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 workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Systems (Short Form)		\$	For additional information, contact the U.S. Copyright
General instructions are located	08/22/2022		Office Licensing Division at
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
			1

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
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	
		Zito West Holding LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (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 unless es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Frazier Park	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

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-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Zito West Holding LLC	2640
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single,
Area Served	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile bidentified city.	nome parks should be reported in parentheses below the
Served		1
-	CITY OR TOWN	STATE
First Community	Frazier Park Pine Mountain Club	CA CA
		CA .
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM IC
Name	Zito West Holding LLC								264
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting periodo Number of Subscribers: Both down by categories of secondary each category by counting the miseparately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disco Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	pace E should on of television ay cable) in sp (June 30 or D blocks in spar y transmission umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc e: Where an in	cover a and rad ace F, r ecembe ce E cal service. gs in tha indicated h catego 20/mth") for adva e form li ribers. C dividual	Il categories of hio broadcasts I not here. All the r 31, as the ca- l for the numbe In general, you t category (the d—not the num ory of service. I . Summarize a ince payment. sts the categor Give the numbe or organizatior	secondary by your sy facts you se may be r of subsc u can com number of ber of set nclude bo ny standar ies of seco r of subsc is receivi	stem to subscril state must be t). ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate th ng service that f	bers. Give hose existi ole system r of subscr anizations ice). f the charg s within a p sion servic for each lis falls under	information ing on the , broken ribers in charged Je and the particular rate ex that cable ted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a ince again und has rate catego iers of services	additiona er "Serv ories for s that inc	al sets would b ice to additiona secondary trar clude one or mo	e included al set(s)." nsmission pre second	in the count un service that are dary transmissio	der "Servio different fr ons), list the	ce to the rom those em, together	
	BLO	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		44	24.01			-		
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fur je was n	mation with re- not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any secon nformation cone formation shoul arged on a varia applicable servio he accounting p	ndary tran cerning (1) d include b able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable			ation: Non-res tel, hotel	idential				
	• Pay cable—add'l channel			nmercial					
	• Fire protection		-	/ cable					
	•Burglar protection		,	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	30.00	• Bur	glar protection					
	 Additional set(s) 	20.00		services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter		• Dis	connect					
			~	1.4					
				let relocation	255	30.00 30.00			

	LEGAL NAME OF OWNER O			
ame	LEGAL NAME OF OWNER O Zito West Holding LL			SYSTEM ID# 2640
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination j d with a station according to its over-the	<i>t</i> (1) stations carried only on a part-time carriage of certain network program 51(e)(2) and (4))]; and (2) certain stationarried by your cable system on a substitute basis and also be special Statement and Program Longram Longram services such as HBO, ESPN e-air designation. For example, reportexision station for broadcasting over the station, an independent station, or a reform network multicast), "I" (for independent station in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBAK	29	Ν	Bakersfield, CA
	KBAK KBFX	29 58	N N	
; Necessary				Bakersfield, CA
lecessary	KBFX	58	N	Bakersfield, CA Bakersfield, CA
ecessary	KBFX KCAL	58 9	N I	Bakersfield, CA Bakersfield, CA Bakersfield, CA
lecessary	KBFX KCAL KERO	58 9 23	N I N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Vecessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
: Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
5 Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
is Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
s Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA
as Necessary	KBFX KCAL KERO KNBC	58 9 23 4	N I N N	Bakersfield, CA Bakersfield, CA Bakersfield, CA Bakersfield, CA Los Angeles, CA

EGAL NAME OF Zito West Ho		ABLE SY	SIEM:					SYSTEM I 26
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i cor detailed info paper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recei t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM anten his point, see pa ed by the cable s e station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						2640
	SUBSTITUTE CARRIAG	E: SPECIA			 }			
I I	In General: In space I, identi					ion that voi	ur cable syste	m carried on a
-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or a	uthorizations.	For a further
Substitute	explanation of the programm				general instr	uctions in th	ne paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basis	s, any nonnet	twork televi	ision progran	
Program Log	broadcast by a distant sta	tion?				L	YES	X NO
	Note: If your answer is "No	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. I laa ahkuu viatiawa v		منامات نقفامه		
	In General: List each subst clear. If you need more spa				vnerever pos	sible, li the	ir meaning is	i
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."					-	
				r "Yes." Otherwise enter "N Isting the substitute prograi				
	Column 4: Give the broa	dcast statio	on's location (th	e community to which the	station is lice		e FCC or, in	
	the case of Mexican or Can						with the mor	ath a
	first. Example: for May 7 give		when your sys	tem carried the substitute p	nografii. Ose	numerais,		101
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
	s	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							<u> </u>	
							_	
							_	
							_	
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							_	
							_	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SI	STEM ID# 2640
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	, 180.18
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 • 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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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	7,600)	
	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
	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 informat		nts!

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito West Ho	OF OWNER OF CABLE SYSTEM: Diding LLC			SYSTEM ID: 264(
M Channels	to its subscrib 1. Enter the to	pers, and (2) the cable system's	total numb	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	6
	on which the	otal number of activated channe e cable system carried television adcast services	n broadcas	st stations	60
N Individual to Be Contacted		ct about this statement of accou		PRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665			
		(Number, street, rural route, apa Coudersport PA 169		ire number)	
		(City, town, state, zip)			
	Email	teri.mcmullen	zitomed	ia.com Fax (optional)	
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check or wher other than corporation or p tent of owner other than corpor in line 1 of space B and that the fficer or partner) I am an officer in line 1 of space B. hed the statement of account and	one, but onl partnership ation or pa owner is no (if a corpora hereby de	rtified and signed in accordance with Copyright Office regulations) <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space B artnership) I am the duly authorized agent of the owner of the cable system of a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as own reclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.	ystem as identified
				/s/James Rigas electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
			d name:	James Rigas	
		Typed or printe	u name.		
		Title:	Presid		

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 telephol 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 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 t 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 lav

unting Period: 2022/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
West Holding LLC	264
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	P Special Statemen Concerning Gross Receipts Exclusio
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a 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.	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 Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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