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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Seconda	ny Tra	ansmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			9/1/2020	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCO	2020/1	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Accounting Period		20201			
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of the accounting period, only the owner on t e payment covering the entire account	he last day of the accounting period should s ing period.	
		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 nu	mber)		
		TYLER, TX 75701			
	INIOT	(City, town, state, zip)		the design of the second se	
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	-	CENTRALIA CORRECTION			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063547
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	unity" is the same as a "community unit" as defined in FCC rules: I communities within unincorporated areas and including single, u 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	CENTRALIA	IL
Community	(CENTRALIA CORR)	
dd Rows as Necessary		
	าการและการการและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C								A1-2E. PAG	
Name								51	0635	
Е	SECONDARY TRANSMISSION					u transmission (onvice of t	ha aabla		
-	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
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									
Rates	separately for the particular serv	•		0 , (charged		
	Rate: Give the standard rate of	charged for eac	h catego	ory of service. I	nclude bo	oth the amount o	f the charg			
	unit in which it is generally billed	· ·	,		ny standa	rd rate variation	s within a l	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ion of con	ondon <i>i</i> transmis		o that cable		
	systems most commonly provide	•		-		•				
	that applies to your system. Not									
	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, 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	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		0	-						
	 Service to additional set(s) 		0	-						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		137	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:			he cable	e system for ea	ch of the	applicable servi	ces listed.			
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
								BLOCK 2		
		BLO								
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVIC	E RAT	
	CATEGORY OF SERVICE Continuing Services:		CATEG Installa	tion: Non-resi		RATE	CATEGO		E RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG Installa • Mot	tion: Non-resi el, hotel		RATE	CATEGO		E RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mot • Con	tion: Non-resi el, hotel nmercial		RATE	CATEGO		E RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Con • Pay	tion: Non-resi el, hotel nmercial cable	dential	RATE	CATEGO		E RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		CATEG Installa • Mot • Con • Pay • Pay	tion: Non-resi el, hotel nmercial cable cable-add'l ch	dential	RATE	CATEGO		E RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential		CATEG Installa • Mot • Con • Pay • Pay • Fire	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEGO		E RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE	CATEGO		E RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services:	dential	RATE	CATEGO		E RAT	
	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)		CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection eervices: connect	dential	RATE	CATEGO		ERAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure • Bure • Rec • Disc	tion: Non-resi el, hotel nmercial cable cable-add'l ch protection glar protection services: connect connect	dential	RATE	CATEGO		E RAT	
	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)		CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	tion: Non-resi el, hotel nmercial cable cable-add'I ch protection glar protection eervices: connect	dential annel	RATE	CATEGO		E RAT	

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
				063547
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community 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
	KDNL-1	30	N	ST. LOUIS, MO
	KETC-1	9	E	ST. LOUIS, MO
Rows as Necessary	KMOV-1	4	Ν	ST. LOUIS, MO
	KPLR-1	11	I	ST. LOUIS, MO
	KSDK-1	5	N	ST. LOUIS, MO
	KTVI-1	2	I	ST. LOUIS, MO
	WRBU-1	46	l	ST. LOUIS, MO
	WRBU-1	46	l	ST. LOUIS, MO
	WRBU-1	46	<u>I</u>	ST. LOUIS, MO
	WRBU-1	46	<u>l</u>	ST. LOUIS, MO
	WRBU-1	46	I	ST. LOUIS, MO
	WRBU-1	46		ST. LOUIS, MO
	WRBU-1	46		ST. LOUIS, MO
	WRBU-1	46		ST. LOUIS, MO
	WRBU-1	46		ST. LOUIS, MO
	WRBU-1	46		ST. LOUIS, MO
	WRBU-1	46		ST. LOUIS, MO
		46		ST. LOUIS, MO
		46		ST. LOUIS, MO
		46		ST. LOUIS, MO
		46		ST. LOUIS, MO
		46		ST. LOUIS, MO

LEGAL NAME OF								SYSTEM 063
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t 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 tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he 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 sertain st general in eparate s	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	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
						<u> </u>		
						·		
				L		1		

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					063547
	SUBSTITUTE CARRIAG				G			
1					-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ine general in		ie paper e	
Special		-				actwork tolo	icion prog	rom
Statement and	During the accounting per	-	ul cable system	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.				-			
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviation	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.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute prog			- 500	
	the case of Mexican or Car			the community to which th			e FCC or,	IN
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		······		- p - 3			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour eveter	was roou	ired
	to delete under FCC rules							
	was substituted for program							ogram
	effect on October 19, 1976					Ū		
						N SUBSTIT		7. REASON FOR
	5	1			-	AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- то	
							-	
							• <u>•</u>	
						_		
						_		
							-	·
						_		
						_		
						_		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 063547
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 transi (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.	nission service amount, se	,385.02
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 \$ • Use block 3 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 th accounting period is \$52.00	nis 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		
	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)	
	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 #		
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063547
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	63
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	(903) 579-3152
O Certification	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulte number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) 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	B; or
	 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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 herei 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)] 	
	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	06354
 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 Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
	Q Interest Assessme
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	
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