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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT	_	
Cable Syste	of this workbook	\$ 9/2/2021 Allocation NUMBE		<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	'YY/(Period))		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optiona	- see instructions)		
Accounting Period					
	Instructions:				
В	Give the full legal name of the owner of th the subsidiary, not that of the parent corp		liary of another corporation, give the full corp	orate title of	
Owner	List any other name or names under whic	h the owner conducts the business of th	e cable system.		
	If there were different owners during the statement of account and royalty fee pays		ne last day of the accounting period should su iod.	bmit a single	
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	26795	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	CableSouth Media III, LLC				
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	(Number, street, rural route, apartment, or suite r	number)			
	Milan, TN 38358 (City, town, state, zip)				
<b>^</b>	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ider	tify the business and operation of the	system unless these	
С	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM: Swyft Connect, LLC				
	MAILING ADDRESS OF CABLE SYSTEM	1:			
	2 1056 Jones Blvd (Number, street, rural route, apartment, or suite r	number)			
	Milan, TN 38358 (City, town, state, zip code)				
<u> </u>					

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	26795
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hereity.	ome parks should be reported in parentheses below the identified
		OTATE
First	CITY OR TOWN Marksville	STATE LA
Community	Avoylles Parrish	LA
	Hessmer	LA
dd Rows as Necessary	Mansura	LA
	Bunkie	LA
	Evergreen	LA

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	2679
	CableSouth Media III, LI	_6							1010
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIBE	RS AND RATE	ES				
E	In General: The information in s	•		•					
Secondary	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						lnose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv	•	,	0 ) (			,	s charged	
	<b>Rate:</b> Give the standard rate of							ge and the	
	unit in which it is generally billed				standar	d rate variation	s within a	particular rate	
	category, but do not include disc					a a al a m c trea a a acti		as that askis	
	Block 1: In the left-hand block systems most commonly provide	•		0					
	that applies to your system. Note								
	categories, that person or entity				••		•		
	subscriber who pays extra for ca					in the count ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-han	d block. A two-	- or three	e-word descript	ion of the	service is	
	sufficient.							( )	
	BLC	DCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		867	31.35					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC	NS: RATES					
-	In General: Space F calls for rat				ect to al	l your cable sys	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	•		Ű			0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
Transmissions:	Block 1: Give the standard rat Block 2: List any services that							twore not	
Rates	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip	•							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			n: Non-reside		-			
	• Pay cable		• Motel,	hotel					
	Pay cable—add'l channel		• Comm	ercial					
	Fire protection		• Pay ca	ble					
	•Burgler protection		•Pay ca	ble-add'l chan	nnel				
	<ul> <li>Burglar protection</li> </ul>		<ul> <li>Fire pr</li> </ul>	otection					
	Installation: Residential		•						
	- ·	39.99	•	r protection					
	Installation: Residential • First set • Additional set(s)	39.99	•	•					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	39.99	• Burgla Other ser • Recon	vices: nect		49.99			· · · · · · · · · · · · · · · · · · ·
	Installation: Residential • First set • Additional set(s)	39.99 5.00	• Burgla Other ser • Recon • Discor	vices: nect nect		49.99			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burgla Other ser • Recon • Discor • Outlet	vices: nect		49.99 39.99			

	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CableSouth Media III,			2679
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including f in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th b)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. It with respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. Itso in space I, if the station was carried in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	(1) stations carried only on a part-tin the carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- rogram services such as HBO, ESP -air designation. For example, repo- vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute 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). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KALB	2	N	Alexandria, IL
	KLAX	3	N	Alexandria, IL
Rows as Necessary	KLAX KPLC	3	N N	Alexandria, IL Lake Charles. LA
Rows as Necessary	KPLC	4		Lake Charles, LA
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL
Rows as Necessary	KPLC	4	N	Lake Charles, LA
	WNTZ	5	I	Natchez, MS
	KALB2	9	N	Alexandria, IL
	NALB	6	N	Alexandria, IL
	KPLA	7	N	Alexandria, IL

CableSouth	OWNER OF (		ISIEM:					SYSTEM I
CableSouth	Media III, L	LC					г	267
	every radio s	tation ca	rried on a separate and discre					н
Special Instruc eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate to Column 4: G	tions Concer it is carried by nonitoring, to rmation abou m. entify the call tate whether to the radio stati this by placing tive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a checl y's locati	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office re t the system's he system's FM ante his point, see pag ed by the cable s e station is licens	egulations, an adend, and (2) nna, during ce ge (v) of the ge ystem as a se red by the FCC	FM sign ) it can b ertain sta eneral in parate a	al is generally be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
		0/5			AN4	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.
Nomo	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						26795
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
I	In General: In space I, identi							
Substitute	substitute basis during the a explanation of the programm	• •	· ·	•				
Carriage:	1. SPECIAL STATEMENT	-			gonoral mour			
Special	During the accounting per				is anv nonne	twork televis	ion progran	n
Statement and	broadcast by a distant sta	•		carry, on a capolitato pao	io, any nonno			
Program Log	,						YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				wherever pos		meaning	2
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.	Bulls."		"Yes." Otherwise enter "I		1 /	,	
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv							
	<b>Column 6:</b> State the time to the nearest five minutes.			gram was carried by your				ely
	stated as "6:00–6:30 p.m."		a program carri		10 p.m. to 0.2	.0.00 p.m. 31		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			and regulatio	113 111	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH	IAGE OCCL 6. TI		7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
							_	
						_	_	
						-	_	
						_	_	
						_	_	
							_	
							_	
						-	_	

Accounting Period:	2021/1	FORM SA	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SY	STEM ID# 26795
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	
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 \$267,600         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 the 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         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 \$137,11         1. Base amount under statutory formula       \$263,800.00         2. Enter amount of gross receipts from space K	nis six-month	52.00 0.00 52.00
	6. Subtract line 5 from line 4		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	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	SE 15.00 \$	15.00
	EFT Trace # or TRANSACTION ID #		

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 26795
M Channels	<ul> <li>CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. <ol> <li>Enter the total number of channels on which the cable system carried television broadcast stations</li> <li>Enter the total number of activated channels</li> </ol></li></ul>	stations 
	on which the cable system carried television broadcast stations and nonbroadcast services	169
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		ephone 731-686-9227
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email cworkman@swyftconnect.com Fax (optional	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regul</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the 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 identifier 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> <li>X (s/ Thomas Pate Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> </ul>	space B; or e cable system as identified d as owner of the cable system
	Typed or printed name: Thomas Pate	
	(Title of official position held in corporation or partnership) Date: 8/30/2021	

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.

counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
bleSouth Media III, LLC	2679
<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 a lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instruit 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 made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	for the basic I not include sub- section 119." 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 For an explanation of interest assessment, see page (viii) of the general instructions located in the pape Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the pape	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper         Line 1       Enter the amount of late payment or underpayment	r SA1-2 form. Interest Assessment days -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper         Line 1       Enter the amount of late payment or underpayment	r SA1-2 form. Interest Assessment days - x 0.00274 - terest charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper         Line 1       Enter the amount of late payment or underpayment	r SA1-2 form. Interest Assessment days - x 0.00274 - terest charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper         Line 1       Enter the amount of late payment or underpayment	r SA1-2 form. Interest Assessment days  r 0.00274  terest charge) ssistance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper         Line 1       Enter the amount of late payment or underpayment	r SA1-2 form. Interest Assessment days  x 0.00274  terest charge) ssistance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	r SA1-2 form. Interest Assessment days  x 0.00274  terest charge) ssistance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper Line 1 Enter the amount of late payment or underpayment	r SA1-2 form. Interest Assessment days  r 0.00274  terest charge) ssistance please

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.