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 AC	COUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissi Cable Systems (Short For General instructions are locate in the first tab of this workbook	ons by rm) ed	DATE RECEIVED 9/15/2022	AMOUNT AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
		NOV THE STATEMENT. (W		

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.	063135
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3027 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	MCNAUGHTON CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notic	e: Sectio	n 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	CEQUEL COMMUNICATIONS LLC	06313
	Instructions: List each separate community served by the cable system. A "cor	
-	"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 filir	
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area		oblie nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	LAKE TOMAHAWK	WI
Community	(MCNAUGHTON CORR)	
-		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FUI		E. PAGE
Name)6313
Е	SECONDARY TRANSMISSION							.		
	In General: The information in s system, that is, the retransmission									
Secondary	about other services (including p									
Transmission	last day of the accounting period							ing on the		
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call	for the numbe	r of subso	ribers to the cal	ole system	, broken		
scribers and	down by categories of secondar									
Rates	each category by counting the n	•		0,0				charged		
	separately for the particular server Rate: Give the standard rate of							io and the		
	unit in which it is generally billed	-	-	•					۵	
	category, but do not include disc	· ·	,		iy standa		5 within a j		0	
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servio	e that cable		
	systems most commonly provide	e to their subso	ribers. G	ive the numbe	r of subso	ribers and rate	for each lis	ted category	/	
	that applies to your system. Not	t e: Where an in	ndividual	or organizatior	is receiv	ing service that	falls under	different		
	categories, that person or entity						•			
	subscriber who pays extra for ca					in the count un	der "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a					•	,			
	sufficient.	,	5							
	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		v	42.41						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				;					
-	In General: Space F calls for ra					ll your cable sys	tem's serv	ices that we	re	
F	not covered in space E, that is, t									
	service for a single fee. There a	•			•		• • • •			
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually	oilled. If any ra	tes are cr	harged on a vari	able per-pi	ogram basis	ί,	
Secondary	Block 1: Give the standard ra		the cable	system for ea	ch of the	applicable servi	es listed.			
ransmissions:								were not		
ransmissions: Rates	Block 2: List any services that	Lyour cable sy			-		vices in the	e form of a		
		• •	ge was m	ade or establis	shed. List	these other service				
	Block 2: List any services that	separate charg			shed. List	these other server				
	Block 2: List any services tha listed in block 1 and for which a	separate charg	de the ra		shed. List	these other ser		BLOCI	く2	
	Block 2: List any services tha listed in block 1 and for which a	separate chargetion and inclue	de the ra CK 1			these other server		BLOCI DRY OF SEF		RATE
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and inclue BLO	de the ra CK 1 CATEG	e for each.	/ICE					RATE
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa	e for each. DRY OF SERV	/ICE					RATE
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mote	e for each. DRY OF SER\ i on: Non-resi	/ICE					RATE
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mote	DRY OF SER\ DRY OF SER\ tion: Non-resi	/ICE					RATE
	Block 2: List any services tha 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	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mote • Com • Pay	DRY OF SER\ DRY OF SER\ tion: Non-resi	/ICE dential					RATE
	Block 2: List any services tha 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	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mote • Com • Pay • Pay	DRY OF SER\ DRY OF SER\ tion: Non-resi el, hotel mercial cable	/ICE dential					RATI
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	separate charge ption and inclue BLO	CK 1 CATEG Installa • Mote • Com • Pay • Pay • Fire	e for each. DRY OF SER\ cion: Non-resi el, hotel mercial cable cable-add'l cha	/ICE dential					RATE
	Block 2: List any services tha 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	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg	DRY OF SERV DRY OF SERV ion: Non-resi el, hotel mercial cable cable-add'l cha protection	/ICE dential					RATE
	Block 2: List any services tha 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 Installation: Residential • First set • Additional set(s)	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burç Other s	DRY OF SER DRY OF SER ion: Non-resi el, hotel mercial cable cable-add'l cha protection lar protection ervices:	/ICE dential					RATE
	Block 2: List any services tha 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)	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg Other s • Rec	The for each.	/ICE dential					RATI
	Block 2: List any services tha 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 Installation: Residential • First set • Additional set(s)	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installa • Mota • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	The for each.	/ICE dential					RATE
	Block 2: List any services tha 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)	separate charge ption and inclue BLO	de the ra CK 1 CATEG Installar • Mote • Corr • Pay • Fire • Burç Other s • Rec • Disc • Outl	The for each.	/ICE dential					RATI

counting Period:	2022/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		063135
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations s's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. it the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW-1	9	N	WAUSAU, WI
	WFXS-1	55	I	WITTENBERG, WI
	WHRM-1	20	E	WAUSAU, WI
as Necessary	WIRM-1 WJFW-1	12	N	RHINELANDER, WI
	WSAW-1	7	N	WAUSAU, WI
	WOAW-I		N	WAUSAU, WI

LEGAL NAME O								SYSTEM I 0637
	t every radio	station o) arried on a separate and disc enerally receivable by your ca					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried b monitoring, to prmation abourn. dentify the cal state whether the radio sta this by placin Sive the statio	by the sy be rece ut the Co Il sign of the stati tion's sig g a cheo n's loca	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the community with which th	at the system's h e system's FM ar this point, see p ssed by the cable the station is lice	neadend, and itenna, during age (v) of the e system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 111 01 1 111	0,0				0,0		
				·				
				·				
			(
·								
				· · · · · · · · · · · · · · · · · · ·				
		·		·				

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					063135
	SUBSTITUTE CARRIAGE				G			
					-	tion that your		tom corried on -
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· ·		, 0	,		
Carriage:					no gonorar in			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	iod, did you	ir cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision progi	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer is	s "Yes " vou i	must complet	te the prog	Iram
	-	, 10010 010	root of the pu	go blank. Il your anowor k	, you !	nuor compio	io ino prog	lan
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			ate line. Lise abbreviations	wherever n	ossible if the	ir meaning	n ie
	clear. If you need more spa				s wherever p		ii meaning	J 15
				vision program ("substitute	e program") t	hat. durina th	e account	ina
	period, was broadcast by a	distant stat	tion and that y	our cable system substitut	ed for the pr	ogramming o	f another s	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			«» ((N.L. 11			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which th		censed by th	e FCC or	in
	the case of Mexican or Car						o i oo oi,	
				stem carried the substitute			with the m	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes.	Example: a	a program carr	ried by a system from 6:01	:15 p.m. to 6	3:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	a waa aubatitutad far prog	romming that	t vour ovotor	waa ragu	irod
	to delete under FCC rules a			n was substituted for programing period				
	was substituted for program							Jyrann
	effect on October 19, 1976.	• •	,			, and regarde		
								1
						N SUBSTIT		
	SI	JBSTITUT	E PROGRAM		CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						-		
						_		
						_		
						_		
						_		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063135
		003135
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissin (as identified in space E) during the accounting period. For a further explanation of how to compute this amo page (viii) 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.	on 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 \$263, • 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	800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six accounting period is \$52.00.	k-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 \$ 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	
	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) \$ 1,3	19.00
	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)	
	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 \$	15.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inf	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063135
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 on which the cable system carried television broadcast stations and nonbroadcast services	5
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 on 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 herei 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
	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 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	06313
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 s scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	sub- Special Statement
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 transmissio made by satellite carriers to satellite dish owners?	ns
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	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	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	Interest Assessme days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	Interest Assessme days
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 days ase
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 days ase ase
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