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

SA1-2E Short Form

by email to:

Return completed workbook

for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste					<u>coplicsoa@copyright.gov</u>
General instru			02/26/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
		Workbook		ALLOGATION NONIBLIT	-
Α	ACCO		BY THIS STATEMENT: (YY	YY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		liary of another corporation, give the full co	rporate title
_					
Owner		List any other name or names under which	h the owner conducts the business of th	e cable system.	
		If there were different owners during the	accounting period, only the owner on th	ne last day of the accounting period should s	ubmit a
		single statement of account and royalty fe	e payment covering the entire accounti	ng period.	
		Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	31142
		1			
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		Ritter Cable Corporation			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		Ritter Communications			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		P.O. Box 17040			
		(Number, street, rural route, apartment, or suite n Jonesboro, AR 72403	umber)		
		(City, town, state, zip)			
С				tify the business and operation of the	
	names		2, give the maining address of the	e system, if different from the address	y yiven in space D.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	-	MAILING ADDRESS OF CABLE SYSTEM	:		
	2				
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
Privacy Act Notic	ce: Section	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	e personally identifying information (PII) reque	ested on this

FOR COPYRIGHT OFFICE USE ONLY

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Ritter Cable Corporation	31142
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter knowr 5.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Alpena	AR
Community	Jasper	AR
	Western Grove	AR
dd Rows as Necessary	Everton	AR
	Mountain Home	AR

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	Ritter Cable Corporatio							010	3114
		••							
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission		f the cable	
-	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv	•		0,0			0	is charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed				ny standa	rd rate variatio	ns within a	a particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-		-			
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additiona	al sets would b	e includeo	d in the count u	nder "Ser	vice to the	
	first set" and would be counted o							c 11	
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		o ngin n						
	BLO	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		145	29.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
									l
	SERVICES OTHER THAN SEC						atom'o oo	ruises that wars	
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	tes are cl	narged on a va	iable per-	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable	system for ea	ch of the	applicable serv	ices listed		
	DIOCK I. ONC THE Standard fa					••			
Rates	Block 2: List any services that	t your cable sy		lished of offer	-		•		
	Block 2: List any services that listed in block 1 and for which a	• •	ge was m		shed. List	these other se			
	_	separate charg	-	ade or establi	shed. List	these other se			
	listed in block 1 and for which a	separate charg	de the ra	ade or establi	shed. List	these other se		BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargon ption and inclue	de the ra CK 1	ade or establi		these other se		BLOCK 2 GORY OF SERVICE	RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLOO RATE	de the ra CK 1 CATEG Installa	ade or establi te for each. ORY OF SER' tion: Non-res	/ICE				RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate chargotion and include BLOC	de the ra CK 1 CATEG Installa • Mote	ade or establi te for each. ORY OF SER' tion: Non-res i el, hotel	/ICE				RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLOO RATE	de the ra CK 1 CATEG Installa • Mote • Con	ade or establi te for each. ORY OF SER' tion: Non-res el, hotel mercial	/ICE				RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and inclue BLO RATE 16.95	de the ra CK 1 CATEG Installa • Mote • Con	ade or establi te for each. ORY OF SER' tion: Non-res i el, hotel	/ICE				RAI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg otion and inclue BLO RATE 16.95	de the ra CK 1 CATEG Installa • Mote • Con • Pay	ade or establi te for each. ORY OF SER' tion: Non-res el, hotel mercial	/ICE dential				RA1
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg otion and inclue BLO RATE 16.95	de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	ade or establi te for each. ORY OF SER' tion: Non-resi el, hotel mercial cable cable-add'l ch protection	/ICE dential				RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charg otion and inclue BLO RATE 16.95	de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	ade or establi te for each. ORY OF SER' tion: Non-resi el, hotel mercial cable cable	/ICE dential				RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and incluse BLOC RATE 16.95 10.00	de the ra CK 1 CATEG Installa • Moto • Corr • Pay • Pay • Fire • Burg	ade or establi te for each. ORY OF SER' tion: Non-resi el, hotel mercial cable cable-add'l ch protection	/ICE dential				RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargotion and incluse BLOC RATE 16.95 10.00	de the ra CK 1 CATEG Installa • Moto • Corr • Pay • Pay • Fire • Burç Other s	ade or establi te for each. ORY OF SER tion: Non-resi el, hotel mercial cable cable-add'l ch protection glar protection	/ICE dential				RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and incluse BLOC RATE 16.95 10.00	de the ra CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec	ade or establi te for each. ORY OF SER' tion: Non-resi el, hotel mercial cable cable-add'I ch protection glar protection ervices:	/ICE dential	RATE			RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	separate chargotion and incluse BLOC RATE 16.95 10.00	de the ra CK 1 CATEG Installa • Motu • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	ade or establi te for each. ORY OF SER' tion: Non-resi el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	/ICE dential	RATE			RA

ccounting Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	Ritter Cable Corporati	ion		3114
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide 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 not list the station here station was carried only 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, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination I d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network wring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or erms, see page (iv) of the general instru-	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed 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, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	levision stations) me basis under ims [sections ions carried on a ostitute program .og)—if the o 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
	FCC. For Mexican or Canac	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	KYTV	3	N	SPRINGFEILD, MO
	KOLR	10		SPRINGFEILD, MO
Rows as Necessary	KOZL	27	l	SPRINGFEILD, MO
	K15CZ	15	I	SPRINGFEILD, MO
	KSPR	33	N	SPRINGFEILD, MO
	KWBM	31	I	SPRINGFEILD, MO
	KOZK	21	E	SPRINGFEILD, MO
	KEMV	6	E	MOUNTAIN VIEW, AR
	ктко	8	I	HARRISON, AR
	K26GS	26	I	HARRISON, AR
	ктну	11	N	LITTLE ROCK, AR
	KRBK	5	N	SPRINGFEILD, MO

Ritter Cable	F OWNER OF C							SYSTEM I 311
	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 isignal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE CIGIT		0,D		ON LEE OF OF		0,0		
						·		
						·		

Accounting Perio	od: 2020/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Ritter Cable Corporati	on						31142
	SUBSTITUTE CARRIAG				G			
		-	-			tion that was		
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programn							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network teler	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Notes If your appwor in "No	" loovo tha	root of this no	ao blonk. If your onowor is	"Voo" vou v	must somals	to the prop	
	Note: If your answer is "No	, leave life	rest of this pa	ige blank. If your answer is	s res, your	nust comple	te the prog	lalli
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if th	eir meaning	j is
	clear. If you need more spa					الا بي الم الم		·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.						,	
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				the community to which th			ne FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals	, with the n	nonth
	first. Example: for May 7 gi		o cubatituto pr	ogram was carried by you	r cabla cysta	m lict tha ti	mos acour	atoly
	to the nearest five minutes							atery
	stated as "6:00-6:30 p.m."					.20.00 p.m.		
		er "R" if the	listed program	n was substituted for prog	ramming that	your syster	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for prograr	nming that	your system w	as permitted to delete und	ler FCC rules	and regula	tions in	•
	effect on October 19, 1976							
						N SUBSTIT		
	S		E PROGRAN			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES - TO	5222.11011
		Tes ULINU	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM -	- 10	
						_	_	
							-	
						-	-	
					·			
					·		<u>-</u>	
					·		- 	
						= 		
						= = = = = = = = =	<u>-</u>	
							<u>-</u>	

Accounting Period:	2020/2 FORM SA	1-2E. PAGE 6.
Name		STEM ID#
indifie	Ritter Cable Corporation	31142
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 c 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, se 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. \$ 42	,481.25
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe • Complete block 1, block 2, <i>or</i> 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 \$263,80(• 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.	
	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	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
	o. Interest charge. Enter the amount from line 4, space Q, page 6	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	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Eiling Factoria		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Ritter Cable Corporation		SYSTEM ID# 31142
M Channels	to its subscribers, and (2) the cable system's 1. Enter the total number of channels on which	s Is n broadcast stations	82
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURT we can contact about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom int.)	
for Further Information	Name Caleb Smith	Telephone	e 870-336-2311
O Certification	CERTIFICATION (This statement of account n I, the undersigned, hereby certify that (Check (Owner other than corporation or (Agent of owner other than corporation in line 1 of space B and that the X (Officer or partner) I am an officer in line 1 of space B. I have examined the statement of account and	D1 ittercommunications.com Fax (optional) must be certified and signed in accordance with Copyright Office regulations	e B; or e system as identified wwner of the cable system
	Typed or printe Title: (Title of Date:	X /s/ Lexanne Horton Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) ed name: Lexanne Horton VP/Controller official position held in corporation or partnership)	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
er Cable Corporation	3114
 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? 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessment
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Land Land Land Land Land Land Land Land

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