This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
<b>^</b>			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
		20202 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	004378
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	<u> </u>	CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space by the mailing address of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	Ľ.	ARKADELPHIA, AR	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004378
D Area	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated comr unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: "a nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first
Served	city.	
_		STATE
First Community	ARKADELPHIA CADDO VALLEY	AR AR
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID	
Name									00437	
Е	SECONDARY TRANSMISSION							46		
	In General: The information in s system, that is, the retransmission			-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period	•				,				
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	ice at the rate	indicate	d-not the num	per of set	s receiving serv	vice).	-		
	Rate: Give the standard rate of									
	unit in which it is generally billed category, but do not include disc				y standal	d rate variation	s within a	particular rate		
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca						•			
	first set" and would be counted o	once again und	er "Serv	vice to additional	set(s)."					
	Block 2: If your cable system	•								
	printed in block 1 (for example, t with the number of subscribers a						,.			
	sufficient.		s ngin-n	and block. A two		e-word descript				
	BLO	DCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	SOBSCIUD	_110		0,11		(VIOL	SOBSCINEERS		
	Service to first set		1,363	34.99						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		87	45.95						
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES						
F	In General: Space F calls for rai	te (not subscrib	per) info	rmation with res	pect to a	ll your cable sys	tem's serv	vices that were		
F	not covered in space E, that is, t					,	,			
Services	service for a single fee. There an furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not		
Rules	listed in block 1 and for which a				-	-				
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.						
		BLO	CK 1					BLOCK 2	BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Installa	ation: Non-resid	dential					
	• Pay cable	17.00	• Mo	tel, hotel						
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00		nmercial						
	Fire protection			/ cable						
	•Burglar protection			/ cable-add'l cha	innel					
	Installation: Residential			e protection						
	• First set	99.00		glar protection						
	Additional set(s)     EM radio (if concrete rate)	25.00		services:		40.00				
	FM radio (if separate rate)     Converter			connect		40.00				
	Converter		• DIS	connect						
				lot rolocotion		0,000				
				tlet relocation		25.00 99.00				

Namo	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		0043
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters:	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	entify every television station (including tra em during the accounting period, <i>except</i> (1 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.	1) stations carried only on a part-tin carriage of certain network progra	me basis under ams [sections
Television	Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here	S: With respect to any distant stations carr ules, regulations, or authorizations: re in space G—but do list it in space I (the		
	basis. For further information <b>Column 1:</b> List each station	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro	see page (v) of the general instruction ogram services such as HBO, ESP	ions. PN, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe	nel number the FCC assigned to the televis		
	<b>Column 3:</b> Indicate in each educational station, by enter	VRC is channel 4 in Washington, D.C. h case whether the station is a network sta ering the letter "N" (for network), "N-M" (fou ), "E" (for noncommercial educational), or '	or network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these te <b>Column 4:</b> Give the location	erms, see page (iv) of the general instruction of each station. For U.S. stations, list thadian stations, if any, give the name of the	tions in the paper SA1-2 form. he community to which the station i	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-1	4	N	LITTLE ROCK, AR
	KARK-2	4.2	I-M	LITTLE ROCK, AR
Rows as Necessary	KARK-3	4.3	I-M	LITTLE ROCK, AR
	KARK-HD1	4	N-M	LITTLE ROCK, AR
	KARZ-1	42	1	LITTLE ROCK, AR
	KARZ-2	42.2	I-M	LITTLE ROCK, AR
	KARZ-HD1	42	1	LITTLE ROCK, AR
	KASN-1	38	I	PINE BLUFF, AR
	KASN-HD1	38	I-M	PINE BLUFF, AR
	KATV-1	7	N	LITTLE ROCK, AR
	KATV-2	7.2	I-M	LITTLE ROCK, AR
	KATV-3	7.3	I-M	LITTLE ROCK, AR
	KATV-4	7.4	I-M	LITTLE ROCK, AR
	KATV-HD1	7	N-M	LITTLE ROCK, AR
	KETG-1	9	Е	ARKADELPHIA, AR
	KETG-2	9.2	E-M	ARKADELPHIA, AR
	KETG-3	9.3	E-M	ARKADELPHIA, AR
	KETG-4	9.4	E-M	ARKADELPHIA, AR
			E-M	ARKADELPHIA, AR
	KETG-HD1	9		
	KETG-HD1 KKAP-1	9 36	E	LITTLE ROCK, AR
	KKAP-1	36		LITTLE ROCK, AR
	KKAP-1 KLRT-1	36 16	E	LITTLE ROCK, AR LITTLE ROCK, AR

ccounting Period: 2	2020/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	CEQUEL COMMUNIC	ATIONS LLC		0043
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including tr m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the	(1) stations carried only on a part-time	ne basis under
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.61	0 1 0	•
Transmitters: Television		s explained in the next paragraph. With respect to any distant stations car	rried by your cable system on a subs	stitute program
Television		ules, regulations, or authorizations:	The by your casic system on a susse	utute program
	• Do not list the station here	e in space G—but do list it in space I (the	e Special Statement and Program Lo	ug)—if the
	station was carried only on a	a substitute basis. also in space I, if the station was carried	both on a substitute basis and also r	on come other
		on concerning substitute basis stations, s		
	Column 1: List each station	n's call sign. <i>Do not</i> report origination pro	rogram services such as HBO, ESPN	N, etc. Identify each
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the-	air designation. For example, report	د multistream
		el number the FCC assigned to the telev	vision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
		n case whether the station is a network st pring the letter "N" (for network), "N-M" (for		
		, "E" (for noncommercial educational), or	<i>//</i> ( 1	· · ·
	For the meaning of these ter	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list t dian stations, if any, give the name of the	-	
		and stations, if any, give the name of the	a community with which the station is	; idenuiled.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTHV-4	11.4	I-M	LITTLE ROCK, AR
	KTHV-HD1	11	N-M	LITTLE ROCK, AR
	KVTH-1	26	I	HOT SPRINGS, AR
	KVTH-HD1	26	I-M	HOT SPRINGS, AR

EGAL NAME OF								SYSTEM I 0043
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> Si	it is carried by monitoring, to rrmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C 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.	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 t ertain sta eneral ir	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
ignal, indicate i <b>Column 4:</b> G	this by placing ive the statior	g a checl n's locati	nal was electronically process wark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		-						
		I						

							FOR	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 004378
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> static C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMEN	-			<u> </u>			
Special Statement and	During the accounting per	riod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion prograr	n
Program Log	broadcast by a distant sta	tion?				L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	"Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gir <b>Column 6:</b> State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every no distant stat egulations, o ries like "mo Bulls." m was broad sign of the s adcast station hadian static onth and day we "5/7." es when the Example: a er "R" if the and regulation ming that y	am on a separa add additional i nnetwork televi ion and that yo or authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the o when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute   ur cable system substitute s. See page (v) of the gene table." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute   gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	program") tha d for the prog eral instruction n titles, for ex lo." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	t, during the ramming of ns for furthe ample, "I Lo nused by the tified). numerals, List the tim 8:30 p.m. s our system ter "P" if the	e accounting f another sta er informatio ove Lucy" or e FCC or, in with the mo nes accurate should be was <i>require</i> e listed progr	g ntion n. nth ely ed
	e e e e e e e e e e e e e e e e e e e	SUBSTITUT	TE PROGRAM	1		N SUBST		
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC 6. 1		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	7. REASON FOF           DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004378
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.	nission service
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 t 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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1         1. Base amount under statutory formula       \$263,800.00         2. Enter amount of gross receipts from space K	0.00 0.00 
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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)	<u>3,635.64</u> <u>20.00</u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,655.64
	<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 m	

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC				SYSTEM ID# 004378
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's to	total num		punting period.	28
	2. Enter the tota on which the	I number of activated channels cable system carried televisior	s n broadc	ast stations		517
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		DRMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name Address	RODNEY HASKINS			Telephone	<u>(903) 579-3152</u>
		(Number, street, rural route, apartm <b>TYLER, TX 75701</b> (City, town, state, zip)	nent, or su	te number)		
	Email	RODNEY.HASK	(INS@A	LTICEUSA.COM	Fax (optional	
O Certification	• I, the undersigne	d, hereby certify that (Check on r other than corporation or pa	ne, <i>but on</i> artnershi	tified and signed in accordance with Copy <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as id <b>artnership)</b> I am the duly authorized agent (	lentified in line 1 of space E	
	X (Office	er or partner) I am an officer (if in line 1 of space B. the statement of account and he	f a corpoi nereby de	not a corporation or partnership; or ation) or a partner (if a partnership) of the le clare under penalty of law that all statement ge, information, and belief, and are made in	ts of fact contained herein	ner of the cable system
	[18 U.S.C., Secti			/s/ Alan Dannenbaum electronic signature on the line above to certi nature using an "/s/ signature" (e.g., /s/ John	•	
			SVP,	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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00437
<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>X 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.	0
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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