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

STATEME	NT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	ry Transmissions by ms (Short Form)	DATE RECEIVED 9/15/2022	AMOUNT \$	<u>coplicsoa@copyright.gov</u> For additional information,
	tions are located of this workbook.		ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVER	RED BY THIS STATEMENT: (Y)	(YY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20221 Barcode Data Filing Period (optional - see instructions)
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
		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)
•	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	name	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:
		ROCKVIEW STATE CORRECTIONAL INSTITUTION
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	06173
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fi	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, : you list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	
Served	identified only.	
_		STATE
First Community	BELLEFONTE	PA
Community	(ROCKVIEW SCI)	
dd Rows as Necessary		
a nons as necessary		

	<u>г</u>							FO		2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:								
	CEQUEL COMMUNICA	TIONS LLC							()6173
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND R	ATES					
E	In General: The information in s									
Secondary	system, that is, the retransmission about other services (including provide the services)									
Transmission	last day of the accounting period	, , ,	,		,			ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n separately for the particular serv			•••				charged		
	Rate: Give the standard rate of							e and the		
	unit in which it is generally billed								е	
	category, but do not include disc	counts allowed	for adva	ance payment.						
	Block 1: In the left-hand block	•		•		•				
	systems most commonly provide								/	
	that applies to your system. Not categories, that person or entity								J	
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system	has rate catego	ories for	secondary tra	nsmission	service that are	different f	rom those		
	printed in block 1 (for example, 1								-	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	o- or thre	e-word descripti	on of the s	service is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF		NO. OI SUBSCRIE		RATE
	Residential:	SUBSCRIBE	-R3	RATE	CAT	EGORT OF SEP	VICE	SUBSCRIE	DERO	NATE
	Service to first set		0							
	Service to additional set(s)		, v	-						
	• FM radio (if separate rate)									
	, , ,									
	Motel, hotel		274	42 44						
	Commercial Converter		371	42.41						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
-	In General: Space F calls for ra	te (not subscrib	per) info	rmation with re	spect to a	III your cable sys	tem's serv	rices that we	re	
F	not covered in space E, that is, t									
0	service for a single fee. There a	•			•		• • • •			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usually	billed. If ally la		larged on a van	able pei-pi	ogram basis	,	
ransmissions:	Block 1: Give the standard ra		he cable	e system for ea	ch of the	applicable servio	es listed.			
	Block 2: List any services that				-					
Rates		separate charg		nade or establi	shed. List	these other serv	vices in the	e form of a		
Rates	listed in block 1 and for which a									
Rates	listed in block 1 and for which a brief (two- or three-word) descrip	ption and includ	le the ra	ate for each.			1			
Rates	brief (two- or three-word) descri	BLO	CK 1			•		BLOCI		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE		CK 1 CATEG	ORY OF SER		RATE	CATEGO	BLOCI DRY OF SEF		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa	ORY OF SER		RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot	ORY OF SER tion: Non-res		RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Cor	ORY OF SER I tion: Non-res el, hotel nmercial		RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SER Ition: Non-res el, hotel nmercial r cable	dential	RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ORY OF SER tition: Non-res el, hotel nmercial r cable r cable-add'l ch	dential	RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO	CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection	dential	RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection	dential	RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection	dential	RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection	dential	RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER Ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services:	dential	RATE	CATEGO			RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Cother s • Rec • Disc	ORY OF SER Ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	dential	RATE	CATEGO			RATE

ccounting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		061735
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic	also in space I, if the station was carrie on concerning substitute basis stations	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program of both on a substitute basis and als s see page (v) of the general instruct	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions.
	multicast stream associated "WETA-2" as the same on Column 2: Give the chann- of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of the	e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM-1	23	N	ALTOONA, PA
	WJAC-1	6	Ν	JOHNSTOWN, PA
d Rows as Necessary	WKBS-1	47	I	ALTOONA, PA
	WPCW-1	19	l	PITTSBURGH, PA
	WPSU-1	3	E	CLEARFIELD, PA
	WTAJ-1	10	Ν	ALTOONA, PA
	WWCP-1	8	I	JOHNSTOWN, PA

LEGAL NAME OF								SYSTEM I 0617
all-band basis v	t every radio s vhose signals	station c were ge	arried on a separate and disc enerally receivable by your ca	ble system durin	ig the account	ting peri	od.	Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo	it is carried b monitoring, to ormation abou rm. dentify the cal	by the sy be rece ut the Co Il sign of	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the pyright Office regulations on each station carried. on is AM or FM.	at the system's h system's FM an	neadend, and Itenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
Column 3: If signal, indicate Column 4: G	the radio sta this by placin Give the statio	tion's sig g a cheo n's locat	gnal was electronically proces of mark in the "S/D" column. tion (the community to which the the community with which the	the station is lice	nsed by the F			
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						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					061735
	SUBSTITUTE CARRIAGE				G			
1					-			
•	In General: In space I, ident substitute basis during the a							
Cubatituta	explanation of the programm	01	· ·		, 0	, ,		
Substitute Carriage:					ne general in		ne paper o	A 1-2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	iod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	N	" 4			"X"			
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	must comple	te the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa					hat during t		in a
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						,	
	Column 2: If the program	n was broa	dcast live, ente	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				he community to which the			e FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numerals	, with the m	nonth
	first. Example: for May 7 giv			arram was servised by your	r aabla avata	m. Lietthe ti		atob.
	to the nearest five minutes.			ogram was carried by you				atery
	stated as "6:00–6:30 p.m."	Example.	a program can	led by a system norm 0.01	. 15 p.m. to t	0.20.30 p.m.		
		er "R" if the	listed program	n was substituted for prog	ramming tha	t vour svster	n was <i>reau</i>	ired
	to delete under FCC rules a							
	was substituted for program							0
	effect on October 19, 1976.							
						IN SUBSTIT		
	SI		E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES - TO	5222.000
		Tes ULINU	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM =	- 10	
							<u>-</u>	
						_	_	
							-	
						-	-	
							-	
							-	
						_	_	
							-	
						_	-	
							-	
							-	
							_	
						_	-	
						-	-	
							-	
		[
							-	
								1

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 061735
			061735
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (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.	nission service amount, se	,422.44
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 \$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 th accounting period is \$52.00.	nis 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 \$137,10	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)	
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	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 #		
	<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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061735
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	7 45
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact 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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as over in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	B; or system as identified wner of the cable system
	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 Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 8/23/2022	
Privacy Act Notico		

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.

unting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06173
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	P Special Statement Concerning Gross Receipts Exclusion
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?	
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
	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
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
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
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
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
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
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
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

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 th 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.