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

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	2/25/2021	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

~	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20202 Barcode Data Filing Period (optional - see instructions)
Accounting	
Period	
	Instructions:
В	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
	CABLE ONE, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)
	PHOENIX, AZ 85012-2626
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	CABLE ONE, INC. d/b/a SPARKLIGHT
	MAILING ADDRESS OF CABLE SYSTEM:
	2 2229 BROADWAY (Number, street, rural route, apartment, or sulte number)
	PARSONS, KS 67357
	(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	1482
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings.	ted communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile nome parks should be reported in parentheses below the identified
-	CITY OR TOWN PARSONS	STATE KS
First Community		K3
dd Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF CA							FORM SA1	
Name	CABLE ONE, INC.	ADEL STOTEM.						010	148
	CABLE ONE, INC.								
Е	SECONDARY TRANSMISSION		-	-	-				
	In General: The information in si system, that is, the retransmission	•		-	•				
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	ecembe	er 31, as the ca	se may be)			-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
Rates	separately for the particular servi							Jiaiged	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service. I	nclude bot	h the amount o	f the charge		
	unit in which it is generally billed.	· · ·	,		ny standaro	l rate variations	within a pa	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ndary transmis	sion service	e that cable	
	systems most commonly provide			•					
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					In the count une	der "Service	e to the	
	Block 2: If your cable system i					ervice that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	vo- or three	-word descripti	on of the se	ervice is	
	sufficient.	OCK 1			1		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							40	0.5
	Service to first set		579	40.00	BULK			13	25.
	Service to additional set(s)							37	15.
	• FM radio (if separate rate)		<u> </u>	40.00	HOSPIT	AL		55	8.0
	Motel, hotel		2	10.00					
	Commercial		32	8.00-15.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		3				
-	In General: Space F calls for rat					your cable syst	tem's servi	ces that were	
F	not covered in space E, that is, th								
Samilaaa	service for a single fee. There ar	•			•		0 ()		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		acaanj	2			olo bel bie	9.4	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s				-				
	brief (two- or three-word) descrip				sheu. List i	liese other serv		IOITII OI A	
	CATEGORY OF SERVICE	BLO RATE	-	GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	TUTE		ation: Non-res		TUTE	ONTEO		
	• Pay cable	17.00	• Mo	otel, hotel		соѕт	DIGITA	L ACCESS	5.0
	• Pay cable—add'l channel	9.00	•Co	mmercial		COST		DED BASIC	40.0
	Fire protection		• Pa	y cable		COST			
	•Burglar protection		1 '	y cable-add'l ch	nannel				
	Installation: Residential		· ·	e protection					
	First set	90.00		rglar protection					
	Additional set(s)	60.00	1	services:					
	• FM radio (if separate rate)		1	connect		90.00			
	• Converter		•	sconnect					
			• Ou	Itlet relocation		60.00			
				itlet relocation	ess	60.00 30.00			

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM
ame	CABLE ONE, INC.			1
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by enti- (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried to on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-a	I) stations carried only on a part-tir carriage of certain network progra e)(2) and (4))]; and (2) certain stat ied by your cable system on a sub Special Statement and Program L both on a substitute basis and also ee page (v) of the general instructi gram services such as HBO, ESP ir designation. For example, repo sion station for broadcasting over the ation, an independent station, or a r network multicast), "I" (for indepe "E-M" (for noncommercial education ions in the paper SA1-2 form. the community to which the station i	me basis under ims [sections ions carried on a istitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFJX	14	I	PITTSBURG, KS
	KFJX KJRH	1456	I N	PITTSBURG, KS TULSA, OK
≥cessary				
cessary	KJRH	56	N	TULSA, OK
cessary	KJRH KOAM	56 7	N N	TULSA, OK PITTSBURG, KS JOPLIN, MO
cessary	KJRH KOAM KODE KSNF	56 7 43	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
ecessary	KJRH KOAM KODE	56 7 43 46	N N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO
lecessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
lecessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
: Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
s Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
is Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
s Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
as Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
s Necessary	KJRH	56	N	TULSA, OK
	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO

Accounting F			′STFM [.]				-	I SA1-2E. PAGE
CABLE ONE		יייירייר איי						SYSTEM I 14
	.,							14
RIMARY TRA	NSMITTERS:	RADIO						
n General: Lis	t every radio s	station ca	arried on a separate and discre					н
II-band basis v	whose signals	were ger	nerally receivable by your cab	le system during	the accountin	g period		
			-Band FM Carriage: Under C					Primary
			tem whenever it is received a ved at the headend, with the s					Transmitters Radio
			pyright Office regulations on t					
aper SA1-2 fo								
		-	each station carried. n is AM or FM.					
Column 3: If	f the radio stat	ion's sigi	nal was electronically process	ed by the cable s	system as a se	eparate a	and discrete	
			k mark in the "S/D" column.					
			on (the community to which th the community with which the			C or, in	the case of	
		., , ,	···· · · · · · · · · · · · · · · · · ·		/-			
	AN4 514							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	IEGAL NAME OF OWNER OF CABLE SYSTEM:				F	ORM SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CABLE ONE, INC.						1482
	SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG	i		
	In General: In space I, identi	fy every nor	nnetwork televis	<i>sion program,</i> broadcast by	a distant stati		
	substitute basis during the a						
Substitute Carriage:	explanation of the programm				e general instr	uctions in the paper S	A1-2 form.
Special	 1. SPECIAL STATEMENT • During the accounting per 	-				stwork tolovision prov	arom
Statement and		-	il cable system	r carry, on a substitute ba	sis, any nonne		
Program Log	broadcast by a distant stat					YES	-
	Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUTE	DROCRA	Me				
	In General: List each subs			ate line. Use abbreviations	wherever po	ssible. if their meanir	na is
	clear. If you need more spa	ce, please	add additional	rows to the tables.			
				vision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	etball." List specific progra	m titles, for ex	xample, "I Love Lucy	" or
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter "	No "		
				asting the substitute progr			
				he community to which the			, in
	the case of Mexican or Car			community with which the stem carried the substitute			month
	first. Example: for May 7 giv	/e "5/7."					
				ogram was carried by your			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	led by a system from 6:01	:15 p.m. to 6:	28:30 p.m. snouid be	1
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						rogram
	effect on October 19, 1976.						
					11		
	s	UBSTITUT	E PROGRAM	l	11	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
		l	L	l			

	LEGAL NAME OF OWNER OF CABLE S	/STEM:				S	YSTEM I
Name	CABLE ONE, INC.						14
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you giv all amounts (gross receipts) paic (as identified in space E) during page (vii) of the general instructi Gross receipts from subscri	I to your cable system by s the accounting period. For ons located in the paper S	subscribers for the s r a further explanati A1-2 form.	system's se	econdary transm	nission service	
	during the accounting perior IMPORTANT: You must comple					\$ 18 (Amount of gr	9,397.95
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the roya • Complete block 1, block 2, or blk • Use block 1 if the amount of gro • Use block 2 if the amount of gro • Use block 3 if the amount of gro See page (vi) of the general instruct	alty fee you owe: ock 3. ss receipts in space K is \$ ss receipts in space K is m ss receipts in space K is m	137,100 or less hore than \$137,100 hore than \$263,800	but less the	an \$527,600		
		BLOCK 1: GROSS R	ECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system wit accounting period is \$52.00	h gross receipts of \$137,10	0 or less, the royalty	fee that you	ı must pay for thi	is six-month	
	Line 1. Royalty fee for accounting						
	Line 2. Interest charge. Enter the	amount from line 4, space C), page 8				0.00
	Line 3. TOTAL ROYALTY FEE PA	YABLE FOR ACCOUNTIN	G PERIOD. Add line	es 1 and 2 .			
	BLOCK 2	: GROSS RECEIPTS OF	\$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	1. Base amount under statutory for	rmula		\$	263,800.00	_	
	2. Enter amount of gross receipts	from space K		\$	189,397.95	_	
	3. Subtract line 2 from line 1			\$	74,402.05	_	
	4. Enter the amount of gross recei	pts from space K			\$	189,397.95	
	5. Enter the amount from line 3				\$	74,402.05	
	6. Subtract line 5 from line 4			••	\$	114,995.90	
	7. Multiply line 6 by .005 (enter figu	ıre here)				\$	574.98
	8. Interest charge. Enter the amou	unt from line 4, space Q, pag	ge 8				0.00
	9. TOTAL ROYALTY FEE PAYAE	BLE FOR ACCOUNTING PE	ERIOD. Add lines 7	and 8		\$	574.98
	BLOCK 3:	GROSS RECEIPTS OF	MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross recei	pts from space K					
	2. Base amount under statutory for				263,800.00	-	
	3. Subtract line 2 from line 1					-	
	4. Multiply line 3 by .01					-	
	5. Royalty due on the first \$263,80					1,319.00	
	6. Interest charge. Enter the amou						
	7. TOTAL ROYALTY FEE PAYAE						
			-				
	F	ILING FEE AND TOTAL	REMITTANCE DU				
Filing Fee and	1. Royalty Fee Payable for Accoun	ting Period (from Block 1, 2	, or 3, above)		. \$	574.98	
Total Remittance Due	2. Filing Fee (See the instructions	for more information on filing	fee calculations)		. \$	20.00	
	5 - <u>(</u>		,		<u>.</u>		
	3. TOTAL AMOUNT DUE FOR A	COUNTING PERIOD. Add	d lines 2 and 3			\$	594.98

Accounting Period:	2020/2						FORM SA1-2E. I	PAGE 7
Name	LEGAL NAME OF CABLE ONE, I	OWNER OF CABLE SYSTEM: NC.					SYST	EM ID# 1482
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the numbe ers, and (2) the cable system tal number of channels on wh red television broadcast static tal number of activated chann e cable system carried televis adcast services	s total num ich the cat ons nels ion broado	nber of activated channels of ble	during the accoun	ting period.	6 234	
N Individual to		O BE CONTACTED IF FUR t about this statement of acco		ORMATION IS NEEDED (Id	dentify an individu	ual to whom		
Be Contacted for Further Information	Name	EMERSON YEARW	OOD			Telephone 602-	364-6195	
	Address	210 E. EARLL DRIV (Number, street, rural route, apa PHOENIX, AZ 8501 (City, town, state, zip)	irtment, or su	uite number)				
	Email	emerson.year	wood@ca	ableone.biz	Fa	ax (optional 602-364-6013		
0	CERTIFICATION	I (This statement of account I	nust be ce	ertified and signed in accord	ance with Copyrig	ght Office regulations)		
Certification		ed, hereby certify that (Check o			e system as identif	ied in line 1 of space B; or		
		in line 1 of space B and that t cer or partner) I am an officer	he owner is	s not a corporation or partners	ship; or	e owner of the cable system as entity identified as owner of the		
	are true, comple	in line 1 of space B. d the statement of account and ete, and correct to the best of r tion 1001(1986)]	-					
			X	/s/ Raymond Storcl		this statement		
				gnature using an "/s/ signature				
		Typed or printe	ed name:	RAYMOND STOR	CK			
		Title:		PRESIDENT				
		(litie of officia	al position held in corporation or p	partnership)			

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: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	148
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. 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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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	
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	
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	
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	
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	
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	

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.