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	T OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook.	03/01/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)	
Periou			
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	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	003675
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		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	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		CENTER, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
1			

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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	003675
	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate	nunity" is the same as a "community unit" as defined in FCC rules:
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	
Served		
	CITY OR TOWN	STATE
First	CENTER	TX
Community	SAN AUGUSTINE	TX
Add Rows as Necessary		
Add nows as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00367
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	v transmission se	ervice of t	he cable	
_	system, that is, the retransmission								
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								
Rates	separately for the particular serv							Gharged	
	Rate: Give the standard rate of	harged for eac	h catego	ry of service. I	nclude bo	oth the amount of	the charg		
	unit in which it is generally billed				ny standai	rd rate variations	within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ios of soc	ondony transmiss	ion convic	o that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count und	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	00144					DI 00	<u> </u>	
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	[
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		047						
	Service to first set		317	34.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		44	45.05					
	Commercial		41	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	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		,		0		υ.,		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	Developed and the	17.00	• Mote	el, hotel					
	• Pay cable	19.00	• Con	nmercial					
	Pay cable Pay cable—add'l channel	19.00	• Pav	cable					
		19.00	1 4 3	00.0.0					
	• Pay cable—add'l channel	19.00	-	cable-add'l ch	annel				
	Pay cable—add'l channel Fire protection	13.00	• Pay		annel				
	 Pay cable—add'l channel Fire protection Burglar protection 	99.00	• Pay • Fire	cable-add'l ch	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire • Burç	cable-add'l ch protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	99.00	• Pay • Fire • Burg Other s	cable-add'l ch protection glar protection	annel	40.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00	• Pay • Fire • Burg Other s • Rec	cable-add'l ch protection glar protection ervices:	annel	40.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	99.00	• Pay • Fire • Burg Other s • Rec • Disc	cable-add'l ch protection glar protection ervices: onnect	annel	40.00			

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM I
ne				0036
ary itters: sion	carried by your cable syster 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 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 Column 1 : List each station multicast stream associated "WETA-2" as the same on t Column 2 : Give the channe of license. For example, WF Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sult he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education to the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	KLTS-1	24	E	SHREVEPORT, LA
	KMSS-1	33	I	SHREVEPORT, LA
sary	KMSS-1 KPXJ-1	33 21	 	
ary			 	SHREVEPORT, LA
ary	KPXJ-1	21	i i i N	SHREVEPORT, LA MINDEN, LA
ary	KPXJ-1 KSHV-1	21 45		SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA
ary	KPXJ-1 KSHV-1 KTAL-1	21 45 6	i N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX
у	KPXJ-1 KSHV-1 KTAL-1 KTBS-1	21 45 6 3	i N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
isary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA
ssary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
essary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
essary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
ssary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
essary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
essary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
essary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
essary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
essary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
ecessary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
ecessary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
lecessary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX
cessary	KPXJ-1 KSHV-1 KTAL-1 KTBS-1 KTRE-1	21 45 6 3 9	i N N N	SHREVEPORT, LA MINDEN, LA SHREVEPORT, LA TEXARKANA, TX SHREVEPORT, LA LUFKIN, TX

LEGAL NAME O								SYSTEM 003
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sy be rece it the Co I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which , the community with which th	at the system's h e system's FM an this point, see pa ssed by the cable the station is lice	eadend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
			1 <u> </u>	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					003675
					•			
	SUBSTITUTE CARRIAGE	-	-		-			
•	In General: In space I, identi substitute basis during the ac							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				5			
Special	During the accounting peri				sis anv nonne	twork telev	ision program	h
Statement and	broadcast by a distant stat	-		ourry, on a substitute but				
Program Log	-						YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complet	te the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if the	eir meaning is	
	clear. If you need more space Column 1: Give the title				program") the	at during th	e accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	. See page (v) of the ger	eral instructio	ns for furth	er information	
	Do not use general categori		vies" or "basket	ball." List specific progra	m titles, for ex	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga optar "	No."			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by th	e FCC or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01	. 15 p.m. to 0.2	.o.ou p.m. :		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that y	our system	n was <i>require</i>	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulati	ions in	
	effect on October 19, 1976.							
					WHE	EN SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCO		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
			 					
			+					"
			+			·		
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1							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name		SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		003675
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 amount, see	, 948.63 ss 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 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800.	
	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.	this six-mon	
	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		
	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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 003675
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the o	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	8 154
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email	RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	I, the undersign (Own (Ager in X (Offi in I have examine	X /s/ Alan Dannenbaum 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	stem as identified
		Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 2/1/2022	

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unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0036
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 fol- lowing 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 sub scribers 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.	P - Special Statemen Concerning Gross Receipts Exclusio
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?	
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
	Q Interest Assessme
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	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 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	
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 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	
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	
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	

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