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

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form)	02/14/2022	\$	<u>coplicsoa@loc.gov</u> 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 PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20212	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the par		sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should ting period.	d submit a
	Check here if this is the system's first filin	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	62126
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Mashell Telecom, Inc.			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Г)	
	Rainier Connect			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	PO Box 639 (Number, street, rural route, apartment, or suite	number)		
	Eatonville, WA 98328 (City, town, state, zip)	,		
С	INSTRUCTIONS: In line 1, give any businames already appear in space B. In line			
System	1	_, g		
	MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2 (Number, street, rural route, apartment, or suite i			
	2 (Number, street, rural route, apartment, or suite i	number)		
	(City, town, state, zip code)			
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code at	uthorizes the Copyright Offce to collect the	e personally identifying information (PII) reque	ested 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 it 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:	SYSTEM
Name	Mashell Telecom, Inc.	62
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including sing
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Area Served	identified city.	
-	CITY OR TOWN	STATE
First Community	Eatonville	WA
Community	Puyallup	WA
	Graham	WA
dd Rows as Necessary	Spanaway	WA
	Тасота	WA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM IC
Name	Mashell Telecom, Inc.							010	6212
Е	SECONDARY TRANSMISSION In General: The information in s					ny transmission	convice of	the cable	
-	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv							schargeu	
	Rate: Give the standard rate of	harged for eac	h categ	ory of service.	Include bo	oth the amount o	of the char		
	unit in which it is generally billed				any standa	ard rate variation	is within a	particular rate	
	category, but do not include disc							46 -461-	
	Block 1: In the left-hand block systems most commonly provide	•		-		•			
	that applies to your system. Not							0,	
	categories, that person or entity			-		•			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ice to the	
	first set" and would be counted o					a a muia a that and	differenti	from theory	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.		o ngini n						
	BLC	DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIB	ERO	NATE	CAT	EGORT OF SEI	NICE	SUBSCRIBERS	TVA I
	Service to first set		522	29.99					
	Service to additional set(s)		<u> </u>	23.33					
	• FM radio (if separate rate)								
	Motel, hotel								h
	Commercial		10	29.99					
	Converter			29.99					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscril	per) info	rmation with re	espect to a	all your cable sys	stem's serv	vices that were	
•	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								
ransmissions:	Block 1: Give the standard rat Block 2: List any services that							tworo not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip							0 101111 01 G	
	, , ,	BLO	∩ ⊮ 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
				tion: Non-res					
	Continuing Services:	TUTE	installa				Finicha		
		14.99-18.99		el, hotel			LIIIZIE	ed Outlet	5.
	Continuing Services:		• Mot			43.95	Trip Ch		
	Continuing Services: • Pay cable	14.99-18.99	• Mot • Cor	el, hotel		43.95		narge	5.0 16.0 25.9
	Continuing Services: • Pay cable • Pay cable—add'l channel	14.99-18.99	• Mot • Cor • Pay	el, hotel nmercial	nannel	43.95	Trip Ch Digital	narge	16.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	14.99-18.99	• Mot • Cor • Pay • Pay	el, hotel mmercial v cable	nannel	43.95	Trip Ch Digital DVR 10	narge Music	16. 25. 5.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	14.99-18.99	• Mot • Cor • Pay • Pay • Fire	el, hotel nmercial / cable / cable-add'l cl		43.95	Trip Ch Digital DVR 10 DVR 15	narge Music 00 Hours	16. 25.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	14.99-18.99 14.99-18.99	• Mot • Cor • Pay • Pay • Fire • Bur	el, hotel nmercial / cable / cable-add'l cl e protection		43.95	Trip Ch Digital DVR 10 DVR 15 DVR 20	narge Music 00 Hours 50 Hours	16. 25. 5. 10.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	14.99-18.99 14.99-18.99	• Mot • Cor • Pay • Pay • Fire • Bur Other s	el, hotel nmercial / cable / cable-add'l cl / protection glar protection		43.95	Trip Ch Digital DVR 10 DVR 15 DVR 20 Standa	harge Music 00 Hours 50 Hours 00 Hours	16. 25. 5. 10. 15.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	14.99-18.99 14.99-18.99	• Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	el, hotel nmercial cable cable-add'l cl protection glar protection services:			Trip Ch Digital DVR 10 DVR 15 DVR 20 Standa Digital Stream	harge Music 00 Hours 50 Hours 00 Hours 00 Hours 1rd CATV pkg. CATV pkg. 1ing Devices	16. 25. 5. 10. 15. 40.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	14.99-18.99 14.99-18.99	• Mot • Cor • Pay • Pay • Fire • Bur • Bur • Bur • Rec • Dise	el, hotel nmercial cable cable-add'l cl protection glar protection services: connect			Trip Ch Digital DVR 10 DVR 15 DVR 20 Standa Digital Stream	harge Music 00 Hours 50 Hours 00 Hours Ind CATV pkg. CATV pkg.	16. 25. 5. 10. 15. 40. 56.

ccounting Period: 2	2021/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Mashell Telecom, Inc.			62126
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt 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
	комо	4	N	Seattle, WA
	KING	5	Ν	Seattle, WA
dd Rows as Necessary	KONG	6	l	Everett, WA
	KIRO	7	N	Seattle, WA
	KZJO	8	<u> </u>	Seattle, WA
	кстѕ	9	Е	Seattle, WA
	КВТС	10	Е	Tacoma, WA
	ĸstw	11	I	Tacoma, WA
	ктвw	12	E	Tacoma, WA
	KCPQ	13	Ν	Tacoma, WA
	TVW	19	E	Olympia, WA
	PCTV	20	E	Tacoma, WA

Mashell Tele	F OWNER OF (SYSTEM 621
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Cc sign of e he static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c 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 he station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2021/2						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Mashell Telecom, Inc.							62126
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork televi	s <i>ion program.</i> broadcast by	/ a <i>distant</i> sta	tion. that vo	ur cable sv	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions in	the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting pe 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tele	evision prog	gram
Statement and Program Log	broadcast by a distant sta						YES	
Program Log			reat of this na	an blank If your anawar i	- "Vee " veu r	L Nunt comm		
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, your	nust comp	ete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible. if t	neir meanir	na is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a		,	,		0 0		
	under certain FCC rules, re Do not use general catego	egulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fur	ther inform	ation.
	"NBA Basketball: 76ers vs.		DVIES UI DASK	etball. List specific progra		stample, i	LOVE LUCY	01
			idcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			the FCC or	, in
	the case of Mexican or Car			stem carried the substitute			c with the	month
	first. Example: for May 7 gi		when your sy		e program. Os		s, with the	monun
			e substitute pr	ogram was carried by you	r cable syster	m. List the	times accu	rately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	. should be	
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							lografi
	effect on October 19, 1976		, ,					
						N SUBSTI		
	s		E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Mashell Telecom, Inc.	SI	/STEM ID# 62126
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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 amount, see	3,552.19 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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.	263,800	
	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 and 2	. \$	52.00
	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		
	5. Enter the amount from line 3		
	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 (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		
	4. Multiply line 3 by .01		
	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	0.00	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Mashell Telecc	WNER OF CABLE SYSTEM: m, Inc.		SYSTEM ID# 62126
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's total number of channels on which the	adcast stations	15 200
N Individual to Be Contacted		BE CONTACTED IF FURTHER bout this statement of account.)	INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Danielle Clausen	Telephone	9 (360) 832-4130
	Address	PO Box 639 (Number, street, rural route, apartment, Eatonville, WA 98328 (City, town, state, zip)	or suite number)	
	Email	danielle.clausen@r	rainierconnect.net Fax (optional) (866) 310-0	245
O Certification	I, the undersigned X (Owned) (Agentiation (Agentiation (Office) in l I have examined	ed, hereby certify that (Check one, r other than corporation or partr of owner other than corporatior ne 1 of space B and that the owner or or partner) I am an officer (if a c ne 1 of space B. the statement of account and here a, and correct to the best of my kno in 1001(1986)]	be certified and signed in accordance with Copyright Office regulations) but only one, of the boxes.) hership) I am the owner of the cable system as identified in line 1 of space h or partnership) I am the duly authorized agent of the owner of the cable r is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified as o aby declare under penalty of law that all statements of fact contained here wwedge, information, and belief, and are made in good faith. X /s/ Brian Haynes ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)	e B; or e system as identified wner of the cable system
			EO/President	
		(Title of official	position held in corporation or partnership) 2/11/2022	

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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
hell Telecom, Inc.	6212
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusior
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?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
	m
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 Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
x	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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