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 COPYRIC	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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)
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:
		WILLIAM S KEY CORRECTIONAL FACILITY
		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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	CEQUEL COMMUNICATIONS LLC	06299
	Instructions: List each separate community served by the cable system. A "con	
	"a separate and distinct community or municipal entity (including unincorpora	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future fili	
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area		Ioblie nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	FORT SUPPLY	OK
Community	(WILLIAM S KEY CORR)	
-		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FUI		2E. PAGE
Name)6299
Е	SECONDARY TRANSMISSION In General: The information in s					, transmission a	ondos of t	ha aabla		
	system, that is, the retransmission									
Secondary	about other services (including p									
Transmission	last day of the accounting period	d (June 30 or D	ecembe	r 31, as the ca	se may be	e).		0		
Service: Sub-	Number of Subscribers: Bot	•								
scribers and	down by categories of secondar									
Rates	each category by counting the n separately for the particular serv	•		0,0		1 0		cnarged		
	Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	l. (Example: "\$	20/mth")	. Summarize a	ny standa	rd rate variation	s within a	particular rate	е	
	category, but do not include disc									
	Block 1: In the left-hand block	•		0						
	systems most commonly provide that applies to your system. Not								/	
	categories, that person or entity			-		-			l	
	subscriber who pays extra for ca	able service to	addition	al sets would b	e includeo	d in the count un	der "Servi	ce to the		
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, the second						,			
	sufficient.		c ngin-n							
	BL	OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	VICE	NO. OF SUBSCRIE		RATI
	Residential:									
	Service to first set		0	-						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		0	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra	ite (not subscril	ber) info	rmation with re	spect to a	ll your cable sys	tem's serv	ices that we	re	
Г	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the ur								i.	
Secondary	enter only the letters "PP" in the	rate column.		-		-		5	,	
	Block 1: Give the standard ra									
ransmissions:	Block 2. List any convisions the	• •			-	• •				
Rates	Block 2: List any services that	separate charc		nade or establi	snea. Lisi	these other serv	rices in the	e iorm of a		
	listed in block 1 and for which a	ntion and inclu	do tho ra							
	-	ption and inclue	de the ra						K 2	
	listed in block 1 and for which a brief (two- or three-word) descri	BLO	CK 1	ite for each.	//05	DATE		BLOCH		
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE		CK 1 CATEG	te for each.		RATE	CATEGO	BLOCH DRY OF SEF	RVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO	CK 1 CATEG Installa	te for each. ORY OF SER' tion: Non-res		RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CK 1 CATEG Installa • Mot	te for each. ORY OF SER tion: Non-res el, hotel		RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CK 1 CATEG Installa • Mot • Con	ORY OF SER tion: Non-res el, hotel nmercial		RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a 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 • Con • Pay	ORY OF SER ORY OF SER tion: Non-res el, hotel nmercial cable	dential	RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a 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 • Con • Pay • Pay	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch	dential	RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a 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 CATEG Installa • Mot • Con • Pay • Pay • Fire	ORY OF SER' tion: Non-res el, hotel mmercial cable cable-add'l ch protection	dential	RATE	CATEGO		NICE	RATE
	listed in block 1 and for which a 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	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a 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)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s	CORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection services:	dential	RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a 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)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur • Cther s • Rec	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	dential	RATE	CATEGO		RVICE	RATE
	listed in block 1 and for which a 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)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	ORY OF SER' tion: Non-res el, hotel mmercial cable-add'l ch protection glar protection glar protection services: connect	dential	RATE	CATEGO		₹VICE	RATE
	listed in block 1 and for which a 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)	BLO	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc • Out	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	dential	RATE	CATEGO		₹VICE	RATI

ccounting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID:
Nume	CEQUEL COMMUNIC	ATIONS LLC		06299
	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 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 to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a s the Special Statement and Program ed both on a substitute basis and al , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-1	43	1	OKLAHOMA CITY, OK
	KETA-1		E	OKLAHOMA CITY, OK
			N	
Add Rows as Necessary	KFOR-1	4	_	OKLAHMA CITY, OK
	KOCB-1		I	
	KOCO-1	5		OKLAHOMA CITY, OK
	KOKH-1	25	- -	OKLAHOMA CITY, OK
	KOPX-1	62	I	OKLAHOMA CITY, OK
	KSBI-1	52	l	OKLAHOMA CITY, OK
	KTUZ-1	30	I	SHAWNEE, OK
	KUOK-1	35	I	WOODWARD, OK
	KWTV-1	9	Ν	OKLAHOMA CITY, OK

CEQUEL CO	F OWNER OF							SYSTEM I 0629
PRIMARY TRA	NSMITTERS	: RADIC)					
			arried on a separate and disc enerally receivable by your ca					н
Teceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: In Column 2: S Column 3: In) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta	y the sy be rece ut the Co I sign of the stati tion's sig	II-Band FM Carriage: Under stem whenever it is received a sived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces	at the system's f system's FM ar this point, see p	neadend, and tenna, during age (v) of the	(2) it ca certain general	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
Column 4: 0	Give the statio	n's locat	K mark in the "S/D" column. ion (the community to which t the community with which the the community with which the			CC or, i	n the case of	
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.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062995
	SUBSTITUTE CARRIAGE				G			
		-	-			tion that you	ir ophlo ovo	tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogram zog	-						-	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	must comple	ete the prog	ram
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviations	s wherever n	ossible if th	eir meaning	ı is
	clear. If you need more spa				s wherever p			<i>j</i> 10
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter '				
				asting the substitute progr he community to which th		censed by th	e ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			, with the n	nonth
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01				ately
	stated as "6:00–6:30 p.m."		a program can	ied by a system nom 0.01	. 10 p.m. to t		Should be	
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.	• •	your system w			s anu regula		
						N SUBSTI		
	SI					AGE OCCL 6. TI		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	FROM -		
							-	
							-	
						-	-	
						_	_	
							-	
							-	
							_	
						_	_	
							-	
						-	_	
						_	_	
							_	
						-	-	
							-	
		1		1		1		1

Accounting Period:	2022/1 FORM SA1-26	E. PAGE 6.
Name		rem ID# 062995
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	- ecceipts)
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 \$263,800 • 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 this six-month accounting period is \$52.00.	
	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 \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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	
	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) FALSE	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$	15.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062995
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	11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	15
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 	B; or
	 (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 owing 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 hereiare 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)] 	vner of the cable system
	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	

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ounting Period: 2022/1		FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		06299
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCL The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmit scribers and amounts collected from subscribers receiving secondary transmissions	the Copyright Act by adding the fol- to the cable system for the basic ters, the system shall not include sub-	P Special Statemen Concerning Gross Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (villocated in the paper SA1-2 form.	i) of the general instructions	
During the accounting period, did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners?	receipts for secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below	\$	-
Name Name Name Mailing Address		
		n.
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a resu For an explanation of interest assessment, see page (viii) of the general instruction		Q
		Q
	ns located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction	ns located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction	ns located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	x days	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	Ins located in the paper SA1-2 form. x x a x a x a x a x a x a x a x a x a x a x a x a <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	Ins located in the paper SA1-2 form. x x a x a x a x a x a x a x a x a x a x a x a x a <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	ns located in the paper SA1-2 form. x x x x x days x 0.00274 (interest charge) ate.pdf. For further assistance please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	ns located in the paper SA1-2 form. x x x x 	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	ns located in the paper SA1-2 form. x x x x 	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	ns located in the paper SA1-2 form. x x x x 	Q Interest Assessme
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