This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instruc	ns (Short Form) tions are located f this workbook	08/31/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full corp	porate title
Owner	List any other name or names under whic	ch the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty f	.	he last day of the accounting period should su ing period.	
	Check here if this is the system's first filin	ig. If not, enter the system's ID number a	assigned by the Licensing Division.	63609
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CableSouth Media III, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1056 Jones Blvd (Number, street, rural route, apartment, or suite number)
		Milan, TN 38358 (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:
		Swyft Connect, LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1056 Jones Blvd (Number, street, rural route, apartment, or suite number)
		Milan, TN 38358 (City, Iown, 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	63609
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	or mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Collins	MS
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA	
Name	CableSouth Media III, L							U.C.	6360
	· · · · ·								
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p	bay cable) in sp	bace F, no	t here. All the	e facts you	u state must be	those exist	ting on the	
Transmission	last day of the accounting period Number of Subscribers: Both	•				,	blo svetor	brokon	
Service: Sub- scribers and	down by categories of secondar	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv							ac and the	
	Rate: Give the standard rate of unit in which it is generally billed	•	-					-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additional	sets would b	e includeo				
	first set" and would be counted of	0			()	convice that are	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,.		
	sufficient.								
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	T
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		185	31.35					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSI	ONS: RATE	S				
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		0 (,	
Other Than	amount of the charge and the ur		usually bi	lled. If any ra	ites are cl	narged on a vari	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable s	vstem for ea	ch of the	annlicable servi	ces listed		
ransinissions.	Block 2: List any services that							t were not	
Rates					ما المع		vices in the	e form of a	
Rates	listed in block 1 and for which a	• •		de or establi	snea. Lisi	these other ser			
Rates	listed in block 1 and for which a brief (two- or three-word) descrip	• •		de or establi	sned. List	these other ser	-		
Rates		• •	de the rate	de or establi for each.		these other ser		BLOCK 2	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	de the rate CK 1 CATEGO	de or establi for each. RY OF SER	/ICE	RATE		BLOCK 2 ORY OF SERVICE	RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and inclue BLO	de the rate CK 1 CATEGO Installati	de or establi for each. RY OF SER' on: Non-res	/ICE				RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and inclue BLO	de the rate CK 1 CATEGO Installati • Motel	de or establi for each. RY OF SER on: Non-res hotel	/ICE				RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr	de or establi for each. RY OF SER' on: Non-res hotel nercial	/ICE				RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c	de or establi for each. RY OF SER' on: Non-res hotel hercial able	/ICE				RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c	de or establi for each. RY OF SER' on: Non-res hotel nercial	/ICE				RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	otion and inclue BLO	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p	de or establi for each. RY OF SER' on: Non-res hotel nercial able able-add'l ch	/ICE				RAT
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOU RATE	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p	de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'I ch rotection ar protection	/ICE				RAT
Rates	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	BLOU RATE	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgla	de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'I ch rotection ar protection vices:	/ICE				RAT
Rates	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)	BLOU RATE	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgla Other se	de or establi for each. RY OF SER' on: Non-res hotel hercial able able-add'I ch rotection ar protection vices: nnect	/ICE	RATE			RAT
Rates	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)	Detion and inclus BLO RATE 39.99	de the rate CK 1 CATEGO Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgla Other se • Recol • Disco	de or establi for each. RY OF SER' on: Non-res hotel hercial able able-add'I ch rotection ar protection vices: nnect	/ICE	RATE			RAT

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CableSouth Media III,	LLC		63609
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations i	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-ti he carriage of certain network progra	me basis under ms [sections
ransmitters: Television	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations c		
	• Do not list the station here station was carried only on			
	basis. For further informatic Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination	see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channed	el number the FCC assigned to the tele	c	
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te Column 4 : Give the locatio	"E" (for noncommercial educational), or erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBT	3	N	Hattiesburg, MS
	WMPN	4	E	Hattiesburg, MS
vs as Necessary	WHPM	5	Ι	Hattiesburg, MS
	WDAM	7	Ν	Hattiesburg, MS
	WHPM	9	N	Hattiesburg, MS
	WHLT	12	Ν	Hattiesburg, MS
	WDAM	13	Ν	Hattiesburg, MS
				การการการการการการการสี่จักราวการการการการการการการการการการการการการก

CableSouth	• OWNER OF (Media III, L		ISTEM.					SYSTEM 636
	t every radio s	station ca	arried on a separate and discrent of the second sec					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's location	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 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 jeneral i 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	
UNEL UIGH		5,0		UNEL OIGH		5,0	Lookholi of Station	
						·		
	·							

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						63609
	SUBSTITUTE CARRIAG				06			
	In General: In space I, ident	-	-			tion that w	ur coblo ava	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?			-		YES	NO
r rogram Log	-				(1)	L		
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ato lino. Lico abbroviation	s whorover p	occiblo if t	hoir moonin	a ic
	clear. If you need more spa				s wherever p			y is
	· ·			vision program ("substitut	e program") t	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am titles, for e	example, I	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broado	asting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car			stem carried the substitut			ls with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numera		nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	. should be	-
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming the	t vour evet	m was rogu	irod
	to delete under FCC rules							
	was substituted for program							ogram
	effect on October 19, 1976					-		
	s		E PROGRAM	1		N SUBST		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		— то	
							_	
							_	
							 _,	
								·
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1								

Accounting Period:	2020/1	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYS	STEM ID#
			63609
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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	6
	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 th accounting period is \$52.00	is 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 \$137,10	0)	
	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 \$527,6	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) FALS	E	
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	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 63609
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 which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	7 52
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.)	70/ 000 0007
for Further Information	Address 1056 Jones Blvd	731-686-9227
	(Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email cworkman@swyftconnect.com Fax (optional)	
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 X (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 hereir 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 mer 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: Thomas Pate Title: CFO (Title of official position held in corporation or partnership) Date: 08/31/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
bleSouth Media III, LLC	6360
 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 a scribers 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 	sub- " Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 underpaymer. 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	
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 Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme
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 Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme
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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	n. Q Interest Assessme ease

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