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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Systems (Short Form)			<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	08/04/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(F	Period))	
	2022/1 Period 1 = January 1 - June 30 Period	od 2 = July 1 - December 31	
Accounting	Barcode Data Filing Period (optional - see ins	structions)	
Period			
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of ar the subsidiary, not that of the parent corporation.	nother corporation, give the full corporate title of	
Owner	List any other name or names under which the owner conducts the business of the cable s	ystem.	
	If there were different owners during the accounting period, only the owner on the last da statement of account and royalty fee payment covering the entire accounting period.	iy of the accounting period should submit a single	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned b	by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
	318 N 100 East (Number, street, rural route, apartment, or suite number)		
	Kanab UT 84741 (City, town, state, zip)		
С	<b>TRUCTIONS:</b> In line 1, give any business or trade names used to identify the nes already appear in space B. In line 2, give the mailing address of the syste		
System	IDENTIFICATION OF CABLE SYSTEM: Page AZ		
	MAILING ADDRESS OF CABLE SYSTEM:		
	155 5th Ave (Number, street, rural route, apartment, or suite number)		
	Page AZ 86040 (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.

Accounting Period	: 2022/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	South Central Communications	63665
D Area Served	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First		
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							TEM IC
Name	South Central Commun							010	6366
E Secondary Transmission Service: Sub- scribers and Rates	South Central Commun SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar 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	SERVICE: SL pace E should on of television way cable) in sp I (June 30 or D n blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 counts allowed in space E, the	cover all ca and radio b ace F, not ecember 3 ce E call for service. In gs in that ca ndicated— h category 20/mth"). Su for advance e form lists	tegories of se proadcasts by here. All the fa l, as the case the number general, you tegory (the number of service. Ind immarize any payment. the categories	econdary your sys acts you may be of subscr can comp umber of er of sets clude bot y standary s of seco	stem to subscrib state must be th ). ribers to the cab pute the numbe persons or orga receiving servi h the amount of d rate variations andary transmiss	pers. Give nose existi ole system r of subscr anizations ce). f the charg s within a p sion servic	information ing on the , broken ribers in charged ge and the particular rate ee that cable	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be cour ble service to a once again und has rate catego iers of services	nted as a su additional s er "Service pries for sec that includ	ibscriber in ea ets would be to additional condary trans e one or more	ach appli included set(s)." mission s e second	cable category. in the count un service that are ary transmissio	Example: der "Servic different fr ns), list the	a residential ce to the rom those em, together	
	BL	OCK 1					BLOC		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s)		184	54.00	Rasic/S	tandard		184	###
	• FM radio (if separate rate) Motel, hotel		21	54.00 E	Digital Basic/S	tandard		184 21	14.( ###
	Commercial				Digital			21	14.0
	Converter								
	Residential     Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar 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 rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services to re two exceptio or facilities furr hit in which it is rate column. te charged by to t your cable system separate charg	er) informa that are not ns: you do iished to no usually bill he cable sy stem furnish e was mad	tion with resp offered in con not need to gi nsubscribers ed. If any rate stem for each ned or offered e or establish	mbination ive rate in . Rate inf s are cha n of the a during th	n with any secon nformation conc formation should arged on a varia pplicable servic ne accounting p	ndary tran ærning (1) d include b able per-pr es listed. æriod that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	I
	CATEGORY OF SERVICE Continuing Services:	RATE		Y OF SERVI n: Non-resid		RATE	CATEG	ORY OF SERVICE	RATI
	Pay cable		• Motel,		ential				
	• Pay cable—add'l channel		Comm						
	Fire protection		• Pay ca	ble					
	•Burglar protection		• Pay ca	ble-add'l chai	nnel				
	Installation: Residential		• Fire pr						
	• First set		° °	protection					
	Additional set(s)		Other ser						
	<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Recon</li> </ul>	IECI					
	Converter		Diccor	noct					
	Converter		Discon     Outlet	nect relocation					

ccounting Period:	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
	South Central Comm			63665
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 <b>Substitute Basis Stations</b> 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 informatic <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by entu (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	entify every television station (including im during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. So with respect to any distant stations co- ules, regulations, or authorizations: e in space G—but do list it in space I (to a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network prog at(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and also 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 indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктук	3	1	PHOENIX, AZ
	КРНО	5	Ν	PHOENIX, AZ
dd Rows as Necessary	KAET	8	E	PHOENIX, AZ
	KUTP	9	Ν	PHOENIX, AZ
	KSAZ	10	Ν	PHOENIX, AZ
	KPNX	12	Ν	MESA/PHOENIX, AZ
	KASW	13	Ν	PHOENIX, AZ
	KNXV	15	N	PHOENIX, AZ
	KNXVD	455	Ν	PHOENIX, AZ
	КРНОД	460	Ν	PHOENIX, AZ
	KPNXD	465	Ν	MESA/PHOENIX, AZ
	KAETD	470	E	PHOENIX, AZ
	KSAZD	475	Ν	PHOENIX, AZ
	κτνκρ	480	I	PHOENIX, AZ
	KUTPD	485	Ν	PHOENIX, AZ

EGAL NAME O								SYSTEM I 636
	t every radio s	station c	<b>)</b> arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the call tate whether the radio stat this by placing sive the station	y the sy be rece ut the Co I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on feach station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the , the community with which the	at the system's H e system's FM ar this point, see p ssed by the cable the station is lice	neadend, and ntenna, 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	
CALL SIGN		3/0	LUCATION OF STATION	GALL SIGN	AIVI OF FIM	3/D	LOCATION OF STATION	
							·	

Accounting Perio							FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	South Central Commu	nications						63665
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televi	<u>sion</u> prograr	n
Program Log	broadcast by a distant sta	tion?					YES	NO
i rogiani 20g	Note: If your answer is "No,	" leave the	rest of this pag	e blank If your answer is '	'Yes " vou mu	st complete		m
	log in block 2.		root of the pag		roo, you mo	iot complete	s the progra	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst	itute progra	m on a separat		wherever pos	sible, if thei	r meaning is	6
	clear. If you need more spa					ما بين من الم		
	period, was broadcast by a			sion program ("substitute   ur cable system substitute				
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er informatio	n.
	Do not use general categor		vies" or "baske	ball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	"Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the em carried the substitute			with the mo	nth
	first. Example: for May 7 giv		when your syst		Jogram. 03e	numerais,		iiui
	Column 6: State the time	es when the		gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem	was require	ed
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed prog	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
					· ·			-
			E PROGRAM			N SUBST		7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC 6. 1		7. REASON FOR DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Hame	South Central Communications		63665
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.	ission service amount, see	, <b>573.93</b> ss receipts)
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.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00.	this six-mon	
	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 \$137,1	00)	
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: al Communications	SYSTEM ID# 63665
M Channels	to its subscrib 1. Enter the to system carrie 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	23 80
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual at about this statement of account.)	
for Further Information	Name	Monica Croteau Telephone 435-64	44-0246
	Address	318 N 100 East (Number, street, rural route, apartment, or suite number)	
		Kanab UT 84741 (City, town, state, zip)	
	Email	monicac@socen.com Fax (optional) 435-644-2811	
O Certification	I, the undersig     (Ow     (Age     X     (Off     I have examinare true, comp	In (This statement of account must be certified and signed in accordance with Copyright Office regulations) gened, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] $ \underbrace{X} /s/Michael East 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: Michael East$	
		Typed or printed name: Michael East Title: President / CEO (Title of official position held in corporation or partnership)	
		Date: 08/04/2022	

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 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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and it splacement in t 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 lav

unting Period: 2022/1		FORM SA1-2E. PAG
IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
th Central Communications		636
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Cop lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the of service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts	yright Act by adding the fol- cable system for the basic e system shall not include sub- s pursuant to section 119." general instructions	P Special Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?		
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 la		Q
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	A contract of the paper SA1-2 form.	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	x	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         / late.         o the Copyright Office, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ed in the paper SA1-2 form.          x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         \$       -         (interest charge)         For further assistance please         / late.         o the Copyright Office, please	Q Interest Assessme
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