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)

SA1-2E Short Form

by email to:

Return completed workbook

coplicsoa@copyright.gov

For additional information,

contact the U.S. Copyright

General instru	ictions	are located	03/02/21		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
]
Α	ACC		BY THIS STATEMENT: (Y	YYY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2020/2		-	
			1		
		20202	Barcode Data Filing Period (option	al - see instructions)	
Accounting Period					
		Instructions:			
В		÷		sidiary of another corporation, give the full corp	oorate title
_		of the subsidiary, not that of the parent co			
Owner		List any other name or names under which	h the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should sunting period.	ıbmit a
		Check here if this is the system's first filing	If not enter the system's ID numbe	r assigned by the Licensing Division	000143
			. In not, enter the system s is numbe	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM	1	
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Т)	
		SUDDENLINK COMMUNICATIONS	· · · · · · · · · · · · · · · · · · ·	·	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3027 S SE LOOP 323			
		(Number, street, rural route, apartment, or suite n	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
•	INSTR	RUCTIONS: In line 1, give any busin	ess or trade names used to ide	entify the business and operation of the	system unless these
С	name	s already appear in space B. In line	2, give the mailing address of t	he system, if different from the address	given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		HAZEN, AR			
		MAILING ADDRESS OF CABLE SYSTEM	•		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
Privacy Act Notic	e: Section	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect	the personally identifying information (PII) reques	sted on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

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 CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community" is the "a separate and distinct community or municipal entity (including unincorporated communit discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se 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 home par identified city. First Community CITY OR TOWN First Community CITY OR TOWN Add Rows as Necessary PRAIRIE COUNTY(PORTION)	ies within unincorporated areas and including single, erve as a form of system identification hereafter known rks should be reported in parentheses below the STATE AR AR AR AR AR
D "a separate and distinct community or municipal entity (including unincorporated communitidiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will sea as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home paridentified city. First CITY OR TOWN First HAZEN Community CARLISLE DEVALLS BLUFF DEVALLS BLUFF	ies within unincorporated areas and including single, erve as a form of system identification hereafter known rks should be reported in parentheses below the STATE AR AR AR AR AR
Area discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home partientified city. First CITY OR TOWN First HAZEN Community CARLISLE DEVALLS BLUFF DEVALLS BLUFF	erve as a form of system identification hereafter known rks should be reported in parentheses below the STATE AR AR AR AR AR
Area Served Area identified city. First CITY OR TOWN First CARLISLE DEVALLS BLUFF DEVALLS BLUFF	rks should be reported in parentheses below the STATE AR AR AR AR AR
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home particular identified city. First CITY OR TOWN First HAZEN Community CARLISLE DEVALLS BLUFF Image: Content of the second se	STATE AR AR AR AR
Area Served identified city.	STATE AR AR AR AR
Served Identified city. First Community DEVALLS BLUFF	AR AR AR
CITY OR TOWN First HAZEN Community CARLISLE DEVALLS BLUFF	AR AR AR
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Community CARLISLE DEVALLS BLUFF	AR AR
Community CARLISLE DEVALLS BLUFF	AR AR
DEVALLS BLUFF	AR
Rows as Necessary	
	AR

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							1-2E. PAGI
Name	CEQUEL COMMUNICAT		•						00014
	SECONDARY TRANSMISSION		IBSCDI		ATES				
E	In General: The information in s					ry transmission	service of	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	-					•		
Rates	each category by counting the n							charged	
	separately for the particular serv							no and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc		,		•		5 within a		
	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						•		
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:			-					
	Service to first set		96	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	45.95					
	Converter								
	Residential								
	Non-residential								
	±								1
	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	•			•				
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	ption and inclue	de the ra	ite for each.					
		BLO	CK 1					BLOCK 2	
		1	CATEG		VICE	RATE	CATEG	ORY OF SERVIC	
	CATEGORY OF SERVICE	RATE	OAILC	ORY OF SER					E RATE
	CATEGORY OF SERVICE Continuing Services:	RATE		tion: Non-res		TUTL			E RATI
		RATE 17.00	Installa						ERATE
	Continuing Services:		Installa • Mot	tion: Non-res					E RATI
	Continuing Services: • Pay cable	17.00	Installa • Mot • Cor	tion: Non-res					ERATI
	Continuing Services: • Pay cable • Pay cable—add'l channel	17.00	Installa • Mot • Cor • Pay	tion: Non-res el, hotel nmercial	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	17.00	Installa • Mot • Cor • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential				E RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	17.00	Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential				E RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential				E RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Fire • Bun Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	40.00			ERATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential				ERATI
	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)	17.00 19.00 99.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential				E RATI

ounting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			000143
G Primary Transmitters: Television	carried by your cable system 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 station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrie in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-1	4	N	LITTLE ROCK, AR
	KARZ-1	42	I	LITTLE ROCK, AR
as Necessary	KASN-1	38	l	PINE BLUFF, AR
	KATV-1	7	N	LITTLE ROCK, AR
	KETS-1	2	E	LITTLE ROCK, AR
	KKAP-1	36	E	LITTLE ROCK, AR
	KLRT-1	16	I	LITTLE ROCK, AR
	KMYA-1	49		CAMDEN, AR
	KTHV-1		N	LITTLE ROCK, AR
	KVTN-1	25		PINE BLUFF, AR
		LJ	•	

EGAL NAME OI								SYSTEM
	t every radio s	station ca	arried on a separate and discrent of the second sec					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein the Co 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 e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral 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	
							·	

Accounting Perio	od: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					000143
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident				-	tion that you	r cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network te <u>lev</u>	<u>visi</u> on prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogram zog	-		reat of this no	an blank If your analyses i	"Vee" veu			
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if the	air meanin	n ie
	clear. If you need more spa						an meanni	y 13
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		JVIES OF DASK	elball. List specific progra		example, i L	Ove Lucy	0
			dcast live, ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car			stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		when your sy		program. O			nontin
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the ti	mes accura	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 "D" if the	listed program	n was substituted for prog	romania a that	t vour ovoton		ire d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,			0		
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_		
							-	
						_		
							-	
						_		
							-	
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						_		
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						_		
						_	-	
1			 					1

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 000143
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service
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 • 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.	3,80(
	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 this s accounting period is \$52.00	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 \$137,100)	
	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	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 \$ 263,800.00	
	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,	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00
	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 of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

Accounting Period:	2020/2							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O							SYSTEM ID 000143
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast servit	the cable system's of channels on whic n broadcast stations of activated channel em carried television	total number th the cable to the cable the cable the cable the cable the cable the cable the cable	of activated channe	els during the a	ccounting period.		10 58
N Individual to Be Contacted	INDIVIDUAL TO BE COL we can contact about this	s statement of accou		IATION IS NEEDEI	D (Identify an in	ndividual to whom		(002) 570 2452
for Further Information	Address 3027 (Number TYLE	NEY HASKINS S SE LOOP 323 , street, rural route, apart R, TX 75701 vn, state, zip)		umber)			Telephone	(903) 579-3152
	Email	RODNEY.HAS	KINS@ALT	ICEUSA.COM		Fax (optional)		
O Certification	(Agent of own in line 1 of s	by certify that (Check of han corporation or part er other than corpore space B and that the of rtner) I am an officer space B. ement of account and prect to the best of m	one, <i>but only c</i> partnership) ration or parti owner is not a (if a corporation d hereby decla	one, of the boxes.) I am the owner of the mership) I am the du a corporation or partr on) or a partner (if a are under penalty of	e cable system uly authorized an hership; or partnership) of law that all state	as identified in lin gent of the owner the legal entity ide ements of fact cor	e 1 of space f of the cable s entified as ow	system as identified
			Enter an eler Enter signati	s/ Alan Dannen actronic signature on t ure using an "/s/ sign	:he line above to ature" (e.g., /s/		nent.	
		Typed or printe Title: (Title of c	SVP, PR	ALAN DANNEN ROGRAMMING				
		Date:				2/25/2021	1	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	00014
 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? 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.	0
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	Q Interest Assessme
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