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 COPYRIG	HT 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>
General instructions are located in the first tab of this workbook	9-3-21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
T onloa		
В		Instructions: 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
		Cable Co LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 19579 (Number, street, rural route, apartment, or suite number)
		Colorado City, CO 81019
		(City, town, state, zip)
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	_	
	<u> </u>	(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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Cable Co LLC	6202
D	Instructions: List each separate community served by the cable system. A " separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ated communities within unincorporated areas and including single, discret list will serve as a form of system identification hereafter known as the "fire
Area Served	city.	r mobile nome parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First	Colorado City	CO
Community	Rye	СО
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							DE. PAGI
Name	Cable Co LLC								6202
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						those exist	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble svstem	ı. broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							ne and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	for adva	ance payment.	-				
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. <b>Not</b>							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count u	nder "Servi	ce to the	
	first set" and would be counted o					a am via a that an	. different i	ine we there a	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		0			•			
	BLC	DCK 1 NO. OF					BLOCK	(2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	<ul> <li>Service to first set</li> </ul>		673	74.95	Digital			326	93.
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	3				
E	In General: Space F calls for rat		,		•				
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								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				were not	
Rates	listed in block 1 and for which a				-	-	-		
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	74.95	• Mot	tel, hotel				Additional	10.
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Cor	nmercial			· · · · · · · · · · · · · · · · · · ·	Additional	16.
	<ul> <li>Fire protection</li> </ul>		-	/ cable			Conver		6.
	<ul> <li>Burglar protection</li> </ul>		-	v cable-add'l ch	annel		DVR HI	D	19.
	Installation: Residential			protection					
	First set	50.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		38.00			
	Converter			connect					
			• Out	let relocation					
				ve to new addr					

ting Period: 2	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID
	Cable Co LLC			6202
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Insmitters: Elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i <b>Substitute Basis Station</b> basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> of • List the station here, and basis. For further informat	entify every television station (including tra- em during the accounting period, <i>except</i> (1 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. <b>s:</b> With respect to any distant stations carr rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried b ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination proc	<ol> <li>stations carried only on a part-til carriage of certain network progra e)(2) and (4))]; and (2) certain station ried by your cable system on a sub Special Statement and Program I both on a substitute basis and also be page (v) of the general instruction</li> </ol>	me basis under ams [sections tions carried on a postitute program Log)—if the o on some other ions.
	"WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati	ed with a station according to its over-the-a the form. hel number the FCC assigned to the televi- VRC is channel 4 in Washington, D.C. h case whether the station is a network statering the letter "N" (for network), "N-M" (fo ), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the	sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. ne community to which the station	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
	ккту	49	N	Colorado Springs, CO
	KOAA-TV	42	N	Pueblo, CO
ws as Necessary	KRDO-TV	24	N	Colorado Springs, CO
	KSPK-LP	28	I	Walsenburg, CO
		8	_	
	KTSC	0	E	Pueblo, CO
	KTSC KWGN-TV	34	E	
			E   	Denver, CO
	KWGN-TV	34		
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO
	KWGN-TV KXRM-TV	34 22		Denver, CO Colorado Springs, CO

	F OWNER OF	CABLE S	YSTEM:					SYSTEM II
Cable Co LL	_C							620
								-
	st every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S	) it is carried by monitoring, to formation abou orm. dentify the call State whether t	y the sys be recein t the Co sign of o he static	I-Band FM Carriage: Under C item whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante this point, see pag	adend, and (2 nna, during ce ge (v) of the ge	) it can b ertain sta eneral in	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
signal, indicate Column 4: 0	this by placing Give the statior	g a chec n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	EM		Rupple CO					
KDZA KKFM	FM FM		Pueblo, CO Colorado Springs, CO					
	FM		Colorado Springs, CO Colorado Springs, CO					
			e sieres opinigo, oo					
			<u>+</u>					

Accounting Perio	d: 2021/1						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Cable Co LLC							62021
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage:		-			general mout		ie paper OA I-	-2 101111.
Special	1. SPECIAL STATEMENT	-						
Statement and	<ul> <li>During the accounting per</li> </ul>		r cable system	carry, on a substitute basi	is, any nonne	twork telev	vision program	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	ım
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subsi			te line. I lee abbreviations	wherever nos	sible if the	air meaning is	e
	clear. If you need more spa				wherever pos		en meaning s	5
				sion program ("substitute	program") tha	at, during th	ne accounting	g
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	No "			
				sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals	, with the mo	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	l ist tha ti	mes accurate	alv
	to the nearest five minutes.							siy
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
						1 "D" : f 1 -	- Later day and the second	
				ring the accounting period				ram
	was substituted for program	nming that y						ram
		nming that y			er FCC rules a	and regulat	ions in	
	was substituted for progran effect on October 19, 1976.	nming that y		s permitted to delete unde	er FCC rules a	and regulat	ions in TTUTE CURRED	7. REASON FOR
	was substituted for progran effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	er FCC rules a	and regulat	ions in ITUTE	
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR
	was substituted for progran effect on October 19, 1976. S	SUBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBST	ITUTE	7. REASON FOR

Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cable Co LLC				62021
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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	ystem's see on of how to	condary transmi compute this a	ssion service mount, see \$3'	11,454.73 ross receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	s six-month	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore 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	3,800 (but l	ess than \$527	600)	
	1. Enter the amount of gross receipts from space K	\$	311,454.73		
	2. Base amount under statutory formula		263,800.00		
		\$	47,654.73		
	4. Multiply line 3 by .01		\$	476.55	
	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		<u> </u>	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6		\$	1,795.55
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,795.55	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,815.55
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				jhts!
1					

Accounting Period:	2021/1							FORM SA1-2E. P	PAGE 7.
Name	LEGAL NAME OF C Cable Co LLC	WNER OF CABLE SYSTEM:						SYSTE 6	EM ID# 62021
M Channels	to its subscriber	ou must give (1) the number c rs, and (2) the cable system's t al number of channels on which	total num h the cal	umbe cable	er of activated chan	nels during the a	accounting period.	9	_
	2. Enter the tota on which the	ed television broadcast stations al number of activated channel cable system carried television dcast services	ls n broado	dcas	t stations			214	
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account		IFOR	MATION IS NEED	ED (Identify an ii	ndividual to whom		
for Further Information	Name	Jake Wnukowski P.O. Box 19579					Telephon	<b>∍</b> 719-676-1623	
	Address	(Number, street, rural route, apartm Colorado City, CO 81 (City, town, state, zip)		suite	number)				
	Email						Fax (optional		
0	CERTIFICATION	(This statement of account mu	ist be ce	certifi	ied and signed in ac	ccordance with (	Copyright Office regulations		
Certification		ed, hereby certify that (Check on r other than corporation or pa				e cable system :	as identified in line 1 of space	B: or	
		of owner other than corpora	tion or p	r pari	t <b>nership) I</b> am the d	uly authorized ag			
	X (Offic	in line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B.					he legal entity identified as o	ner of the cable system	
		the statement of account and h te, and correct to the best of my ion 1001(1986)]	-						
			X		/s/ David Shiple	ey .		_	
					ectronic signature on ture using an "/s/ sigr		certify this statement. John Smith)		
		Typed or printed	name:	:	David Shipley				
		Title: (Titl			esident	on or partnership)			
		Date:					9/2/21		

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ounting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ble Co LLC	62021
<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:         <ul> <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> </ul> </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>X NO</li> </ul>	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
	L. Q Interest Assessment
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
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
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
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	Lange
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	Lange
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	days - e
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	days - e

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