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

STATEME	ΞΝΤ	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable System				\$	For additional information, contact the U.S. Copyright
General instruction in the first table			08/27/2020	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
	01 1113	WORKDOOK			-
Α	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20201	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		iary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.	
		If there were different owners during the a single statement of account and royalty fe		e last day of the accounting period should sung period.	ubmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	11816
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CABLE TV OF STANTON			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		TOWN & COUNTRY TECHNOLOGIES	3		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite no			
		STANTON, NE 68779 (City, town, state, zip)			
С				ify the business and operation of the system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:	<u> </u>	·	<u> </u>
		MAILING ADDRESS OF CABLE SYSTEM			
	2	Number, street, rural route, apartment, or suite n	imber)		
		(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 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.

Name CABLE TV OF STANTON Instructions: Usite each separate community served by the cable system. A "community" is the same as a "community" and distinct community of municipal entity (including unincorporated communities will serve as a form of syst as the "first community". The first community of municipal entity (including unincorporated communities will serve as a form of syst as the "first community". The same as a "community" of the same as a "community" is the same as a "community" and serve as a form of syst as the "first community". The first community on all future filters and properties such as hotels, apartments, condominiums, or mobile home parks should be report identified city.	rated areas and including single,
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of syst as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be report identified city. First CITY OR TOWN Gommunity STANTON	rated areas and including single,
Area Served identified city. First Community CITY OR TOWN	and the second sec
Served Citry or town First STANTON	ed in parentheses below the
First Community STANTON	
Community	STATE
	NE
d2 Paos as Neessa A Paos as Neessa A Paos as Neessa A Paos A P	

	LEGAL NAME OF OWNER OF C								2E. PAGE
Name	CABLE TV OF STANTO		:					515	1181
Е	SECONDARY TRANSMISSION							ha ashla	
	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	<i>,</i> , ,	'					5	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n separately for the particular serv		0			•		charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·		,	ny standa	rd rate variatior	is within a l	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as	a subscriber in	each app	licable category	. Example:	: a residential	
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that ar	difforant f	rom those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a					,		, U	
	sufficient.								
	BLC	DCK 1 NO. OF	· 1				BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		409	45.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	5				
-	In General: Space F calls for ra					Il your cable sy	stem'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		doudiny	billou: If arry ra				rogram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that				•	•	•		
	listed in block 1 and for which a brief (two- or three-word) descrip				sneu. Lisi	these other ser	vices in the	e ionn or a	
	////////								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi	-				1011
	• Pay cable		• Mo	tel, hotel			ENHAN	ICED	87.9
	• Pay cable—add'l channel			mmercial			ULTRA		99.9
	Fire protection		• Pay	y cable			HISPAN		7.9
	•Burglar protection		-	, y cable-add'l ch	annel		SHOW	ГІМЕ/ТМС	10.9
	Installation: Residential		· ·	, e protection			CINEM	AX	16.0
	First set			rglar protection			STARZ		12.0
	 Additional set(s) 	4.95		services:			НВО		21.0
	• FM radio (if separate rate)		• Red	connect					
	• Converter		• Dis	connect					
			• Out	tlet relocation					
							L		L
			• Mo	ve to new addre	ess				

Namo	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTEM
Name	CABLE TV OF STAN	TON		11
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, id- carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(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 informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each	dentify every television station (including tr em during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations carri rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. I also in space I, if the station was carried I ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep rision station for broadcasting over tation, an independent station, or	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial
	(for independent multicast) For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	"E-M" (for noncommercial educa trions in the paper SA1-2 form. he community to which the statio e community with which the statio	ational multicast). on is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCAU	9.1	N	SIOUX CITY, IA
	KCAU-2	9.2	N-M	SIOUX CITY, IA
Rows as Necessary	KCAU-3	9.3	N-M	SIOUX CITY, IA
	KCAU-4	9.4	N-M	SIOUX CITY, IA
	KETV	7.1	N	OMAHA, NE
	KETV-2	7.2	N-M	OMAHA, NE
	KLKN	8.1	N	LINCOLN, NE
	KLKN-2	8.2	N-M	LINCOLN, NE
	KLKN-3	8.3	N-M	LINCOLN, NE
	KLKN-4	8.4	N-M	LINCOLN, NE
	KMEG	14.1	Ν	SIOUX CITY, IA
	KMEG-2	14.2	N-M	SIOUX CITY, IA
	KMEG-3	14.3	N-M	SIOUX CITY, IA
	кмти	3.1	Ν	OMAHA, NE
	KMTV-2	3.2	N-M	OMAHA, NE
	KMTV-3	3.3	N-M	OMAHA, NE
	КРТН	44.1	Ν	SIOUX CITY, IA
	KPTH-2	44.2	N-M	SIOUX CITY, IA
	KPTH-3	44.3	N-M	SIOUX CITY, IA
	κτιν	4.1	N	SIOUX CITY, IA
	KTIV-2	4.2	N-M	SIOUX CITY, IA
		4.0	N-M	SIOUX CITY, IA
	KTIV-3	4.3	IN-INI	3100A CITT, IA
	KTIV-3 WOWT	6.1	N	OMAHA, NE

counting Period:	2020/1			FORM SA1-2E. PAC
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CABLE TV OF STANT	ON		118
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part	t-time basis under
Primary	5	n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6		
Transmitters:	substitute program basis, as	s explained in the next paragraph.		
Television		With respect to any distant stations ca	arried by your cable system on a s	substitute program
		les, regulations, or authorizations:	- C - 1 Ct toward and Drogram	
	 Do not list the station here station was carried only on a 	e in space G—but do list it in space I (th a substitute basis	ne Special Statement and Program	n Log)—if the
		a substitute basis. also in space I, if the station was carried	d both on a substitute basis and a!	les on some other
		n concerning substitute basis stations,		
		i's call sign. <i>Do not</i> report origination p		
		l with a station according to its over-the	-air designation. For example, re-	port multistream
	"WETA-2" as the same on the		the state for the adapting out	
		el number the FCC assigned to the tele	vision station for broadcasting over	er the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network s	station an independent station or	r a noncommercial
		ring the letter "N" (for network), "N-M" (, , ,	
		"E" (for noncommercial educational), o		
		rms, see page (iv) of the general instru		
		n of each station. For U.S. stations, list	-	
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	ne community with which the static	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KXNE-2	19.2	E-M	NORFOLK, NE
	KXNE-3	19.3	E-M	NORFOLK, NE

LEGAL NAME OF								SYSTEM 118
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	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 k 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 pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system 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	
		5,0				5,0		
								

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CABLE TV OF STANT	ON						11816
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		n ouny, on a substitute ba	515, any 11611			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa			vision program ("substitute	nrogram") t	hat during th		ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		depet live ant	ar "Vaa " Othanuiga antar ("No"			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	e station is id	lentified).		
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi		4:4 4					-4-1.
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program can	lice by a system from 0.01	. 10 p.m. to t			
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your system	n was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
	effect on October 19, 1976	•						
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
							-	
						_		
						_		
							-	
						_		
						_		
						_		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE TV OF STANTON	SYSTEM ID# 11816
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 transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	sion service nount, se
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 \$26 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	53,80(
	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 this accounting period is \$52.00	six-month
	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 \$137,100))
	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 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	0)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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)	.319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>
	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
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2020/1							FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER CABLE TV OF STAN							SYSTEM ID 1181
M Channels	2. Enter the total number on which the cable sys	(2) the cable system's ter of channels on which sion broadcast stations er of activated channel rstem carried television	total numb ch the cable s els n broadcasi	er of activated channels	s during the ac	counting period.	ons	26 191
N Individual to Be Contacted	INDIVIDUAL TO BE CO			RMATION IS NEEDED	(Identify an ind	dividual to whom		
for Further Information	Name NIC	HOLAS K. PADE	EN			Teleph	none 402-43	9-7777
		BOX 716 ber, street, rural route, apart ANTON, NE 68775 town, state, zip) npaden@stant	9	e number)		En (original)		
O Certification	CERTIFICATION (This s • I, the undersigned, here (Owner other	eby certify that (Check o	one, <i>but on</i>	ly one, of the boxes.)			ons)	
	in line 1 o	of space B and that the operations of space B and that the operation of space B. The statement of account and correct to the best of m	owner is no (if a corpor d hereby de	ot a corporation or partne ation) or a partner (if a p clare under penalty of la	ership; or partnership) of t aw that all state		as owner of the	
				/s/ Nicholas K. Pa electronic signature on th nature using an "/s/ signat	e line above to		-	
		Typed or printer Title: (Title of c	Manag	Nicholas K. Pad jer n held in corporation or parti				
		Date:				8/26/20		

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
BLE TV OF STANTON	1181
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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
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