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 COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|--|------------------------|----------------------|---|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | coplicsoa@copyright.gov |
| 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 |
| A ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (YY | YY/(Period)) | |

| Α | ACC | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|------------|-----|---|--|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| Accounting | | 20202 Barcode Data Filing Period (optional - see instructions) | |
| Period | | | |
| В | | Instructions: 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. | |
| | | 1 | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | CEQUEL COMMUNICATIONS LLC | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | SUDDENLINK COMMUNICATIONS | |
| | | 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 unless these s 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: | |
| | ' | ROEDERER CORRECTIONAL FACILITY | |
| | | 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.

| Nama | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
|----------------------|---|---|
| Name | CEQUEL COMMUNICATIONS LLC | 06295 [,] |
| D | Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob | nunity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first |
| Served | city. | |
| | CITY OR TOWN | STATE |
| First | LAGRANGE | KY |
| Community | (ROEDERER CORR) | |
| dd Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | FORM SA1 | TEM ID |
|-------------------------------|--|---------------------|--|--|----------|-------------------|--------------|-----------------------|--------|
| Name | CEQUEL COMMUNICAT | | | | | | | | 06295 |
| | | | | | | | | | |
| E | SECONDARY TRANSMISSION In General: The information in s | | | | | y transmission | service of | the cable | |
| | system, that is, the retransmission | | | - | | • | | | |
| Secondary | about other services (including p | ay cable) in spa | ace F, r | ot here. All the fa | icts you | i state must be | those exis | ting on the | |
| 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 in | ndicate | d-not the numbe | r of set | s receiving serv | vice). | - | |
| | Rate: Give the standard rate c | | | | | | | | |
| | unit in which it is generally billed | | | | standa | d rate variation | s within a | particular rate | |
| | category, but do not include disc Block 1: In the left-hand block | | | | of sec | ondary transmis | sion servi | ice that cable | |
| | systems most commonly provide | • | | • | | | | | |
| | that applies to your system. Not | | | | | | | 0, | |
| | categories, that person or entity | | | | | | • | | |
| | subscriber who pays extra for ca | | | | | l in the count ur | der "Servi | ce to the | |
| | first set" and would be counted of Block 2: If your cable system | 0 | | | · · · | service that are | different | from those | |
| | printed in block 1 (for example, t | - | | • | | | | | |
| | with the number of subscribers a | | | | | • | , | - | |
| | sufficient. | | - | | | | | | |
| | BLC | DCK 1 | | | | | BLOC | - | 1 |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | RS | RATE | CATE | EGORY OF SEI | RVICE | NO. OF SUBSCRIBERS | |
| | Residential: | 000001102 | | | 0,111 | | | | |
| | Service to first set | | 0 | - | | | | | |
| | Service to additional set(s) | | 0 | 0 | | | | | |
| | • FM radio (if separate rate) | | | | | | | - | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 39 | 40.71 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | ISMISS | IONS: RATES | | | | | |
| - | In General: Space F calls for rat | te (not subscribe | er) infoi | mation with respe | ect 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 ar furnished at cost or (2) services | | | | | | | | |
| Other Than | amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | louding | | | argou on a ran | anie hei h | egium sucio, | |
| Transmissions: | Block 1: Give the standard rat | e charged by th | | | | | | | |
| Rates | Block 2: List any services that | | | | | | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip | 1 0 | | | ed. List | these other ser | vices in the | e form of a | |
| | | | | | | | 1 | | |
| | | BLOC | | 001/05050 | | | 0.750 | BLOCK 2 | |
| | CATEGORY OF SERVICE | | | ORY OF SERVIC | | RATE | CATEG | ORY OF SERVICE | RATE |
| | Continuing Services: | | | tion: Non-reside el, hotel | nuai | | | | |
| | • Pov coblo | | | , | | | | | |
| | Pay cable Add'l channel | - | | nmercial | | | | | l |
| | • Pay cable—add'l channel | | | coblo | | | | | |
| | Pay cable—add'l channel Fire protection | - | • Pay | cable | nol | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection | | • Pay • Pay | cable-add'l chanr | nel | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential | - - | • Pay • Pay • Fire | cable-add'l chanr protection | nel | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set | - - - - | • Pay • Pay • Fire • Burg | cable-add'l chanr protection glar protection | nel | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) | | • Pay • Pay • Fire • Burg | cable-add'l chanr protection glar protection ervices: | nel | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | | • Pay • Pay • Fire • Burg • Burg • Rec | cable-add'l chanr protection glar protection ervices: onnect | nel | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) | | • Pay • Pay • Fire • Burg • Burg • Rec • Disc | cable-add'l chann protection glar protection ervices: onnect connect | nel | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | | • Pay • Pay • Fire • Burg • Burg • Rec • Disc • Out | cable-add'l chanr protection glar protection ervices: onnect | | | | | |

| Name | | | | FORM SA1-2E. PAGE |
|---|---|---|---|--|
| | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM ID |
| | | ATIONS LLC | | 06295 |
| G Primary ansmitters: Television | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te | entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pi d with a station according to its over-the- | (1) stations carried only on a part-tin e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for independent tre-M" (for noncommercial educatio ctions in the paper SA1-2 form. | me basis under muss [sections tions carried on a sostitute program .og)—if the on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). |
| | FCC. For Mexican or Cana | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER | e community with which the station 3. TYPE OF STATION | is identified. 4. LOCATION OF STATION |
| | WAVE-1 | 3 | N | LOUISVILLE, KY |
| | WDRB-1 | 41 | I | LOUISVILLE, KY |
| ows as Necessary | WHAS-1 | 11 | N | LOUISVILLE, KY |
| ins as necessary | WKMJ-1 | 68 | E | LOUISVILLE, KY |
| | | | — | |
| | WKPC-1 | 15 | Е | |
| | WKPC-1 WLKY-1 | 15 32 | E | LOUISVILLE, KY |
| | WLKY-1 | 32 | E N | LOUISVILLE, KY LOUISVILLE, KY |
| | | | | LOUISVILLE, KY |

| EGAL NAME OF | | | | | | | | SYSTEM 062 |
|--|---|---|---|--|--|---|---|----------------------------------|
| | every radio s | tation ca | rried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior | 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 a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process 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 this point, see pag ed by the cable s he station is licens | adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0 |) it can b ertain sta eneral in parate a | e expected, ated intervals. structions in the. nd discrete | Primary Transmitters Radio |
| <u></u> | | o./= | | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | | | | | | | FOR | M SA1-2E. PAGE 5 |
|--|---|--|---|--|---|---|--|-------------------------------------|
| Name | LEGAL NAME OF OWNER OF O | | | | | | | SYSTEM ID# 062951 |
| l | SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac | fy every non ccounting pe | network televis riod, under spe | <i>ion program,</i> broadcast by a cific present and former FC | C rules, regula | ations, or aut | thorizations. | For a further |
| Substitute Carriage: Special Statement and Program Log | period, was broadcast by a under certain FCC rules, re- Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | CONCER iod, did you ion? ', leave the PROGRA itute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." s when the Example: a er "R" if the | NING SUBST r cable system rest of this pag mon a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst e substitute pro program carrie | TUTE CARRIAGE carry, on a substitute basi le blank. If your answer is te line. Use abbreviations ows to the tables. sion 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 progra le community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01: was substituted for program | s, any nonnel '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 | twork televis ust complete sible, if thei ast, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, unerals, List the tim 8:30 p.m. si our system | sion program YES e the progra r meaning is e accounting another sta er informatio twe Lucy" or FCC or, in with the mod hould be was require | n X NO m s g tion n. |
| | was substituted for program effect on October 19, 1976. | | our system wa | · | WHE | IN SUBSTI | TUTE | 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 | TIMES — TO | DELETION |
| | | | | | · | | | |
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| Accounting Period: | 2020/2 | FORM SA | 1-2E. PAGE 6. |
|---|---|------------------------------|--------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SY | STEM ID# 062951 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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 | ,600.00 |
| 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 | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th 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 \$137,10 1. Base amount under statutory formula | | 52.00 |
| | 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 | | |
| | 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 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: | 2020/2 | | FORM SA1-2E. PAGE 7. |
|------------------------------------|--|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | | SYSTEM ID# 062951 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable syste to its subscribers, and (2) the cable system's total number of activated channels of 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels | uring the accounting period. | 8 |
| | on which the cable system carried television broadcast stations and nonbroadcast services | | 42 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Id we can contact about this statement of account.) | entify 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 number) TYLER, TX 75701 (City, town, state, zip) | | |
| | Email RODNEY.HASKINS@ALTICEUSA.COM | Fax (optional | |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordation of the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cabe (Agent of owner other than corporation or partnership) I am the owner of the cabe in line 1 of space B and that the owner is not a corporation or partner (if a partner ship) I am the duly aution line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, at [18 U.S.C., Section 1001(1986)] | e system as identified in line 1 of space f horized agent of the owner of the cable s ship; or ership) of the legal entity identified as own at all statements of fact contained herein nd are made in good faith. M | system as identified |
| | Typed or printed name: ALAN DANNENBA Title: SVP, PROGRAMMING (Title of official position held in corporation or pr | | |
| | 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 8 |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| QUEL COMMUNICATIONS LLC | 062951 |
| 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? NO | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessment |
| x | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessment |
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