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

STATEMENT OF ACCOUNT FOR COPYRIGHT OFFICE USE ONLY by email to: for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright General instructions are located 9/1/2020 \$ Contact the U.S. Copyon of the U	nation, oyright ision at:
Cable Systems (Short Form) \$ For additional information contact the U.S. Copy Office Licensing Divis General instructions are located 9/1/2020 ALLOCATION NUMBER	nation, oyright ision at:
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period	
Instructions:	
B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner List any other name or names under which the owner conducts the business of the cable system.	
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
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)	

 C
 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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
 1

 IDENTIFICATION OF CABLE SYSTEM:

 HIGH DESERT PRISON

 AllING ADDRESS OF CABLE SYSTEM:

 (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#
Name	CEQUEL COMMUNICATIONS LLC	063270
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
	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 mobi	
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community	INDIAN SPRINGS (HIGH DESERT PRISON)	
,		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAG
Name								51	0632
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Bot						ole system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n	•	,	0 , (charged	
	separately for the particular server Rate: Give the standard rate of							ie and the	
	unit in which it is generally billed	-	-	•					
	category, but do not include disc	· ·	,		iy standa				
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	e that cable	
	systems most commonly provide	e to their subso	ribers. C	Give the numbe	r of subso	cribers and rate	for each lis	ted category	
	that applies to your system. Not	t e: Where an in	dividual	or organization	n is receiv	ing service that	falls under	different	
	categories, that person or entity						•		
	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					service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.		0						
	BLC	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		28	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	\$				
_	In General: Space F calls for ra					Il your cable sys	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 ur enter only the letters "PP" in the		usually	billed. If any ra	tes are cr	narged on a vari	able per-pi	ogram basis,	
			he cable	e svstem for ea	ch of the	applicable servi	ces listed.		
•	BIOCK T: Give the standard ra							were not	
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that		je was n	nade or establi	shed. List	these other ser	vices in the	e form of a	
ransmissions:		separate charg							
ransmissions:	Block 2: List any services that		de the ra						
ransmissions:	Block 2: List any services that listed in block 1 and for which a							BLOCK 2	
ransmissions:	Block 2: List any services that listed in block 1 and for which a	ption and inclue	CK 1		/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVIC	E RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	ption and inclue BLO	CK 1 CATEG	ite for each.			CATEGO		ERAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue BLO	CK 1 CATEG Installa	te for each.			CATEGO		ERAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	CK 1 CATEG Installa • Mot	te for each. ORY OF SER\ tion: Non-resi			CATEGO		ERAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con	te for each. ORY OF SER\ tion: Non-resi el, hotel			CATEGO		E RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay	ORY OF SER ORY OF SER tion: Non-resi el, hotel nmercial	dential		CATEGO		E RATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay	ORY OF SERV tion: Non-resi el, hotel nmercial cable	dential		CATEGO		E RATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	ORY OF SER tion: Non-resi el, hotel nmercial cable cable-add'l ch protection	dential		CATEGO		ERAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection	dential		CATEGO		ERATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure Other s	ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection services:	dential		CATEGO		ERATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	dential		CATEGO		ERATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	ORY OF SERV tion: Non-resi el, hotel mmercial cable-add'l ch protection glar protection glar protection services: connect	dential		CATEGO		ERATI
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	ption and inclue BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bury • Other s • Rec • Disc • Out	ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	dential annel		CATEGO		ERATI

Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			06327
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: 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	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ESI e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15	I	LAS VEGAS, NV
	KLAS-1	8	N	LAS VEGAS, NV
as Necessary	KLVX-1	10	E	LAS VEGAS, NV
	KSNV-1	3	Ν	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KVCW-1	33	l	LAS VEGAS, NV
	KVVU-1	5		
Rows as Necessary			I	HENDERSON, NV
			I	HENDERSON, NV
				HENDERSON, NV
				HENDERSON, NV

LEGAL NAME OF								SYSTEM 0632
	t every radio s	station ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at 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 le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	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	
ON LE CION		0/B		OF ILLE OF OT		0,D		

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					063270
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem 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	ision nroa	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		oonood by th	a FCC ar	in
	the case of Mexican or Car			the community to which the			erccor,	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	6:28:30 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 systen	n was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
								Γ
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							-	
						_		
					·			
						_	-	
						_		
							-	·
						_		
						-	-	
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							-	
						_		
1			I	I	1	I		1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063270
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	,748.00
	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	his 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		
		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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 #	[
	<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 mo		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063270
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on value of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	7 20
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS	(903) 579-3152
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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)] 	system as identified /ner of the cable system
	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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06327
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 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	
	····
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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
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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