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	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ms (Short Form) ctions are located of this workbook ACCOUNTING PERIOD COVERED I	03/02/21 BY THIS STATEMENT: (Y)	\$ ALLOCATION NUMBER (YY/(Period))	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Accounting Period	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31 Il - see instructions)	
	Instructions:			
В	Give the full legal name of the owner of th the subsidiary, not that of the parent corp		diary of another corporation, give the full corp	porate title of
Owner	List any other name or names under which	n the owner conducts the business of th	ne cable system.	
	If there were different owners during the a statement of account and royalty fee payr		he last day of the accounting period should su riod.	ıbmit a single 023706
	Check here if this is the system's first filing	;. If not, enter the system's ID number a	assigned by the Licensing Division.	023706
	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	CABLE SYSTEM		
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip)			
<u> </u>	INSTRUCTIONS: In line 1, give any busin	ess or trade names used to ide	ntify the business and operation of the	e system unless these
C	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	s given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MOREAUVILLE, LA			
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	023706
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communit unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as	the same as a "community unit" as defined in FCC rules: "a ies within unincorporated areas and including single, discrete
A	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	parks should be reported in parentheses below the identified
Area Served	city.	
	CITY OR TOWN	STATE
First	MOREAUVILLE	LA
Community	AVOYELLES PARISH	LA
	BELLEDEAU	LA
d Rows as Necessary	BORDELONVILLE	LA
	COTTONPORT	LA
	ECHO	LA
	PLAUCEVILLE	LA
	RAPIDES PARISH(PORTION)	LA
	SIMMESPORT	LA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name									02370
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of t	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	•				,	-1	. huslan	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				y stanua		s wiu iir a j		
	Block 1: In the left-hand block	in space E, th	e form l	lists the categori					
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted c								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		o ngini i		• • • • •	o nora accompt			
	BLC	DCK 1 NO. OF					BLOCH	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		849	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		23	45.95					
	Converter								
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat	``	'		•	, ,			
	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rat	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for ear	sh of the	applicable servi	cas listad		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resid	dential				
	• Pay cable	17.00		tel, hotel					
	Pay cable—add'l channel	19.00	-	mmercial					
	Fire protection Purglar protection		-	y cable	nnel				
	•Burglar protection Installation: Residential		-	y cable-add'l cha e protection					
	• First set	99.00		rglar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)	20.00		connect		40.00			
	Converter			connect					
				tlet relocation		25.00			
	1								· ·····
			• Mo	ve to new addre	SS	99.00			

lame	LEGAL NAME OF OWNER OF			SYSTEM IE
	CEQUEL COMMUNIC			02370
G rimary smitters: evision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC rr. • 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 statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION ntify every television station (including tr n during the accounting period, <i>except</i> (n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. : With respect to any distant stations car iles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, so i's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the- the form. al number the FCC assigned to the televen RC is channel 4 in Washington, D.C. case whether the station is a network so ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruct n of each station. For U.S. stations, list t	1) stations carried only on a part-tir e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also ice page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over t tation, an independent station, or a fer network multicast), "I" (for indepen- tions in the paper SA1-2 form. the community to which the station i	evision stations) ne basis under ms [sections ions carried on a stitute 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). s licensed by the
	FCC. For Mexican or Canac 1. CALL SIGN	dian stations, if any, give the name of the	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	KALB-1	5	N	ALEXANDRIA, LA
	KALB-2	5.2	N-M	ALEXANDRIA, LA
Necessary	KALB-3	5.3	I-M	
			1-141	ALEXANDRIA. LA
			N-M	ALEXANDRIA, LA
	KALB-HD1 KALB-HD2	5		ALEXANDRIA, LA
	KALB-HD1 KALB-HD2		N-M	ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1	5 5.2	N-M N-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1	5 5.2 41	N-M N-M I-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1	5 5.2 41 31	N-M N-M I-M N	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2	5 5.2 41 31 31.2	N-M N-M I-M N I-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1	5 5.2 41 31 31.2 31	N-M N-M I-M N I-M N-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1	5 5.2 41 31 31.2 31 25	N-M N-M I-M N I-M N-M E	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2	5 5.2 41 31 31.2 31 25 25.2	N-M N-M I-M N I-M N-M E E E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3	5 5.2 41 31 31.2 31 25 25.2 25.3	N-M N-M I-M N I-M E E E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	5 5.2 41 31 31.2 31 25 25.2 25.3 25 48	N-M N-M I-M N I-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1	5 5.2 41 31 31.2 31 25 25.2 25.3 25.3 25	N-M N-M I-M N I-M E E E-M E-M E-M	ALEXANDRIA, LA ALEXANDRIA, LA
	KALB-HD1 KALB-HD2 KBCA-1 KLAX-1 KLAX-2 KLAX-HD1 KLPA-1 KLPA-2 KLPA-3 KLPA-HD1 WNTZ-1	5 5.2 41 31 31.2 31 25 25.2 25.3 25 48	N-M N-M I-M N I-M E E E-M E-M E-M I	ALEXANDRIA, LA ALEXANDRIA, LA

EGAL NAME OF								SYSTEM I 0237
	every radio s	tation ca	nried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under O tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's hea system's FM ante this point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing ive the station	g a check n's locatio	< mark in the "S/D" column. on (the community to which th the community with which the	ne station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 023706
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				5			
Special Statement and	During the accounting peri-	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	<u>sion</u> prograr	n
Program Log	broadcast by a distant stat	ion?				L	YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio ming that y	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog eral instruction in titles, for ex lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	at, during the ramming of ns for furthe ample, "I Lo nsed by the tified). a numerals, List the tim 28:30 p.m. s rour system ter "P" if the	e accounting another sta er informatio ove Lucy" or e FCC or, in with the more hes accurate hould be was <i>require</i> e listed progr	g tion n. hth ely
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7.		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. T FROM	rimes — to	DELETION
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							—	
							_	
							_	
							_	
							_	
							_	
							_	
							—	

Accounting Period:	2020/2 FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: CEQUEL COMMUNICATIONS LLC 023	1 ID# 5706
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	0
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 242,678.93	
	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) \$ 1,107.7	9
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,107.75	9
	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) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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) \$ 1,107.79	
	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 \$ 1,127.7	9
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 023706
M Channels	to its subscriber 1. Enter the tota	rs, and (2) the cable system's to al number of channels on which	otal num h the cab	is on which the cable system carried telev per of activated channels during the accou	unting period.	15
	2. Enter the tota on which the	I number of activated channels cable system carried television	s n broadca			228
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		RMATION IS NEEDED (Identify an individ	dual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nent, or suit	e number)		
	Email	RODNEY.HASKI	(INS@AI	TICEUSA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	st be cer	ified and signed in accordance with Copy	rright Office regulations)	
Certification		ed, hereby certify that (Check one				
				 am the owner of the cable system as ide rtnership) I am the duly authorized agent c 		
		in line 1 of space B and that the	e owner is	not a corporation or partnership; or ation) or a partner (if a partnership) of the le		
		te, and correct to the best of my	-	lare under penalty of law that all statements ge, information, and belief, and are made in		
			X	/s/ Alan Dannenbaum		
				electronic signature on the line above to certif nature using an "/s/ signature" (e.g., /s/ John	·	
		Typed or printed r	name:	ALAN DANNENBAUM		
				PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	023706
 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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment

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.