rotection	nel		EXPANI	DED	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	30.99	• Com • Pay o • Pay o • Fire p • Burgl	able able-add'l chann protection ar protection	nel		EXPANI	DED	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	30.99	• Comi • Pay o • Pay o • Fire p • Burgl Other se	able able-add'l chann protection ar protection <b>rvices:</b>	nel	25.00	EXPANI	DED	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	30.99	• Comi • Pay o • Pay o • Fire p • Burgl Other se • Reco	able able-add'l chann rotection ar protection <b>rvices:</b> nnect	nel	35.00	EXPANI	DED	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	30.99	• Comi • Pay o • Pay o • Fire p • Burgl Other se • Reco • Disco	able able-add'l chann rotection ar protection <b>rvices:</b> nnect nnect	nel		EXPANI	DED	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	30.99	• Comi • Pay o • Pay o • Fire p • Burgl Other se • Reco • Disco	able able-add'l chann rotection ar protection <b>rvices:</b> nnect		35.00 67.60 67.60		DED	

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
Name			RPORATION INC	
	PRIMARY TRANSMITTERS:			
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC	dentify every television station (including t em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 <sup>-1</sup> as explained in the next paragraph. <b>is:</b> With respect to any distant stations ca rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis.	(1) stations carried only on a particle carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s	rt-time basis under grams [sections stations carried on a substitute program
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each	nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network s	see page (v) of the general instru rogram services such as HBO, E3 -air designation. For example, re vision station for broadcasting ove station, an independent station, or	ictions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati FCC. For Mexican or Cana	tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), of terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static ne community with which the static	ational multicast). on is licensed by the ion is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSIL	3.1	N	HARRISBURG IL
	WSIL	3.2	Ν	HARRISBURG IL
vs as Necessary	WSIL	3.3	N	HARRISBURG IL
vs as Necessary	WSIL WSIL	3.3 3.4	N N	
vs as Necessary				HARRISBURG IL
vs as Necessary	WSIL	3.4	N	HARRISBURG IL HARRISBURG IL
vs as Necessary	WSIL WPSD	3.4 6.1	N N	HARRISBURG IL HARRISBURG IL PADUCAH KY
vs as Necessary	WSIL WPSD WPSD	3.4 6.1 6.2	N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY
vs as Necessary	WSIL WPSD WPSD WPSD	3.4 6.1 6.2 6.3	N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY
vs as Necessary	WSIL WPSD WPSD WPSD KFVS	3.4 6.1 6.2 6.3 12.1	N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ	3.4 6.1 6.2 6.3 12.1 12.2	N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS	3.4 6.1 6.2 6.3 12.1 12.2 12.3	N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY CAPE GIRARDEAU MO
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1	N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI KBSI	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1 23.2	N N N N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI KBSI KBSI	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1 23.2 23.3	N N N N N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI KBSI KBSI KBSI KBSI	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1 23.2 23.3 27.1	N N N N N N N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI KBSI KBSI KBSI WTCT WKPD KET1 WKPS KET2	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1 23.2 23.3 27.1 29.1 29.2	N N N N N N N N N N N N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI KBSI KBSI WTCT WKPD KET1 WKPS KET2 WKPD KETKY	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1 23.2 23.3 27.1 29.1 29.2 29.3	N N N N N N N N N N N N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO MARION IL PADUCAH KY PADUCAH KY
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI KBSI KBSI WTCT WKPD KET1 WKPD KET2 WKPD KETKY WDKA	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1 23.2 23.3 27.1 29.1 29.2 29.3 49.1	N N N N N N N N N N N N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO MARION IL PADUCAH KY PADUCAH KY
vs as Necessary	WSIL WPSD WPSD WPSD KFVS WQWQ KFVS KBSI KBSI KBSI WTCT WKPD KET1 WKPS KET2 WKPD KETKY	3.4 6.1 6.2 6.3 12.1 12.2 12.3 23.1 23.2 23.3 27.1 29.1 29.2 29.3	N N N N N N N N N N N N N N N N N N N	HARRISBURG IL HARRISBURG IL PADUCAH KY PADUCAH KY PADUCAH KY CAPE GIRARDEAU MO PADUCAH KY CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO CAPE GIRARDEAU MO MARION IL PADUCAH KY PADUCAH KY

EGAL NAME OF					NC			SYSTEM
	every radio s	station ca	rried on a separate and discre					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1:</b> Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei it the Cc I sign of e	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.	t the system's he system's FM ante	adend, and (2 nna, during ce	) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing ive the station	ion's sigi g a checl n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC			
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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	BALLARD RURAL TEI	LEPHONE	E COOPERA	TIVE CORPORATION				0
	SUBSTITUTE CARRIAG	E: SPECIA			)G			
	In General: In space I, ident					tion that y	our cable sv	stem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				5			
Special						ootwork to	lovicion prov	rom
Statement and	<ul> <li>During the accounting per</li> </ul>	-	ui cable syster	in carry, on a substitute ba	asis, any noni			
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	nust com	plete the pro	gram
	log in block 2.				-			-
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meanir	iq is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example,	T Love Lucy	or
			dcast live ent	er "Yes." Otherwise enter '	"No "			
	1 0		,	asting the substitute progr				
				the community to which th		censed by	the FCC or	, in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
			/ when your sy	stem carried the substitute	e program. U	se numer	als, with the	month
	first. Example: for May 7 gi							
				ogram was carried by you				
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.i	n. should be	
	stated as "6:00-6:30 p.m."		P. 1. 1.	n was substituted for prog	romming that		tom was roa	uired
	Column 7: Enter the left	or "P" it the						
	Column 7: Enter the lett							
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	od; enter the	etter "P" i	f the listed p	
		and regulat	ions in effect d	luring the accounting perio	od; enter the	etter "P" i	f the listed p	
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	luring the accounting perio	od; enter the	etter "P" i	f the listed p	
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	luring the accounting perio	od; enter the l der FCC rules	etter "P" i	f the listed p llations in	rogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat nming that ;	ions in effect d	luring the accounting period as permitted to delete und	bd; enter the der FCC rules	N SUBS	f the listed parallations in	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	rogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that UBSTITUT	ions in effect d your system w E PROGRAM	luring the accounting peric as permitted to delete unc	bd; enter the der FCC rules WHE CARRI	N SUBS	f the listed parallations in	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	and regulat nming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting peric as permitted to delete unc	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBS AGE OC	f the listed p ilations in FITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2020/1		FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BALLARD RURAL TELEPHONE COOPERATIVE CORPORATION IN	c	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	em's secondary trans f how to compute this	mission service
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more inform	less than \$527,60(	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay for	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 (b	ut more 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		
	Enter the amount of gross receipts from space K		-
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4	·····	
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$527	,600)
	1. Enter the amount of gross receipts from space K	381,274.66	
	2. Base amount under statutory formula	263,800.00	
	3. Subtract line 2 from line 1	117,474.66	
	4. Multiply line 3 by .01	<u>\$</u>	1,174.75
	5. Royalty due on the first $263,800$ of gross receipts (under statutory formula)	<b>\$</b>	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, a	nd 6	\$ 2,493.75
	FILING FEE AND TOTAL REMITTANCE DUE		
Ciller - Court			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<b>\$</b>	2,493.75
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 2,513.75
	EFT Trace # or TRANSACTION ID #	12345678	Ι
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form and the Excel		

Name         BALLAR DURAL TELEPHONE COOPERATIVE CORPORATION NC           Mm         Channels         Channels         Channels         19           2. Ender the total number of channels on which the cable system called abevious buscades dataforms on which the cable system is total number of activated channels or which the cable system called abevious buscades dataforms on which the cable system called abevious buscades dataforms or which are constat about this dataformed of account)         335           N         NOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (dentify an individual to whom who can constat about this dataformed of account)         335           BE Contracted for Further Information         NoviDual A TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (dentify an individual to whom who can constat about this dataformed of account)         Telephone 270-665-5186.           De Do DOX 209 Function and the data data the individual to whom who can constat about this dataformed of account in set be confilted and signed in accordance with Copyright Office regulations)         Externel Contracted about the set and an about the contracted about the set of the contracted and an about the contracted and a signed in accordance with Copyright Office regulations)           CENTIFICATION (This statement of account and hereby decides under spectra of the coalse system as datafield in ferr 1 dispace 8.         I. the undrasigned, hereby certify this (Check one dua on) one, of the ba	Accounting Period:	2020/1					FORM SA1-2E. PAGE 7
Notestions: You must give (1) the number of charactels on which the cable system carried belowisco broadcast stations to a subject of activated charants during the accounting period.       1         Charactel Is a subscription: The cable system carried belowisco broadcast stations on which the cable system carried belowisco broadcast stations       335         Notice Big Contracted For Further Information       Notice CONTENCTED IF URTHER INFORMATION IS NEEDED (dentify an individual to whom we can contrad about this subtement of account.)       Telephone 270-685-5196.         Nome       KAREN HENSLEY       Telephone 270-685-5196.         Name       KAREN TLECORDESTIC.COOP       Fax (pybornal) 200 doc 5186.         Email       KAREN TLECORDESTIC.COOP       Fax (pybornal) 200 doc 5186.         Imail       KAREN TLECORDESTIC.COOP       Fax (pybornal) 200 doc 5186.         Imail       KAREN TLECORDESTIC.COOP       Fax (pybornal) 200 doc 5186.         Imail       Imail of appeal B and the local do and local do and specific an is below and and specin as identified in line 1 of space B. or Imail	Name			RATIVE CORPOR	ATION INC		SYSTEM ID# 0
Individual to Be Contacted for Putties       we an contact about this statement of account.)         Name       KAREN HENSLEY       Telephone 270-665-5186         Address       PO BOX 209 (Marber direkt contracted apathene), or submitting of the number)       La CENTER KY 42055         City, bown submit and account must be certified and signed in accordance with Copyright Office regulations)       Pax (optional) 220.665-5186         Certification       • It be undersigned, hereby certify that (Check one, but only one, of the boxes.)       Pax (optional) 220.665-9186         O       Certification       • It be undersigned, hereby certify that (Check one, but only one, of the boxes.)       Pax (optional) 200.665-9186         Image: Contract about the trans corporation or partmership) I am the owner of the cable system as identified in line 1 of space B or (Marbor of the other than corporation or partmership) I am the dual authorized agent of the owner of the cable system in line 1 of space B on comparison or partmership) I am the dual authorized agent of the owner of the cable system in line 1 of space B.         • I have examined the distance in a corporation or a partner (If a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the distance in a cocourt and hereby declare under pership of law that all statements of fact contained herein are two, complete, and correct to be bet of my knowledge, information, and belief, and are made in good faith.         (18 U.S.C. Section 1001(1980)       Typed or printed name:       RANDY C. GROGAN         T		Instructions: Y to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's t I number of channels on which I television broadcast stations I number of activated channels able system carried television	otal number of activa n the cable 	ted channels during the ac	counting period.	
Information       Address       PO BOX 209         Monther: effect rule induction: spectroms or solite number):       LA CENTER KY 42056         C(b); Nomi, Sale, 20)       Email       KAREN.TILFORD@BTC.COOP       Fax (optional) 270-665-9186         Control       Email       KAREN.TILFORD@BTC.COOP       Fax (optional) 270-665-9186         Control       Control       (diverse offer than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         (diverse offer than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or       (diverse offer or partner) an an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B; or         (digent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in line 1 of space B; or         (digent of owner other than corporation) or a partnership) I am the duty authorized agent of the owner of the cable system as identified in line 1 of space B; or         (digent of owner other than corporation) or a partnership) I am the duty authorized agent of the owner of the cable system as identified in line 1 of space B; or         (digent of owner other than corporation or partnership) I am the duty authorized agent of the corbit cable system as identified in line 1 of space B; or         (digent of owner other than corporation or partnership) I am the duty authorized agent of the cable system as identified in line 1 of space B; or <t< th=""><th>Individual to</th><th></th><th>about this statement of accour</th><th></th><th>S NEEDED (Identify an in</th><th></th><th></th></t<>	Individual to		about this statement of accour		S NEEDED (Identify an in		
Image: control to the statement of submember of submembers/         Image: control to the statement of account must be certified and signed in accordance with Copyright Office regulations)         Image: control to the statement of account must be certified and signed in accordance with Copyright Office regulations)         Image: control to the statement of account must be certified and signed in accordance with Copyright Office regulations)         Image: control to the statement of account must be certified and signed in accordance with Copyright Office regulations)         Image: control to the total control to the cable system as identified in line 1 of space B; or         Image: control total total control total to coporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: control total total total to the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B; or         Image: control total tottal total tottal tottal total total total total total total totta		Name	KAREN HENSLEY			Telephone	270-665-5186
Certification       Certification         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0       (Gwner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or         • (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belef, and are made in good faith.         [18 U.S.C., Section 1001(1986)]         There 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:       RANDY C GROGAN         Title:       CEO/GENERAL MANAGER         Cite of official position held in corporation or partnership)       Title		Address	(Number, street, rural route, aparts				
O       I, the undersigned, hereby certify that (Check one. but only one, of the boxes.)         Image: Correct of the than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Image: Correct of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified         Image: Image: Correct of the that the owner is not a corporation or partnership; or         Image:		Email	KAREN.TILFO	RD@BTC.COOP		Fax (optional) 270-665-918	6
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:       RANDY C GROGAN         Title:       CEO/GENERAL MANAGER (Title of official position held in corporation or partnership)	-	I, the undersign     (Own     (Ager     in     (Offic     in     I have examine     are true, comple	ed, hereby certify that (Check of er other than corporation or p at of owner other than corpora- line 1 of space B and that the of cer or partner) I am an officer ( line 1 of space B. d the statement of account and te, and correct to the best of my	one, <i>but only one</i> , of the eartnership) I am the e ation or partnership) wher is not a corporat if a corporation) or a p hereby declare under	e boxes.) owner of the cable system a l am the duly authorized ag ion or partnership; or vartner (if a partnership) of t penalty of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ow ments of fact contained herein	system as identified vner of the cable system
Title: CEO/GENERAL MANAGER (Title of official position held in corporation or partnership)				Enter an electronic sig	gnature on the line above to		
Date: 08/27/2020			Title:	CEO/GENERA	L MANAGER		
			Date:			08/27/2020	

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.

unting Period: 2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
LARD RURAL TELEPHONE COOPERATIVE CORPORATION INC	0
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 secribers 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 transmission made by satellite carriers to satellite dish owners? NO	ub- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 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	
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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	Landrest Assessment
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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	Lance
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	Lase Lase Lase Lase Lase Lase Lase Lase
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	Lase Lase Lase Lase Lase Lase Lase Lase
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	Lase Lase Lase Lase Lase Lase Lase Lase
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	Lase Lase Lase Lase Lase Lase Lase Lase

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