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

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-
	ms (Short Form)			<u>coplicsoa@copyright.gov</u>
			\$	For additional information, contact the U.S. Copyright
-	ctions are located	9/1/2020		Office Licensing Division at:
in the first tab	of this workbook	5/1/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
Α		DV THE STATEMENT. (VV	VV//Doried)	
	ACCOUNTING PERIOD COVERED I	SY 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		1		
Period				
	Instructions:			
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full con	rporate title
Owner	List any other name or names under which	the owner conducts the husiness of th	e cable system	
	If there were different owners during the a single statement of account and royalty fe		ne last day of the accounting period should s ng period.	ubmit a
	Check here if this is the system's first filing	If not, enter the system's ID number a	ssigned by the Licensing Division.	063274
	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		
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite n TYLER, TX 75701	umber)		
	(City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line 2			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1 NEVADA SOUTHERN DETE	NTION		
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Humo	CEQUEL COMMUNICATIONS LLC	06327
	Instructions: List each separate community served by the cable system. A "o	
D	"a separate and distinct community or municipal entity (including unincorpo	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future f	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PAHRUMP	NV
Community	(NV SOUTHERN DETEN)	
Rows as Necessary		
Rows as necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name								515	06327
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	onvice of t	ha cabla	
-	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or D	ecember	31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv		,	0 , (				cnarged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth"). \$	Summarize a	ny standa	rd rate variation	s within a	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			-		-			
	subscriber who pays extra for ca	able service to	additional	sets would b	e includeo	d in the count ur	Ider "Servi	ce to the	
	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 th	e nym-nai	IU DIOCK. A IV		e-word descript		Service is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODCOTUD	LING	TUTE	0,111		(THOE	CODCOLUDEI (C	
	Service to first set		0	-					
	Service to additional set(s)		Ŭ	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		13	40.71					
	Converter								
	Residential								
	Non-residential								
									•
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	te (not subscril	per) inforn	nation with re	spect to a	ll your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,					- <b>3</b> ,	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri				snea. Lisi	these other ser	vices in the	e form of a	
		BLO RATE			//05	DATE		BLOCK 2	
			CATEGO	RY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE		Inetallati	on' Non-roe					
	Continuing Services:			on: Non-res	acintiai				
	Continuing Services: • Pay cable	-	Motel	, hotel	ucintiai				
	Continuing Services: • Pay cable • Pay cable—add'l channel	-	• Motel • Comr	, hotel nercial	ucintiai				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	-	• Motel • Comr • Pay c	, hotel nercial able					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	-	• Motel • Comr • Pay c • Pay c	, hotel nercial able able-add'l ch					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Motel • Comr • Pay c • Pay c • Fire p	, hotel nercial able able-add'l ch rotection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	-	<ul> <li>Motel</li> <li>Comr</li> <li>Pay c</li> <li>Pay c</li> <li>Fire p</li> <li>Burgli</li> </ul>	, hotel nercial able able-add'l ch rotection ar protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Motel • Comr • Pay o • Pay o • Fire p • Burgl	, hotel nercial able able-add'I ch rotection ar protection <b>rvices:</b>					
	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)		• Motel • Comr • Pay c • Pay c • Fire p • Burgl • Burgl • Reco	, hotel nercial able able-add'l ch rotection ar protection <b>rvices:</b> nnect					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	-	• Motel • Comr • Pay c • Fire p • Burgl Other se • Reco	, hotel nercial able able-add'l ch rotection ar protection <b>rvices:</b> nnect nnect					
	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)		• Motel • Comr • Pay o • Fay o • Fire p • Burgl Other se • Reco • Disco • Outle	, hotel nercial able able-add'l ch rotection ar protection <b>rvices:</b> nnect	annel				

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CEQUEL COMMUNIC	ATIONS LLC		063274
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tine to the carriage of certain network progra	me basis under ms [sections
rimary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stat	ions carried on a
evision		: With respect to any distant stations c	arried by your cable system on a sub	stitute program
		les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program L	.og)—if the
	• List the station here, and a basis. For further informatio	also in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	, see page (v) of the general instruction	ons.
	multicast stream associated	l with a station according to its over-th		
	"WETA-2" as the same on t Column 2: Give the channed	ne form. el number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or a	noncommercial
		ring the letter "N" (for network), "N-M"	, , , , , , , , , , , , , , , , , , , ,	
		"E" (for noncommercial educational),		onal multicast).
		rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis		s licensed by the
		dian stations, if any, give the name of t	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15	I	LAS VEGAS, NV
	KLAS-1	8	N	LAS VEGAS, NV
Necessary	KSNV-1	3	Ν	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KVVU-1	5	Ι	HENDERSON, NV

LEGAL NAME OF								SYSTEM 0632
	every radio s	tation ca	arried 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 Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he 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 this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can sertain st general in eparate s	be expected, ated intervals. nstructions 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	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
						<u> </u>		
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						<b>.</b>		
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063274
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	tion, that vo	our cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if tl	heir meanin	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitute	e program") t	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	_		dcast live. ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			s with the r	nonth
	first. Example: for May 7 gi						-,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	. snould be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
	s		E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							<del></del> _	
							_	
							_	
								· <mark></mark>
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1								1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063274
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans         (as identified in space E) during the accounting period. For a further explanation of how to compute this         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.	mission service amount, se	,190.80
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,80(	
	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 t accounting period is \$52.00	his 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 \$137,1	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
	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 me		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063274
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	5 26
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
O Certification	Address       3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulte number)         TYLER, TX 75701 (City, town, state, zip)         Email       RODNEY, HASKINS@ALTICEUSA.COM         Fax (optional)    CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)           • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	<ul> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified vner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0632
<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:</li> <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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</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>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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