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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	АССС	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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 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
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915
		(City, town, state, zip) CCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	-	Zito Media - Wilber
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: Sectior	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-26-20

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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Midwest LLC	
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including sing ist will serve as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Wilber	NE
Community	Pleasantdale	NE
	Dorchester	NE
d Rows as Necessary	Milford	NE
,	Friend	NE
	Hallam	NE
	Clatonia	NE
	Plymouth	NE
	Wymore	NE
	De Witt	NE
	Hickman	NE
	Blue Springs	NE

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 840
	Zito Midwest LLC								
E	SECONDARY TRANSMISSION								
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including r					•			
Transmission	last day of the accounting period							Surg on the	
Service: Sub-	Number of Subscribers: Bot						•		
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rales	separately for the particular serv		-	•••		•	-	schargeu	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	, ,		,	ny standa	ard rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				rips of spi	condary transmi	ssion serv	rice 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 u	nder "Serv	rice to the	
	Block 2: If your cable system	•			• • •	service that ar	e different	from those	
	printed in block 1 (for example,	-		-					
	with the number of subscribers a	and rates, in th	e right-l	hand block. A tv	vo- or thre	ee-word descrip	tion of the	service is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		244	17.15					
	Service to first set		241	17.45					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
F	In General: Space F calls for ra	•			•	• •			
•	not covered in space E, that is, service for a single fee. There a					•	•		
Services	furnished at cost or (2) services				•		• •	,	
Other Than	amount of the charge and the u	nit in which it is							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the each	la avetam for or	ach of the	applicable conv	ioon lintad		
Rates	Block 2: List any services tha			•					
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.			_		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi	dential				
	• Pay cable	17.95	4	tel, hotel					
	• Pay cable—add'l channel		-	mmercial					
	Fire protection		1 .	y cable					
	•Burglar protection		1 .	y cable-add'l ch	annel				
	Installation: Residential	20.00		e protection					
	First set Additional set(s)	30.00	4	rglar protection services:					
	Additional set(s) EM radio (if separate rate)		4			30.00			
	 FM radio (if separate rate) Converter 		4	connect connect		30.00			
			4	tlet relocation		30.00			
			- Ju			30.00	1		
			• 140	ve to new addre	200	30.00			

ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 8406
	Zito Midwest LLC PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e 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 a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n during the accounting period, except n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.15 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. also in space I, if the station was carried in concerning substitute basis stations of a station according to its over-the he form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri- n of each station. For U.S. stations, list	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- tice special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPI ne-air designation. For example, report evision station for broadcasting over t a station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. at the community to which the station in the community with which the station in	me basis under ms [sections ions carried on a stitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial indent), "I-M" onal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	I. OALL OIGH	2. B CAST CHANNEL NUMBER	3. THE OF OTATION	4. LOCATION OF OTATION
		=		
	KFXL	51.1	N	
	KLKN	8.1	Ν	Lincoln NE
s Necessary	KLKN KOLN	8.1 10.1	N N	Lincoln NE Lincoln NE
Necessary	KLKN KOLN KSNB	8.1 10.1 4.1	Ν	Lincoln NE Lincoln NE Lincoln NE
Necessary	KLKN KOLN KSNB KSNB	8.1 10.1 4.1 4.2	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE
ecessary	KLKN KOLN KSNB KSNB KUON	8.1 10.1 4.1 4.2 12.1	N N	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
Necessary	KLKN KOLN KSNB KSNB KUON KXVO	8.1 10.1 4.1 4.2 12.1 15.1	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE
ecessary	KLKN KOLN KSNB KSNB KUON	8.1 10.1 4.1 4.2 12.1	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
lecessary	KLKN KOLN KSNB KSNB KUON KXVO	8.1 10.1 4.1 4.2 12.1 15.1	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE
Jecessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
s Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
S Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
as Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
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as Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
as Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
as Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
as Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
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as Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
as Necessary	KLKN KOLN KSNB KSNB KUON KXVO WATM	8.1 10.1 4.1 4.2 12.1 15.1 23.3	N N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA

LEGAL NAME OI Zito Midwes								SYSTEM I 84
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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 e station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general 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	
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Accounting Perio	od: 2020/1						FORM	I SA1-2E. PAGE 5.
Neme	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							8406
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or author	rizations	s. For a further
Carriage:	1. SPECIAL STATEMEN	•			<u> </u>			
Special	During the accounting per				isis. anv nonr	network televisior	n proar	am
Statement and Program Log	broadcast by a distant sta		,	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		(ES	× NO
Frogram Log			wast of this was	ne blenk Kurun enement	- "// "			
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete th	ie progi	ram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the more first. Example: for May 7 give Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta egulations, of ies like "mo Bulls." m was broa sign of the adcast stati hadian stati hth and day ve "5/7." es when th Example: er "R" if the and regulat	am on a separ add additional onnetwork tele- tion and that y- or authorization ovies" or "bask adcast live, entr station broadc on's location (f ons, if any, the y when your sy- e substitute pr a program car e listed program	rows to the tables. vision program ("substitute our cable system substitu- ns. See page (v) of the ge retball." List specific progra- er "Yes." Otherwise enter rasting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0 n was substituted for prog ouring the accounting period	e program") ti ted for the pro neral instruct am titles, for e "No." ram. he station is lid e station is id e program. Us r cable system 1:15 p.m. to 6 pramming that od; enter the l	hat, during the ac ogramming of an ions for further in example, "I Love censed by the FC entified). se numerals, with m. List the times 5:28:30 p.m. shou t your system wa etter "P" if the lis	ccountin nother s nformat Lucy" of CC or, i h the m accura uld be as <i>requi</i> sted pro	ing station tion. or in nonth ately <i>ired</i>
	effect on October 19, 1976		E PROGRAM		WHE	N SUBSTITUTE	E	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	20	DELETION
						_		
					·			
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Accounting Period:	2020/1 FORM SA1-2E. PAGE 0
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM IDZito Midwest LLC8400
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	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
	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 \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:	SYSTEM ID# 8406
M Channels	CHANNELS Instructions: Yo to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	9 117
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.) Telephone 814-2	260-0434
Information	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	 I, the undersigned (Owned) (Agention in the second sec	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	X /s/James Rigas
	nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	ame: James Rigas
	President al position held in corporation or partnership)
Date:	08/27/2020

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

unting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	84
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?	P Special Statemer Concerning Gros Receipts Exclusio
X NO	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	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.	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	Q Interest Assessme
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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.