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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by ams (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	uctions are located of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	J
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	20202	Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp		iary of another corporation, give the full corpo	orate title of
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.	
	If there were different owners during the statement of account and royalty fee payr		e last day of the accounting period should sub iod.	mit a single
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	ssigned by the Licensing Division.	040651
		ADDRESS OF CABLE SYSTEM		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		<u> </u>		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite r TYLER, TX 75701	number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			

 C
 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: BLACKBURN CORRECTIONAL FACILITY

 MAILING ADDRESS OF CABLE SYSTEM:
 1

 C
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)
 (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 CECUEL COMMUNICATIONS LLC C Instructions: List each squarete community served by the cable system. A "community" is the same as a "community and" as defined in ECO D Instructions: List each squarete community served by the cable system. A "community" is the same as a "community and" as defined in ECO Area Served Area Served First Instructions: Area is the first community on all future filings. Mile: Exiling and properties such as hotels, spariments, condominum, or mobile lione parks should be reported in parentheses below th other. Community Instructions: CORN Note two as the crassy Instructions: CORN Community Instructions: CORN Out two as the crassy Instructions: CORN Community Instructions: Corn Community Instructions: Corn Community Instructions: Corn Community Instructions: Corn Controls to the corn Instructions: Corn	Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below th city. First CITY OR TOWN STATE Community (BLACKBURN CORR) KY	Name	CEQUEL COMMUNICATIONS LLC	040651
Served City. City. City or town City or town City or town Community (BLACKBURN CORR) Community Community City. Cit		separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
First LEXINGTON KY Community (BLACKBURN CORR)		city.	
Community (BLACKBURN CORR)			
			КҮ
Hear and the second of the second o	Community	(BLACKBURN CORR)	
Image: state of the state of	d Rows as Necessary		
Image: Section of the section of th			
Image: Section of the			
Image: state of the state of			
Image: Section of the section of th			
Image: set of the			

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	CEQUEL COMMUNICAT							_	04065
	SECONDARY TRANSMISSION								
E	In General: The information in s					y transmission :	service of	the cable	
	system, that is, the retransmission	on of television a	and rad	lio broadcasts by	your sy	stem to subscri	bers. Give	e information	
Secondary	about other services (including p	, , ,			,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo ovetor	brokon	
scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate in	dicated	d-not the number	er of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				standar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				s of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		Ũ					
	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 un	ider "Servi	ce to the	
	Block 2: If your cable system I	U			· · ·	service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	ind rates, in the	right-h	and block. A two-	or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		63	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	SIONS: RATES					
E	In General: Space F calls for rat	`	,			, ,			
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip	1 0			eu. List	linese other ser		e ionn or a	
		BLOC					1	BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside					
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l chan	nel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Burg	glar protection					
	Additional set(s)	- 0		ervices:					
	• FM radio (if separate rate)		• Rec	onnect		-			
	• Converter		• Disc	connect					
				let relocation		_			
				ve to new address	5	-			

ting Period:	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	CATIONS LLC		04065
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including train m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. s: With respect to any distant stations car	 stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat 	me basis under ams [sections tions carried on a
	basis under specific FCC r	ules, regulations, or authorizations: e in space G—but do list it in space I (the		
	• List the station here, and basis. For further informati Column 1: List each statio	also in space I, if the station was carried I on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	ee page (v) of the general instructi ogram services such as HBO, ESP	ions. N, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W	5	sion station for broadcasting over	the air in its community
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	or network multicast), "I" (for indepe "E-M" (for noncommercial education tions in the paper SA1-2 form. The community to which the station i	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
	1. CALL SIGN WDKY-1	2. B'CAST CHANNEL NUMBER 56	3. TYPE OF STATION	4. LOCATION OF STATION DANVILLE, KY
			3. TYPE OF STATION	
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
ws as Necessary	WDKY-1	56	l	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY
ws as Necessary	WDKY-1	56	I	DANVILLE, KY
	WKYT-1	27	N	LEXINGTON, KY
	WLEX-1	18	N	LEXINGTON, KY

LEGAL NAME OF								SYSTEM 040
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio state this by placing Give the station	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	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. In is AM or FM. nal was electronically processes k mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions 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	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
			·	·				

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 040651
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy <i>every non</i> ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or aut	horizations.	For a further
Substitute Carriage: Special Statement and Program Log	 explanation of the programmi 1. SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reported, was broadcast by a under certain FCC rules, reported, was broadcast by a under certain FCC rules, reported was broadcast by a under certain FCC rules, reported was broadcast by a under certain FCC rules, reported was broadcast by a under certain FCC rules, reported was broadcast by a under certain FCC rules, reported by a sevent and the program Column 2: If the program Column 3: Give the broad the case of Mexican or Canton Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter of the sevent contourn for the sevent contourn 7: Enter the letter of the sevent contourn for the sevent cont	ng that mus CONCER od, did you ion? ', leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o es like "mo" Bulls." n was broad sign of the s dcast statica adian statio th and day e "5/7." es when the Example: a per "R" if the	t be included in NING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that yo r authorizations vies" or "baske tation broadca in's location (th ns, if any, the of when your syst substitute pro program carrie	this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute program le community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program	s, any nonne "Yes," you mu "Yes," you mu wherever pos program") tha d for the prog eral instruction n titles, for ex lo." m. station is lice station is lice station is lice cable system. 15 p.m. to 6:2 umming that y	uctions in the twork televis ust complete sible, if their ast, during the ramming of ns for furthe ample, "I Lo nsed by the tiffied). numerals, w List the tim 8:30 p.m. sl our system	paper SA1- ion program YES the program meaning is accounting another star information ve Lucy" or FCC or, in with the more es accurate nould be was require	2 form. n X NO m s g tion n. hth Hy
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	iming that y		s permitted to delete unde	r FCC rules a		ns in	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 -	IMES – TO	DELETION
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 040651
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	5,486.54 ss 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 \$2 • 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	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the 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		52.00 0.00
	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 \$137,1		52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		0.00
	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	1.319.00	
		0.00	
	FILING FEE AND TOTAL REMITTANCE DUE		-
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 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 mo		

Accounting Period:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 040651
M Channels	CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels		4
	on which the cable system carried television broadcas and nonbroadcast services	t stations	36
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFOR we can contact about this statement of account.)	MATION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNEY HASKINS	Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite TYLER, TX 75701 (City, town, state, zip)	number)	
	Email RODNEY.HASKINS@ALT	TCEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only</i> (Owner other than corporation or partnership) (Agent of owner other than corporation or partnership) (Agent of space B and that the owner is n (Agent of space B. 	I am the owner of the cable system as identified in line 1 of space E nership) I am the duly authorized agent of the owner of the cable so ot a corporation or partnership; or on) or a partner (if a partnership) of the legal entity identified as own ire under penalty of law that all statements of fact contained herein	ystem as identified
	Title: SVP, PF	ALAN DANNENBAUM ROGRAMMING ssition 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.

counting Period: 2020/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	04065
 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? X NO 	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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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 Assessmen
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	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	Interest Assessmer

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.