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

		HT OFFICE USE ONLY	Return completed workbook by email to:
STATEMENT OF ACCOU	NI		by chiair to.
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located	02/20/2021	\$	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
A ACCOUNTING PERIO	COVERED BY THIS STATEMENT: (Y	YYY/(Period))	
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period			
	of the owner of the cable system. If the owner is a subs at of the parent corporation.	sidiary of another corporation, give the full corp	porate title
Owner List any other name or	ames under which the owner conducts the business of	the cable system.	
	wners during the accounting period, only the owner on unt and royalty fee payment covering the entire accour		ubmit a
Check here if this is the	system's first filing. If not, enter the system's ID number	r assigned by the Licensing Division.	61536
LEGAL NAME OF C	WNER/MAILING ADDRESS OF CABLE SYSTEM		
Chequamegon Com	nunications Coop. Inc.		
BUSINESS NAME(S)	OF OWNER OF CABLE SYSTEM (IF DIFFERENT	Γ)	
d/b/a Norvado			

Cable, WI 54821-0067

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

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

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.

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.

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

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

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

PO Box 67

С

System

1

2

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Chequamegon Communications Coop. Inc.	615
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area	identified city.	ione parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Hayward	WI
Community		
Community	Benoit	WI
	Cornucopia	WI
d Rows as Necessary	Barnes	WI
	Cable	WI
	Drummond	WI
	Grand View	WI
	Mason	WI
	Marengo	WI
	Maple	
	Iron River	WI
	Herbster/PortWing	WI
	Namakagon	WI
	LaPointe	W

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	Chequamegon Commu			1C				515	6153
			000.11	10.					
Е	SECONDARY TRANSMISSION								
<b>-</b>	In General: The information in system, that is, the retransmissi	-		-		•			
Secondary	about other services (including p					•			
Transmission	last day of the accounting period							C C	
Service: Sub- scribers and	Number of Subscribers: Bot						•		
Rates	down by categories of secondar each category by counting the n			•		•			
	separately for the particular serv	vice at the rate	indicate	d—not the num	ber of se	ts receiving serving	/ice).	Ū	
	Rate: Give the standard rate of	-	-	•					
	unit in which it is generally billed category, but do not include disc		,		iy standa	ard rate variation	is within a j	particular rate	
	Block 1: In the left-hand block				es of sec	condary transmi	ssion servio	ce that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			0		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	ler "Serv	vice to additiona	l set(s)."				
	Block 2: If your cable system	0							
	printed in block 1 (for example, the second					•	,	-	
	sufficient.		e ngint n						
	BL	OCK 1 NO. OF	. 1				BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		305			asic - Expan		515	118.9
	Service to additional set(s)				Res. E	xpanded Plu	S	1,360	132.9
	• FM radio (if separate rate)		8	0.05	Bue B	acia Exnan	dod	25	118.9
	Motel, hotel Commercial		•			asic - Expan xpanded Plu		-	132.9
	Converter				DUS. L		3	_	192.3
	Residential								
	Non-residential								
			I	1 F					
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable sv	stem's serv	ices that were	
F	not covered in space E, that is,								
	service for a single fee. There a	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the u								
Secondary	enter only the letters "PP" in the		usually	blied. If any fai				ogram buolo,	
ransmissions:	Block 1: Give the standard ra			•		• •			
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descri								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable		• Mot	el, hotel		Time & Mat'l			
	• Pay cable—add'l channel		_	nmercial		Time & Mat'l	HBO		17.9
	Fire protection		-	cable			Cinema		13.9
	•Burglar protection		-	cable-add'l cha	annel			me/TMC	15.9
	Installation: Residential	Time 8 Met!		protection			Starz		14.9
	First set     Additional set(s)	Time & Mat'l		glar protection			Playbo	/	14.9
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	Time & Mat'l		services: connect		75.00	Red Zo	ne	43.9
	• Converter			connect		75.00	FS Wise		43.5 39.5
	Contentor			let relocation		Time & Mat'l	Big Ter		39.5
	1								
			• Mov	/e to new addre	SS	Time & Mat'l			

Nome	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYST
Name	Chequamegon Comm	nunications Coop. Inc.		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	entify every television station (including to m during the accounting period, except in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. :: With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su be Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educatic ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
		1	,	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КТСА	2	E	St. Paul, MN
	KDHL-DT1	3.1	N-M	Duluth, MN
ws as Necessary	KDLH-DT2	3.2	N-M	Duluth, MN
	KDLH-DT3	3.3	N-M	Duluth, MN
	KDLH-DT4	3.4	N-M	Duluth, MN
	KDLH-DT6	3.6	N-M	Duluth, MN
	KBJR	6.1	N	Duluth, MN
				Destantia MAL
	KBJR-DT2	6.2	N	Duluth, MN
	KBJR-DT2 KBJR-DT3	6.2	N-M	Duluth, MN Duluth, MN
	KBJR-DT3	6.3	N-M	Duluth, MN
	KBJR-DT3 KBJR-DT3	6.3 6.4	N-M N-M	Duluth, MN Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE	6.3 6.4 8.1	N-M N-M E	Duluth, MN Duluth, MN Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2	6.3 6.4 8.1 8.2	N-M N-M E N-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3	6.3 6.4 8.1 8.2 8.3	N-M N-M E N-M N-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4	6.3 6.4 8.1 8.2 8.3 8.4	N-M N-M E N-M N-M N-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5	6.3 6.4 8.1 8.2 8.3 8.4 8.5	N-M N-M E N-M N-M N-M N-M	Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO	6.3 6.4 8.1 8.2 8.3 8.4 8.5 10	N-M N-M E N-M N-M N-M N-M N-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2	6.3 6.4 8.1 8.2 8.3 8.4 8.5 10 10.2	N-M N-M E N-M N-M N-M N-M N-M N-M	Duluth, MN
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW	6.3         6.4         8.1         8.2         8.3         8.4         8.5         10         10.2         18	N-M N-M E N-M N-M N-M N-M N N-M N N-M	Duluth, MN         La Crosse, WI
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW WHA	6.3         6.4         8.1         8.2         8.3         8.4         8.5         10         10.2         18         19	N-M N-M E N-M N-M N-M N-M N N N N N E	Duluth, MN         Madison, WI
	KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT3 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW WHA KQDS	6.3         6.4         8.1         8.2         8.3         8.4         8.5         10         10.2         18         19         21.1	N-M N-M E N-M N-M N-M N-M N N N N N N N N	Duluth, MN         Duluth, MN

EGAL NAME OF			ons Coop. Inc.					SYSTEM   615
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a 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 abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor < 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 pag ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the ge ystem as a se sed by the FC0	) it can t ertain sta eneral ir parate a	be expected, ated intervals. Istructions in the. Ind discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Chequamegon Comm	unicatior	is Coop. Inc					61536
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM L	OG			
	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program</i> , broadcast l	ov a distant s	tation, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	period, under sp	pecific present and former	FCC rules, re	egulations, o	r authorizatio	ns. For a further
Substitute	explanation of the programn				the general i	instructions i	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting pe</li> </ul>		ur cable syster	n carry, on a substitute b	asis, any no	nnetwork te	levision prog	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer	is "Yes," you	u must comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				ns wherever	possible, if	their meaning	g is
				vision program ("substitu	te program")	) that, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substit	uted for the p	orogrammin	g of another	station
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.			etball. List specific prog		r example,		01
				er "Yes." Otherwise ente				
				asting the substitute pro- the community to which t		liconcod by	the ECC or	in
	the case of Mexican or Cal						THE FCC OI,	
	Column 5: Give the mo	nth and day		stem carried the substitu			als, with the r	nonth
	first. Example: for May 7 gi		o cubatituto pr	ogram was carried by yo	ur cabla cyci	tom List the	timos acour	atoly
	to the nearest five minutes							atery
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the let to delete under FCC rules			n was substituted for pro				
	was substituted for program							ogram
	effect on October 19, 1976					Ũ		
						EN SUBST	ידוודר	
	s	UBSTITUT	E PROGRAM	1		RIAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	/ FROM	— то	
							_	
							_	
					-			
					-			
							_	
							_	
							<b></b>	
							_	
					1			
					-			
					-			
							_	
					1		_	
					-			

Accounting Period:	2020/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		;	SYSTEM ID#
Name	Chequamegon Communications Coop. Inc.			61536
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hc 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.	s secondary transm w to compute this a	ission service amount, see \$ 4	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informa	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00	at you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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 ar	nd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	
	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	· · · · <u>· · · · · · · · · · · · · · · </u>		
	5. Enter the amount from line 3	· · · · <u> </u>		
	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 (	out less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	403,452.00		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	139,652.00		
	4. Multiply line 3 by .01		1,396.52	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		-	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	-		2,715.52
	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)	<b>\$</b>	2,715.52	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\ldots \ldots$	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,735.52
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form	• •		ghts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name		ER OF CABLE SYSTEM: mmunications Coop. I	с.		SYSTEM ID# 61536
M Channels	<ol> <li>to its subscribers, an</li> <li>Enter the total nun system carried tele</li> <li>Enter the total nun on which the cable</li> </ol>	d (2) the cable system's to nber of channels on which vision broadcast stations . nber of activated channels system carried television		nting period.	37 390
N Individual to Be Contacted for Further	we can contact abou	CONTACTED IF FURTH It this statement of accoun	R INFORMATION IS NEEDED (Identify an individu)	Telestore 74	5-798-3303
Information	Address P(	O Box 67 umber, street, rural route, apartr able, WI 54821 ty, town, state, zip)			
	Email	rthompson@no	rado.com Fa	ax (optional)	
O Certification	<ul> <li>I, the undersigned, h</li> <li>(Owner other other</li></ul>	hereby certify that (Check o her than corporation or p owner other than corpora 1 of space B and that the o or partner) I am an officer ( 1 of space B. e statement of account and nd correct to the best of my	at be certified and signed in accordance with Copyr e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as ide ion or partnership) I am the duly authorized agent of mer is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the left ereby declare under penalty of law that all statement inowledge, information, and belief, and are made in g X /s/ Robert C. Thompson Enter an electronic signature on the line above to certif Enter signature using an "/s/ signature" (e.g., /s/ John 1	entified in line 1 of space B; or of the owner of the cable syste gal entity identified as owner of ts of fact contained herein good faith.	em as identified
		Typed or printed	CFO		
		Date:	cial position held in corporation or partnership)	02/08/2021	

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. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
equamegon Communications Coop. Inc.	615
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 f lowing sentence: <ul> <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 scribers 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 transmission made by satellite carriers to satellite dish owners? X NO</li></ul>	c Special Statemen sub- Special Statemen 0." Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q Interest Assessme 
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme 
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for         Line 1       Enter the amount of late payment or underpayment	m. Q Interest Assessme - days -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessm       
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessm -     a)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessm days  days  lease ease
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme days  days  lease ease
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessm  days  days  lease ease
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessm  days  days  lease ease
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessm  days  days  lease ease
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessident days 

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 th 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.