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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8-30-21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A AC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20211 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Atlantic Broadband (Penn) LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
	Quincy, MA 02169
	(City, town, state, zip)
	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these nes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System 1	IDENTIFICATION OF CABLE SYSTEM:
	Atlantic Broadband
	MAILING ADDRESS OF CABLE SYSTEM:
2	(Number, street, rural route, apartment, or suite number)
	Cumberland, MD 21502
	(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 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#
	Atlantic Broadband (Penn) LLC	35235
		A "community" is the same as a "community unit" as defined in FCC rules: "a
D		porated communities within unincorporated areas and including single, discrete rou list will serve as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	You list will serve as a form of system identification hereafter known as the linst
		s, or mobile home parks should be reported in parentheses below the identified
Area	city.	s, of mobile nome parks should be reported in parentileses below the identified
Served		
	CITY OR TOWN	STATE
First	Davis	WV
nmunity	Hambleton	ŴV
	Hendricks	WV
as Necessary	Parsons	ŴV
5 Necessary	Thomas	WV
		WV
	Tucker County	

	LEGAL NAME OF OWNER OF CA							FORM SA1	
Name	Atlantic Broadband (Per							515	3523
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of t	the cable	
_	system, that is, the retransmission	•		0		•			
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 secondary each category by counting the n			•		•			
Rales	separately for the particular serv			•••				chargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed					d rate variation	s within a p	particular rate	
	category, but do not include disc						!	46 -4 61-	
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additior	al sets would l	be included	in the count ur	nder "Servi	ce to the	
	first set" and would be counted of								
	Block 2: If your cable system	0		,					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		c ngnt-i	Iand Diock. At					
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		382	\$39.99	Res Expa	anded		325	\$ 59.
	 Service to additional set(s) 				Digital V	alue		54	\$ 69.
	 FM radio (if separate rate) 				Digital P	us		-	\$109.
	Motel, hotel		11	\$39.99					
	Commercial		25	\$39.99					
	Converter								
	Residential			\$14.99					
	 Non-residential 								
	SERVICES OTHER THAN SEC		Nemie		e			•	•
_	In General: Space F calls for rational sectors					ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinatio	on with any sec	ondary trar	nsmission	
	service for a single fee. There are	•			•			,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If ally I	ales ale ci	largeu on a van	able per-p	logram basis,	
ransmissions:	Block 1: Give the standard rat		he cabl	e system for e	ach of the a	applicable servi	ces listed.		
Rates	Block 2: List any services that				0	•	•		
	listed in block 1 and for which a		-		ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	and includ	the the ra	ate for each.		I	1		
		BLO	-			D.175	0.175.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	HBO	ORY OF SERVICE	RATI
	Pay cable	7.99 - 19.99		tel, hotel	nuentiai		CineMa	ax.	19.9
	• Pay cable—add'l channel	1000 10100		mmercial			Showti		19.9
	Fire protection		_	y cable			2 Prem		34.9
	•Burglar protection			y cable-add'l cl	nannel		3 Prem		49.9
	Installation: Residential			e protection					
	• First set	50.00		rglar protection					
	Additional set(s)	40.00		services:					
	• FM radio (if separate rate)	-0.00		connect		40.00			
	• Converter			connect		40.00			
			- 0			40.00			
				tlet relocation ve to new add		40.00 40.00			

ounting Period: 2	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Atlantic Broadband (P	'enn) LLC		35238
	PRIMARY TRANSMITTERS:	TELEVISION		
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 Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	Iso in space I, if the station was carried n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr I with a station according to its over-the-	(1) stations carried only on a part-time e carriage of certain network program (e)(2) and (4))]; and (2) certain statio rried by your cable system on a subst e Special Statement and Program Log both on a substitute basis and also o see page (v) of the general instructior ogram services such as HBO, ESPN air designation. For example, report vision station for broadcasting over the tation, an independent station, or a ne or network multicast), "I" (for indepen r "E-M" (for noncommercial education ctions in the paper SA1-2 form.	e basis under is [sections ins carried on a itute program g)—if the in some other is. , etc. Identify each multistream e air in its community poncommercial dent), "I-M" nal multicast).
	FCC. For Mexican or Canad	 dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 	e community with which the station is 3. TYPE OF STATION	identified. 4. LOCATION OF STATION
		2	Ν	Clarksburg M/V
	WBOY-ABC	2	N	Clarksburg, WV
	WBOY-NBC	12	Ν	Clarksburg, WV
d Rows as Necessary	WBOY-NBC WDTV-CBS	12 5	N N	Clarksburg, WV Weston, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB	12 5 10	N N E	Clarksburg, WV Weston, WV Morgantown, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB	12 5 10	N N E	Clarksburg, WV Weston, WV Morgantown, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Yows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
ł Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
d Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
d Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
d Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
d Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
d Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV
d Rows as Necessary	WBOY-NBC WDTV-CBS WNPB WVFX	12 5 10 11	N N E	Clarksburg, WV Weston, WV Morgantown, WV Clarksburg, WV

EGAL NAME OF								SYSTEM ID
Atlantic Broa	adband (Pe	enn) LL	.C					3523
	every radio s	tation ca	rried on a separate and discre					Н
Special Instruct eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate it Column 4: G	tions Concernities carried by monitoring, to mation about m. entify the call tate whether the radio state the radio state this by placing ive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-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. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	opyright Office re the system's hea 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 sigr) it can b ertain sta eneral ir parate a	al is generally be expected, ated intervals. Istructions in the.	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		O, LE OION		5,0		

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
name	Atlantic Broadband (Pe	enn) LLC						35235
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				0			
Special Statement and	 During the accounting peri 				is, any nonne	twork telev	ision prograr/	n
Program Log	broadcast by a distant stat	ion?			·		YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every nor distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio daian statio th and day " 5/7." es when the Example: a er "R" if the nd regulatic	nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (the ns, if any, the of when your syste substitute pro- program carrie listed program ons in effect du	ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program "Yes." Otherwise enter "I isting the substitute progra ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	d for the prog eral instruction n titles, for ex No." station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	ramming of ns for furth ample, "I L ensed by th ntified). e numerals . List the ti 28:30 p.m. rour system ter "P" if th	of another sta ner informatio Love Lucy" or ne FCC or, in , with the mo mes accurate should be n was <i>require</i> ne listed prog	n. n. nth ely
		UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Atlantic Broadband (Penn) LLC		35235
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ential amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	3,405.74 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 \$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.	63,800	
	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 th	is six-month	
	accounting period is \$52.00 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	<u>.</u>	
	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 informati		ts!

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 35235
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	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	192
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 Patrick Bratton Telephone	617-786-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
	Email pbratton@atlanticbb.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.	er of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] 	
	X /s/ Patrick Bratton	
	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: Patrick Bratton	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: August 30, 2021	

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ounting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
untic Broadband (Penn) LLC	35235
 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 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.	Q
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	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Lange Carlor Car
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	La caracteria de la construcción

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