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 by email to:
-	ENT OF ACCOUNT		IT OFFICE USE ONLY	
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) uctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period				
В	of the subsidiary, not that of the parent of	orporation.	diary of another corporation, give the full cor	porate title
Owner	List any other name or names under which If there were different owners during the single statement of account and royalty f	accounting period, only the owner on t	he last day of the accounting period should s	
				063266

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		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 number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
	Ĩ	ELY CONSERVATION
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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
	CEQUEL COMMUNICATIONS LLC	06326
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	CARLIN	NV
Community	(ELY CONSERVATION)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								SA1-2E. PA	
Name								5	063	
Е	SECONDARY TRANSMISSION					, transmission	onvice of t	ha aabla		
-	In General: The information in s system, that is, the retransmission									
Secondary	about other services (including p									
Transmission	last day of the accounting period							-		
Service: Sub-	Number of Subscribers: Bot	•					-			
scribers and Rates	down by categories of secondar each category by counting the n									
Rales	separately for the particular service		<i>,</i>	0,0				charged		
	Rate: Give the standard rate of							je and the		
	unit in which it is generally billed	· ·	,		ny standa	rd rate variation	s within a _l	particular rate		
	category, but do not include disc							a that as his		
	Block 1: In the left-hand block systems most commonly provide	•		-		•				
	that applies to your system. Not									
	categories, that person or entity	should be cou	nted as a	a subscriber in	each app	licable category	. Example:	a residential		
	subscriber who pays extra for ca					d in the count ur	der "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					convice that are	difforont f	rom those		
	printed in block 1 (for example, 1	-		•						
	with the number of subscribers a						,			
	sufficient.	,	0			•				
	BLO	OCK 1 NO. OF					BLOCK	2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBER	s RA	١T
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 		0	-						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		33	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
_	In General: Space F calls for ra					Il vour cable svs	tem's serv	ices that were		
F	not covered in space E, that is, t									
	service for a single fee. There a		,		0		0()			
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are cr	harged on a vari	able per-pi	ogram basis,		
ransmissions:	Block 1: Give the standard ra		he cable	system for ea	ch of the	applicable servi	ces listed.			
Rates	Block 2: List any services that	• •			-	• •				
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a		
	brief (two- or three-word) descrip	ption and inclue	de the ra	te for each.			1			
		BLO						BLOCK 2		
			O A TEO		10F		CATEGO	DRY OF SERVI	CE RA	\TE
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE				
	Continuing Services:	RATE	Installa	tion: Non-resi		RATE				
	• Pay cable	RATE	Installa • Mote	tion: Non-resi el, hotel		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE - -	Installa • Mote • Com	tion: Non-resi el, hotel ımercial		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mote • Com • Pay	tion: Non-resided Notel Inmercial cable	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE -	Installa • Mote • Com • Pay • Pay	tion: Non-resident Mercial cable cable-add'l cha	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installa • Mote • Com • Pay • Pay • Fire	tion: Non-resi and hotel mercial cable cable-add'l cha protection	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installa • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-resi el, hotel nmercial cable cable-add'l cha protection glar protection	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices:	dential	RATE				
	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)	RATE	Installa • Mote • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices: onnect	dential	RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	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				
	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)	RATE	Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc • Outl	tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection ervices: onnect	dential	RATE				

	-			FORM SA1-2E. PAGE 3.
me	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		063266
	PRIMARY TRANSMITTERS:	TELEVISION		
3		entify every television station (including m during the accounting period, <i>excep</i>	· · ·	,
		in effect on June 24, 1981, permitting t		
ry tters:		e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stat	tions carried on a
ision	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a sub	ostitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (t	the Special Statement and Program I	Log)—if the
	station was carried only on	a substitute basis.		
		also in space I, if the station was carrie on concerning substitute basis stations.		
		n's call sign. <i>Do not</i> report origination		
	"WETA-2" as the same on	d with a station according to its over-the the form.	e-air designation. For example, repo	ort multistream
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
		a case whether the station is a network	station, an independent station, or a	noncommercial
		ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), (, ·
	For the meaning of these te	erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, lis dian stations, if any, give the name of t	5	
		, <u></u> , <u></u> _, <u>g</u> , <u>_</u>	·····	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBYU-1	11	E	PROVO, UT
	KSL-1	5	N	SALT LAKE CITY, UT
ecessary	KSTU-1	13	I	SALT LAKE CITY, UT
ecessary	KSTU-1 KTVX-1	13 4	l N	SALT LAKE CITY, UT SALT LAKE CITY, UT
ecessary			I N I	
cessary	KTVX-1	4		SALT LAKE CITY, UT
ecessary	KTVX-1 KUCW-1	4 30		SALT LAKE CITY, UT OGDON, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
ecessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
ecessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
ecessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
5 Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
5 Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
5 Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
s Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	1 1	SALT LAKE CITY, UT OGDON, UT PROVO, UT
s Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	<u>l</u>	SALT LAKE CITY, UT OGDON, UT PROVO, UT
s Necessary	KTVX-1 KUCW-1 KUTH-1	4 30 32	<u>l</u>	SALT LAKE CITY, UT OGDON, UT PROVO, UT

CEQUEL CO			YSTEM: LLC					SYSTEM 0632
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM anto his point, see pa ed by the cable s le station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-				C/D		
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					063266
	SUBSTITUTE CARRIAG				G			
I I					-	tion that you		tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					no gonorar in			
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did yoi	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	nust comple	te the proc	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							
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			cibali. List specific progre		stampic, i L	ove Lucy	0
			dcast live, ent	er "Yes." Otherwise enter '	'No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car						with the m	nanth
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais,	with the h	nonth
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m List the tir	nes accur	ately
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."		1 3	, ,				
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulat	ions in	
	effect on October 19, 1976							
					WHE	N SUBSTIT		
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
					·			
						_		
						-		
							-	
						_		
						_		
						_		
1				I				1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	(STEM ID#
			063266
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, se	,042.00
	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 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. 	\$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 that you must pay for t accounting period is \$52.00	this 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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00	-	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	-	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 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		
	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)	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 #	Ι	
	<u>Important:</u> 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 me		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063266
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	7 20
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.)	
for Further Information	Name RODNEY HASKINS Telephone Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) (City, town, state, zip)	(903) 579-3152
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables 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 own 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 herein 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)] (Is U.S.C., Section 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	system as identified ner of the cable system
	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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06320
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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.	
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
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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 th 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.