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 COPYRIGHT	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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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.
		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 is 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:
	<u> </u>	RED ROCK CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	-	Veri'i muri grant tik gona)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063120
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	nmunity" is the same as a "community unit" as defined in FCC rules: "a I communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	ELOY (RED ROCK CORR)	AZ
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT								06312
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
_	system, that is, the retransmission	•		-		-			
Secondary	about other services (including p								
Transmission	last day of the accounting period							harden	
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 number	er of set	s receiving serv	vice).	-	
	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	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 of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a sufficient.	and rates, in the	right-n	and block. A two-	or thre	e-word descript	on of the s	service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	00000.002			0,			000001110	
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		95	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
F	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 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	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	ite for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (	CATEG	ORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-reside	ential				
	• Pay cable			tel, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			/ cable					
	•Burglar protection			cable-add'l chan	nel				
	Installation: Residential			e protection					
	First set	-		glar protection					
	Additional set(s)     EM radio (if separate rate)	- 0		services: connect					
	• FM radio (if separate rate)     • Converter			connect		-			
			2 DIS				1		1
			• •••						
				let relocation	-	-			

nting Period: 2	1			
Name	LEGAL NAME OF OWNER O			SYSTEM II
	CEQUEL COMMUNIC			06312
G Primary insmitters: elevision	In General: In space G, ide 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 r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati 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 to Column 4: Give the location	entify every television station (including tr 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 is explained in the next paragraph. s: 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 pro- d with a station according to its over-the-	1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also ee page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- "E-M" (for noncommercial educati- tions in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a postitute program og)—if the og)—if the on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial 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
		0		
	KAET-1	8	E	PHOENIX, AZ
	KAET-1 KNXV-1	15	N	
rs as Necessary				PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
s as Necessary	KNXV-1	15	N	PHOENIX, AZ
s as Necessary	KNXV-1 KPHO-1	15 5	N N	PHOENIX, AZ PHOENIX, AZ
as Necessary	KNXV-1 KPHO-1 KPNX-1	15 5 12	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ
s Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1	15 5 12 10	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ
as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
; as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1	15 5 12 10 3	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ
ws as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
vs as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
vs as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ws as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ws as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ows as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ows as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ows as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ows as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ows as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ows as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
ows as Necessary	KNXV-1 KPHO-1 KPNX-1 KSAZ-1 KTVK-1 KTVW-1	15 5 12 10 3 33	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ

EGAL NAME OF								SYSTEM 063
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> 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
	ANA =	0/5				0/5		
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
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063120
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	tions, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN	-			J		<u></u>	
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work telev	ision progran	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu	ist comple	te 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 ice, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static hadian static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	im on 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 carri- listed program ons in effect du	rows to the tables. ision program ("substitute pur cable system substituteds. See page (v) of the gene stball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction n titles, for ex- lo." m. station is lice station is iden brogram. Use cable system. 5 p.m. to 6:2 mming that y enter the let	t, during th ramming o ns for furth ample, "I L nsed by th tified). numerals List the tii 8:30 p.m. our system ter "P" if th	he accounting of another state her information love Lucy" or he FCC or, in h, with the more mes accurate should be m was <i>require</i> he listed progr	l tion n. hth ly d
	s	UBSTITUT	E PROGRAM	1		N SUBST		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. FROM	TIMES — TO	DELETION
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	/STEM ID# 063120
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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	<b>3,154.06</b> 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 th accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 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       .		
	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	
	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 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:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 063120
M Channels	to its subscribers, and (2) the cable system's 1. Enter the total number of channels on whi	S	8
	on which the cable system carried television and nonbroadcast services	n broadcast stations	38
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURT we can contact about this statement of account	HER INFORMATION IS NEEDED (Identify an individual to whom int.)	
for Further Information	Name RODNEY HASKINS	Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		
	Email RODNEY.HAS	KINS@ALTICEUSA.COM Fax (optional	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check of (Owner other than corporation or provide the second of the second</li></ul>	ust be certified and signed in accordance with Copyright Office regulations) he, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space E tion or partnership) I am the duly authorized agent of the owner of the cable s e owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as own hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith. X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified
	Typed or printed Title: (T	Iname: ALAN DANNENBAUM SVP, PROGRAMMING le of official position held in corporation or partnership)	
	Date:	2/25/2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063120
<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:         <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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </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> </ul>	- 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
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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	Lays
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	Lays
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	Lays
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	Lays
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	Lays
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	Lays

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