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

			Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGHT	FOFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)			coplicsoa@copyright.gov
	08/03/22	\$	For additional information, contact the U.S. Copyright
General instructions are located			Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (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
		Barcode Data Filing Period (optional - see instructions)
		20221 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
		WideOpenWest, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		ITC Globe Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		7887 E. Belleview Ave., Ste. 1000 (Number, street, rural route, apartment, or suite number)
		Englewood, CO 80111-6007
		(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 these s 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:
		Knology of the Valley
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WideOpenWest, Inc.	61052
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nunities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	city.	ome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	Chambers County	AL
Community	Harris County	GA
	Lanett	AL
Rows as Necessary	Valley West Deint	AL
	West Point	GA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTFM							TEM ID
Name	WideOpenWest, Inc.	IDEE OF OF EMI.						010	6105
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including p	pace E should on of television a	cover all cat and radio br	egories of sec oadcasts by y	condary your sys	stem to subscr	ibers. Give	e information	
Transmission Service: Sub- scribers and Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted of	d (June 30 or De n blocks in space y transmission s umber of billings rice at the rate in charged for each . (Example: "\$20 counts allowed for a in space E, the e to their subscri e: Where an ind should be count uble service to a	ecember 31, e E call for the ervice. In ges in that cate dicated—no a category o D/mth"). Sur or advance form lists the ibers. Give lividual or on ted as a sub dditional set	as the case r the number of eneral, you ca egory (the num of the number f service. Incl nmarize any s payment. ne categories the number or rganization is oscriber in eac ts would be in	may be f subsci an comp mber of r of sets ude bot standard of seco f subsc receivin ch appli ucluded). ribers to the ca pute the number persons or orgon s receiving ser- th the amount of d rate variation ondary transmi- ribers and rate ng service that cable category	ble system er of subso ganizations vice). of the char s within a ssion servi for each li falls unde v. Example	n, broken pribers in s charged ge and the particular rate ice that cable sted category r different : a residential	
	Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	has rate catego iers of services	ries for seco that include	ondary transm one or more	nission : second	lary transmissi	ons), list th	nem, together service is	
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS R	ATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set	1	,287	66.75					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential	1	,167 2.0	0-10.00					
	Non-residential		,107 2.0	0-10.00					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscribe those services the re two exception or facilities furni- hit in which it is u rate column. te charged by the t your cable syst separate charge otion and include	er) informati hat are not of is: you do no ished to nor usually billed e cable sys tem furnishe e was made the rate fo	on with respe offered in com ot need to giv subscribers. d. If any rates tem for each ed or offered o or establishe	nbinatio re rate i Rate in are cha of the a during t	n with any sec nformation con formation shou arged on a var pplicable servi he accounting	ondary trai cerning (1 Ild include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
		BLOC					04750	BLOCK 2	L D • -
	CATEGORY OF SERVICE Continuing Services:			OF SERVIC		RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable	10.99-17.00	• Motel, he						
	• Pay cable—add'l channel		Commer				Expan	ded Basic	-108.
	Fire protection		• Pay cabl	е			Digital		18.
	 Burglar protection 		• Pay cab	e-add'l chanr	nel				
	Installation: Residential		 Fire prot 	ection					
	• First set	50.00	• Burglar p	protection					
	Additional set(s)	C	Other servi						
	• FM radio (if separate rate)		Reconne			40.00			
	Converter		Disconne			50.00 20.00			
			Outlet re Move to	new address		40.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE			
Name	WideOpenWest, Inc.			6			
<u> </u>	PRIMARY TRANSMITTERS:	TELEVISION					
G		ntify every television station (including tr					
G		during the accounting period, except (effect on June 24, 1981, permitting the					
Primary	76.59(d)(2) and (4), 76.61(e)	(2) and (4), or 76.63 (referring to 76.61					
nsmitters: elevision	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
	 basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 						
	station was carried only on a	a substitute basis.					
	basis. For further information	so in space I, if the station was carried n concerning substitute basis stations, s	see page (v) of the general instructi	ions.			
		s call sign. <i>Do not</i> report origination pr with a station according to its over-the-	-	-			
	"WETA-2" as the same on th	ne form.	C 1 1 1				
		I number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	ision station for broadcasting over	the air in its community			
	Column 3: Indicate in each o	case whether the station is a network s	, I ,				
	(for independent multicast), "	ing the letter "N" (for network), "N-M" (for 'E" (for noncommercial educational), or	r "E-M" (for noncommercial educati				
		ms, see page (iv) of the general instruct of each station. For U.S. stations, list t		is licensed by the			
		ian stations, if any, give the name of the	•	-			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WCIQ	7	E	Mount Cheaha, AL			
	WCIQ-simulcast	7	E	Mount Cheaha, AL			
ws as Necessary	WGBP-TV	17	I	Opelika, AL			
	WGBP-TV-simulcast	17	<u>I</u>	Opelika, AL			
	WJCN-LD	33	I	La Grange, GA			
		23	Е	Columbus, GA			
	WJSP	20					
	WLTZ	35	N	Columbus, GA			
	WLTZ	35	N	Columbus, GA			
	WLTZ WLTZ-simulcast	35 35	N N	Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2	35 35 35	N N N	Columbus, GA Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast	35 35 35 35 35	N N N N	Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3	35 35 35 35 35 35 35	N N N N-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL	35 35 35 35 35 35 15	N N N N-M N	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-2	35 35 35 35 35 35 15 15 15	N N N N-M N-M	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-2 WRBL-simulcast	35 35 35 35 35 35 15 15 15 15	N N N N N-M N N-M N	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-3 WRBL-2 WRBL-simulcast WTVM	35 35 35 35 35 35 15 15 15 15 11	N N N N N-M N N N N N	Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-2 WRBL-2 WRBL-simulcast WTVM WTVM-2	35 35 35 35 35 35 15 15 15 15 11 11 11	N N N N N-M N N-M N N N N N-M	Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-2 WRBL-simulcast WTVM WTVM-2 WTVM-3	35 35 35 35 35 35 35 15 15 15 15 11 11 11 11	N N N N N-M N N N N N N N N N-M N-M	Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-2 WRBL-2 WRBL-simulcast WTVM WTVM-2 WTVM-3 WTVM-4 WTVM-4	35 35 35 35 35 35 15 15 15 15 11 11 11 11 11	N N N N N-M N N N N N N N N N N N N N N	Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-2 WRBL-2 WRBL-simulcast WTVM WTVM-2 WTVM-3 WTVM-4 WTVM-4	35 35 35 35 35 35 35 15 15 15 15 11 11 11 11 11 11 24	N N N N N-M N N N N N N-M N-M N-M N-M N-	Columbus, GA Columbus, GA			
	WLTZ WLTZ-simulcast WLTZ-2 WLTZ-2-simulcast WLTZ-3 WRBL WRBL-2 WRBL-2 WRBL-simulcast WTVM WTVM-2 WTVM-3 WTVM-4 WTVM-4	35 35 35 35 35 35 35 15 15 15 11 11 11 11 11 11 11	N N N N N-M N N N N N N N N N N N N N N	Columbus, GA			

EGAL NAME OF		CABLE S	YSTEM:					SYSTEM I
VideOpenW	lest, Inc.							610
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati	y the sys be recei t the Co sign of e he statio ion's sign	-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. nal was electronically processe	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2022/1						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	WideOpenWest, Inc.							61052
	SUBSTITUTE CARRIAGE	-	-		distant static	n that you	r cabla avetor	n corried on a
Substitute	substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work telev	ision prograr	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this nac	e blank. If your answer is '	'Yes " vou mi	ist complet	te the progra	-
			rest of this pag		res, you me	ist complet	te the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	S
	clear. If you need more spa						-	
				ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
		n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nood by th	a ECC ar in	
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		tem carried the substitute p			with the mo	nth
	first. Example: for May 7 giv							Т.,
	to the nearest five minutes.			gram was carried by your o				ely
	stated as "6:00-6:30 p.m."	Example. c	a program oann		10 p.m. to 0.2	0.00 p.m. (
				was substituted for progra				
	to delete under FCC rules a							ram
	was substituted for program effect on October 19, 1976.		our system wa	is permitted to delete unde	r rues a	nu regulati		
	 					N SUBST		
		2. LIVE?	TE PROGRAM		LI CARRI	AGE OCC	TIRRED	
	1. TITLE OF PROGRAM		13 STAHON'S				TIMES	7. REASON FOR DELETION
1		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	
				4. STATION'S LOCATION	5. MONTH	6.	TIMES	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WideOpenWest, Inc.	SYSTEM ID# 61052
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.	iission service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K	00)
	7. Multiply line 6 by .005 (enter figure here)	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 333,116.83 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 69,316.83	
	4. Multiply line 3 by .01	693.17 1,319.00 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 2,012.17
Filing Fee and Total Remittance Due	FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>2,012.17</u> 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,032.17
	EFT Trace # or TRANSACTION ID # <u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM WideOpenWest, Inc.		SYSTEM ID# 61052
M Channels	to its subscribers, and (2) the cable system 1. Enter the total number of channels on w		23
	 Enter the total number of activated char on which the cable system carried telev 		. 332
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FUR we can contact about this statement of acc	THER INFORMATION IS NEEDED (Identify an individual to whom ount.)	
for Further Information	Name Jim Waechter	Telephone	720-219-8271
	Address 7887 E. Belleview A (Number, street, rural route, ap Englewood, CO 80 (City, town, state, zip)	artment, or suite number)	
	Email Jim.Waechte	r@wowinc.com Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check (Owner other than corporation of (Agent of owner other than corporation in line 1 of space B and that (Officer or partner) I am an office in line 1 of space B. I have examined the statement of account and the statement of account a	must be certified and signed in accordance with Copyright Office regulations) one, but only one, of the boxes.) r partnership) I am the owner of the cable system as identified in line 1 of space I pration or partnership) I am the duly authorized agent of the owner of the cable site owner is not a corporation or partnership; or r (if a corporation) or a partner (if a partnership) of the legal entity identified as owner defined and thereby declare under penalty of law that all statements of fact contained herein my knowledge, information, and belief, and are made in good faith. A // S/ Craig Martin Enter an electronic signature on the line above to certify this statement.	system as identified
	Typed or prin Title: Date:	Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
deOpenWest, Inc.	61052
 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	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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