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

1

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	by email to:
for Second	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	<ul> <li><u>coplicsoa@copyright.gov</u></li> </ul>
Cable Syste General instr n the first tab	uctions		03/01/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	_
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting			Barcode Data Filing Period (optiona	al - see instructions)	
Period					
В		Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		sidiary of another corporation, give the full co	rporate title
Owner		List any other name or names under wh If there were different owners during th single statement of account and royalty	e accounting period, only the owner on	the last day of the accounting period should	submit a
		Check here if this is the system's first fili	ng. If not, enter the system's ID number	cassigned by the Licensing Division.	38563
		LEGAL NAME OF OWNER/MAIL IN	NG ADDRESS OF CABLE SYSTEM		
		Swayzee Communications			
		BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFEREN	Г)	
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
		214 S Washington St, PO (Number, street, rural route, apartment, or suite	Box 97		
		Swavzee, IN 46986	indiniber)		
		(City, town, state, zip)			
С				entify the business and operation of the he system, if different from the addres	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	:M:		
	2	(Number, street, rural route, apartment, or suite	s number)		
		(City, town, state, zip code)			

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#
Name	Swayzee Communications	38563
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future to be the Solitize reasonable to the set of the	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter knowr illings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentneses below the
First		STATE IN
First Community	MARKLE	
Rows as Necessary		
, , ,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	Swayzee Communicatio							010	385
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
	system, that is, the retransmissi	-		-		•			
Secondary	about other services (including p						those exis	sting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						hle syster	m broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number c	of persons or or	ganization		
	separately for the particular server Rate: Give the standard rate of							rae and the	
	unit in which it is generally billed	-	-	•				•	
	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	addition	al sets would b	e includeo	d in the count u	nder "Ser∖	vice to the	
	first set" and would be counted of					convice that ar	o difforant	from these	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, 1	-		•					
	with the number of subscribers a								
	sufficient.								
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:		40						
	Service to first set		10	32.98/mo.					
	Service to additional set(s)     EM radio (if soparate rate)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	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 up		usually	billed. If any ra	ites are ch	narged on a var	iable per-	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable	e system for ea	ch of the	applicable serv	ices listed		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a				shed. List	these other se	rvices in th	ne form of a	
	brief (two- or three-word) description	ption and includ	the the ra	ite for each.			1		
								BLOCK 2	
		BLO							
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG Installa	tion: Non-res		RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE	CATEG Installa • Mot			RATE	CATEG	BORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG Installa • Mot • Cor	tion: Non-res el, hotel		RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Cor • Pay	<b>tion: Non-res</b> el, hotel nmercial	idential	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE 79.95 20.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 79.95 20.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 79.95 20.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Cother s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential		CATEG	ORY OF SERVICE	RA
	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)	RATE 79.95 20.00	CATEG 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		CATEG	ORY OF SERVICE	RA

counting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Swayzee Communica	tions		38563
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tir he carriage of certain network program	ne basis under ns [sections
Primary ransmitters: Television	substitute program basis, a Substitute Basis Stations	<ul> <li>e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.</li> <li>With respect to any distant stations c</li> </ul>		
	• Do not list the station here station was carried only on			
	basis. For further informatic <b>Column 1:</b> List each station	also in space I, if the station was carrie in concerning substitute basis stations n's call sign. <i>Do not</i> report origination	, see page (v) of the general instruction program services such as HBO, ESPI	ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe	el number the FCC assigned to the tele	<b>°</b>	
	<b>Column 3:</b> Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te <b>Column 4:</b> Give the locatio	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lise dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFWA	39.1	N	FT WAYNE
	WFFT	55	N	
ws as Necessary	WISE	33.1	N	FT WAYNE
as necessary	WPTA	21.2	N	FT WAYNE
	WANE	15	N	FT WAYNE
	WNDY	23	I	MARION
	WPTA	21	Ν	FT WAYNE
				"
				"
				·
				0
				-

EGAL NAME OF			ISTEM.					SYSTEM   385
	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 a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C item whenever it is received a wed 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 le 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	
OALL OIGH		3,0	LOOATION OF STATION	UNEL OIGH		3,0	LOOATION OF STATION	

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Swayzee Communicat	ions						38563
	SUBSTITUTE CARRIAG				G			
1		-	-					
•	In General: In space I, ident substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					ne general in		ie paper o	
Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer is	"Yes " vouu	must complet	te the nroc	
				ige blank. If your answer k	5 103, you i	nust compic	ie ine prog	jram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Lina abbraviation	whorover p	oooiblo if the	ir moonin	a io
	clear. If you need more spa				s wherever p		ii meanin	y 15
	· ·			vision program ("substitute	e program") t	hat, during th	e account	ina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furth	er informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			۵/ ۳ OII	(N.L. 11			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which the		censed by th	e FCC or	in
	the case of Mexican or Car						o i oo oi,	
	Column 5: Give the mor	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	3:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far prog	romming that	t vour ovotor		irod
	to delete under FCC rules			n was substituted for program				
	was substituted for program							ogram
	effect on October 19, 1976		your oyotonn n			, and rogalat		
	,							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						-		
					·			
						_		
							-	
						_		
								·
						_		
						_		

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Haine	Swayzee Communications		38563
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, se	7,783.54
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,80(	
	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 t accounting period is \$52.00	his 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 \$137,1	00)	
	1. Base amount under statutory formula		
	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)	
	BLUCK 3: GRUSS RECEIPTS OF MORE THAN \$203,000 (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	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	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)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #	[	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Swayzee Com	VNER OF CABLE SYSTEM: unications		SYSTEM ID# 38563
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	must give (1) the number of channels on which the cab and (2) the cable system's total number of activated cha umber of channels on which the cable elevision broadcast stations	nnels during the accounting period.	7 51
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEE out this statement of account.)	DED (Identify an individual to whom	
for Further Information	Name	Tim Miles	Telephone	765-922-7916
0	Address Email	214 S Washington St, PO Box 97         (Number, street, rural route, apartment, or suite number)         Swayzee, IN 46986         (City, town, state, zip)		
Certification		I, hereby certify that (Check one, <i>but only one</i> , of the boxes other than corporation or partnership) I am the owner o		B; or
	in (Offic in • I have examined	of owner other than corporation or partnership) I am the e 1 of space B and that the owner is not a corporation or p or partner) I am an officer (if a corporation) or a partner e 1 of space B. he statement of account and hereby declare under penalty and correct to the best of my knowledge, information, and 1001(1986)]	artnership; or if a partnership) of the legal entity identified as ow of law that all statements of fact contained herein	ner of the cable system
			S on the line above to certify this statement. signature" (e.g., /s/ John Smith)	
		Typed or printed name: AUDRA HIC Title: OFFICE MANAGER (Title of official position held in corporation of		
		Date:	03/01/2021	

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ayzee Communications	3856
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
	_
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.	Q
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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