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

STATEME	INT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
for Seconda	ry Transmissions 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	\$ ALLOCATION NUMBER	CODICSOA@COPYIght.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	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. In the owner conducts the business of t accounting period, only the owner on the e payment covering the entire account	the last day of the accounting period should s ting 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 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite nu TYLER, TX 75701					
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2					
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	PECOS, TX MAILING ADDRESS OF CABLE SYSTEM	:				
	2 (Number, street, rural route, apartment, or suite ni	umber)				

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
	CEQUEL COMMUNICATIONS LLC	00751
_	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor	
D	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.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area Served	identified city.	
Gerveu		
	CITY OR TOWN	STATE
First	PECOS	TX
Community	REEVES COUNTY (PORTION)	TX
dd Rows as Necessary		

	Ι						FORM SA1		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					TEM ID	
Hamo	CEQUEL COMMUNICA	TIONS LLC						00751	
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIBERS ANI	RATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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	, , ,	,	,			ung on the		
Service: Sub-	Number of Subscribers: Bot					ble system	n, broken		
scribers and	down by categories of secondar	•	-	•					
Rates	each category by counting the n separately for the particular serv			•	•		s charged		
	Rate: Give the standard rate of						ge and the		
	unit in which it is generally billed	l. (Example: "\$2	20/mth"). Summariz	ze any standa	ard rate variation	s within a	particular rate		
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-	-				
	that applies to your system. Not						0,		
	categories, that person or entity	should be cour	nted as a subscribe	er in each app	plicable category	. Example	: a residential		
	subscriber who pays extra for ca					nder "Servi	ice to the		
	first set" and would be counted of Block 2: If your cable system					different	from those		
	printed in block 1 (for example, 1	•							
	with the number of subscribers a								
	sufficient.	0.014.4				<u> </u>			
	BLU	OCK 1 NO. OF				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEP	RVICE	SUBSCRIBERS	RATE	
	Residential:		770						
	Service to first set		778 34.9	9					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial		39 45.9	5					
	Converter		59 45.9	5					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t		,	•	• •				
-	service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities furr	nished to nonsubsc	ribers. Rate i	nformation shou	ld include	both the		
Other Than	amount of the charge and the un		usually billed. If an	iy rates are c	harged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable system fo	r each of the	applicable servi	ces listed			
Rates	Block 2: List any services that						t were not		
	listed in block 1 and for which a		•		t these other ser	vices in th	e form of a		
	brief (two- or three-word) descri	ption and inclue	de the rate for each	l.		_			
		BLO	CK 1				BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	-	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Installation: Non-	residential					
	• Pay cable	17.00	Motel, hotel						
	Pay cable—add'l channel	19.00	Commercial						
	Fire protection		• Pay cable						
	•Burglar protection		Pay cable-add						
	Installation: Residential	00.00	Fire protection						
	First set	99.00 25.00	Burglar protect	lion					
	Additional set(s) EM radio (if separate rate)	25.00	Other services:		40.00				
	• FM radio (if separate rate)		Reconnect		40.00			.	
	Converter		 Disconnect 						
	Converter		Disconnect Outlet relocation	n	25.00				
	• Converter		 Disconnect Outlet relocation Move to new a 		25.00 99.00				

	2020/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM II				
	CEQUEL COMMUNIC	ATIONS LLC		00751				
	PRIMARY TRANSMITTERS:							
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a	lentify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca	(1) stations carried only on a part e carriage of certain network prog I(e)(2) and (4))]; and (2) certain st	-time basis under rams [sections ations carried on a				
	 Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other 							
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on	ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pred with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	tions. PN, etc. Identify each port multistream				
	of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast	VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or	tation, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa	a noncommercial pendent), "I-M"				
	Column 4: Give the location	terms, see page (iv) of the general instruction of each station. For U.S. stations, list is adian stations, if any, give the name of th	the community to which the station	-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KMID-1	2	Ν	MIDLAND, TX				
	KMID-HD1	2	N-M	MIDLAND, TX				
d Rows as Necessary	KMLM-1	42	I	ODESSA, TX				
	KOSA-1	7	N	ODESSA, TX				
	KOSA-2	7.2	I-M	ODESSA, TX				
	KOSA-HD1	7	N-M	ODESSA, TX				
	KOSA-HD2	7.2	I-M	ODESSA, TX				
	KPBT-1	36	E	ODESSA, TX				
	KPBT-HD1	36	E-M					
				ODESSA, TX				
	KPEJ-1	24	E-M	ODESSA, TX ODESSA, TX				
	KPEJ-1 KPEJ-HD1	24 24	-					
			<u>l</u>	ODESSA, TX				
	KPEJ-HD1	24	l I-M	ODESSA, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5	24 7.5	i i-M i-M	ODESSA, TX ODESSA, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5	24 7.5 7.5	I I-M I-M I-M	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1	24 7.5 7.5 18	I I-M I-M I-M I	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1	24 7.5 7.5 18 18	I I-M I-M I-M I I I I-M	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I I-M I-M I I I I I N	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I I-M I-M I I I I I N	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I I-M I-M I I I I I N	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I I-M I-M I I I I I N	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				
	KPEJ-HD1 KTLE-5 KTLE-HD5 KUPB-1 KUPB-HD1 KWES-1	24 7.5 7.5 18 18 9	I I-M I-M I I I I I N	ODESSA, TX ODESSA, TX ODESSA, TX ODESSA, TX MIDLAND, TX MIDLAND, TX ODESSA, TX				

EGAL NAME OF								SYSTEM 007
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					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 ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl 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 h system's FM an this point, see p red by the cable ne station is lice	eadend, and (2 tenna, during c age (v) of the <u>c</u> system as a se nsed by the FC	2) it can ærtain st general in 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	
ONLE OIOIN		0/0		ONLE OIGH		0,0		
						<u> </u>		
						<u> </u>		
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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					007511
	SUBSTITUTE CARRIAG				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				0			
Special	During the accounting per	-			sis anv non	network telev	ision prod	ram
Statement and		-		frouny, on a substitute ba	515, any 11611			
Program Log	broadcast by a distant sta	lion?					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 community with which the				In
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				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."	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							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TII		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
					·			
						_		
						_		
						_	-	
							-	
						_		
						-		
						_		
							-	
								1

Accounting Period:	2020/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	VSTEM ID# 007511
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trait (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission servic nis amount, se	¢ 4,066.35
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 t • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	o \$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 accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period		0.00
			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K \$ 224,066.3	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	224,066.35	
	5. Enter the amount from line 3	39,733.65	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		921.66
	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	· \$	921.66
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<u>)</u>	
	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	· · <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
Elling E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	921.66	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	941.66
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007511
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 .	17 235
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
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.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 (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)] 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:	system as identified mer of the cable system
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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unting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0075
 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 Exclusio
TES. Enter the total here and list the satellite carrier(s) below	
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 Assessme
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