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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

## **SA1-2E** Short Form

Return completed workbook by email to:

## coplicsoa@loc.gov

formation, Copyright Division at: 150

Cable Syste	ems (Short Form)			
	ctions are located of this workbook	01/26/23	\$ ALLOCATION NUMBER	For additional in contact the U.S. Office Licensing Tel: (202) 707-8
Α	ACCOUNTING PERIOD COVER	RED BY THIS STATEMENT:	(YYYY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		20222 Barcode Data Filing Period (opt	ional - see instructions)	
В	Instructions: Give the full legal name of the owne of the subsidiary, not that of the pa		ubsidiary of another corporation, give the full co	prporate title
Owner	If there were different owners durir	r which the owner conducts the business of the accounting period, only the owner ralty fee payment covering the entire acc	on the last day of the accounting period should	
		st filing. If not, enter the system's ID num		62191
	Reedsburg Utility Commission	AILING ADDRESS OF CABLE SYST	EM	
	BUSINESS NAME(S) OF OWNE	ER OF CABLE SYSTEM (IF DIFFERE	ENT)	

DATE RECEIVED

FOR COPYRIGHT OFFICE USE ONLY

.....

Reedsburg, WI 53959

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

AMOUNT

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 suffciency of the fling, a determination that would be made by a court of law.

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

(Number, street, rural route, apartment, or suite number)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

**501 Utility Court** 

City, town, state, zip code)

С

System

1

2

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Reedsburg Utility Commission	621
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora 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 filir	ted communities within unincorporated areas and including single : you list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Reedsburg	WI
Community	Loganville	WI
	Wisconsin Dells	WI
ld Rows as Necessary	Lake Delton	WI
,,	Baraboo	WI
	Spring Green	
	Lyndon Station	WI
	Lime Ridge	WI

	LEGAL NAME OF OWNER OF CA	BLE SYSTEM:						FORM SA1	TEM ID
Name	Reedsburg Utility Comn	nission							6219
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sy system, that is, the retransmission about other services (including period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	SERVICE: SL bace E should in of television ay cable) in sp (June 30 or D blocks in spar transmission umber of billing ce at the rate in harged for eac (Example: "\$2 bounts allowed in space E, the to their subsc where an inc	cover a and ra- ace F, ecember ce E ca service gs in tha ndicate h categ 20/mth" for adva for adva e form I ribers.	all categories of dio broadcasts not here. All the er 31, as the ca ll for the numbe . In general, yo at category (the ed—not the num ory of service. ). Summarize a ance payment. ists the catego Give the numbe or organization	secondary by your sy- e facts you se may be er of subsc u can com number of number of neer of sets Include bo iny standar ries of seco er of subsc n is receivin	stem to subscrib state must be th ). ribers to the cab pute the numbe persons or org. s receiving servit th the amount or d rate variations ondary transmiss ribers and rate fing service that f	pers. Give i hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each list alls under of	nformation ng on the broken ibers in charged e and the articular rate e that cable ted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services	additior er "Ser ories for that in	nal sets would b vice to addition r secondary tra clude one or m	e included al set(s)." nsmission ore second	in the count un service that are lary transmissio	der "Servic different fr ns), list the	e to the om those em, together	
	BLC	DCK 1					BLOCK	ζ2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCRIB	EKS	NATE	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	IVAT
	Service to first set		1,443	31.95	Prime			876	92.9
	Service to additional set(s)		217	6.95	Max			276	104.9
	• FM radio (if separate rate)								
	Motel, hotel		1	145.00					
	Commercial		66	31.95					
	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, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un 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 s brief (two- or three-word) descrip	e (not subscrib nose services t e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you ished t usually he cabl stem fu e was i	ermation with re enot offered in o do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t	n with any seco nformation cond formation should arged on a varia upplicable service he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable		• Mo	otel, hotel		85.00			
	<ul> <li>Pay cable—add'l channel</li> </ul>			mmercial		85.00			
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	• First set	65.00		rglar protection					
	• Additional set(s)			services:					
	• FM radio (if separate rate)			connect		25.00			
	Converter			sconnect					
				itlet relocation					

nting Period:	2022/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Reedsburg Utility Cor	mmission		62191
G Primary nsmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e 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 a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations co- ules, regulations, or authorizations: e in space G—but do list it in space I (t 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	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network program S1(e)(2) and $(4))]$ ; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor- 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. t the community to which the station is	evision stations) me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
			3. TYPE OF STATION	4. LOCATION OF STATION
	WISC-DTV	50	N	MADISON, WI
		27	N M	MADISON, WI
as Necessary	WKOW-R	27.2	<u>N-M</u>	MADISON, WI
	WMTV	15	N	MADISON, WI
	WMSN	47	N	MADISON, WI
	WBUW	57	N	MADISON, WI
	WISC-UPN	50	•	MADISON, WI
	WRPQ	43	<b>I</b>	MADISON, WI
	WHA	21	<b>I</b>	MADISON, WI
	WHA	21.3	N-M	MADISON, WI
	WMSN	47.2	N-M	MADISON, WI
				ก <mark>ความหากที่สาม เป็นสาว เป็น</mark>
	WMSN	47.3	N-M	MADISON, WI
	WMSN WMTV	47.3 15.2	N-M N-M	
				MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI
	WMTV	15.2	N-M	MADISON, WI MADISON, WI

Accounting P	Period: 2022	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
Reedsburg I	Junty Com	missio	n					6219
	t every radio	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the cal tate whether the radio stat this by placing Sive the statio	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain s jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		-				0.17		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	<b> </b>							

	od: 2022/2						FOF	RM SA1-2E. PAGE 5
Nome	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	Reedsburg Utility Com	mission						62191
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, identi	-	-			on that vo	ur cable syst	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	ne paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMENT		RNING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work telev	ision prograi	m
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Notes If your anowar is "No"	' loove the	reat of this near	a blank. If your anowar is "	Vee "veu mu	at complet	-	
	Note: If your answer is "No'	, leave the	rest of this pag	je blank. Il your answer is	res, you mu	ist complet	e the progra	1111
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if the	ir meaning i	e
	clear. If you need more spa						in meaning is	5
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg							
	Do not use general categori "NBA Basketball: 76ers vs.		vies of baske	toali. List specific program		ampie, i Lo	ove Lucy of	
	_		dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			e FCC or, in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the s tem carried the substitute p	station is iden	tified).	with the mo	nth
	first. Example: for May 7 giv		when you sys		biogram. Use	numerais,		1101
			substitute pro	gram was carried by your o	able system.	List the tir	nes accurate	ely
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							Idili
	effect on October 19, 1976.							
					[]			1
				1				7 REASON FOR
			E PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		

Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Reedsburg Utility Commission			S	62191
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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 from subscribers for secondary transmission for secondary for the secondary for the second form.	ystem's s on of how	econdary trans to compute this	mission servi s amount, see \$ 43	се
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	han \$527,600	\$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 accounting period is \$52.00				
	Line 1. Royalty fee for accounting period         Line 2. Interest charge.         Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	6	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	6	433,550.00		
	2. Base amount under statutory formula	6	263,800.00		
	3. Subtract line 2 from line 1	6	169,750.00		
	4. Multiply line 3 by .01		\$	1,697.50	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots$		\$	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	5, and 6 .		\$	3,016.50
	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)		\$	3,016.50	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,036.50
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Jtility Commission	SYSTEM ID# 62191
M Channels	<ul><li>to its subscribe</li><li>1. Enter the to system carrie</li><li>2. Enter the to on which the</li></ul>	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. total number of channels on which the cable ed television broadcast stations	14 210
N Individual to		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
Be Contacted for Further Information	Name	Roxi Hacker Telephone 320-	848-6641
	Address	130 Birch Ave W (Number, street, rural route, apartment, or suite number)	
		Hector, MN 55342 (City, town, state, zip)	
	Email	roxih@interstatetelcom.com Fax (optional)	
O Certification	• I, the undersig	<b>DN</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	• I have examin	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th in line 1 of space B. ned 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)]           X         /s/ Brett H. Schuppner	
		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: Brett Schuppner	
		Typed or printed name: Brett Schuppner Title: General Manager (Title of official position held in corporation or partnership)	
		Date: January 25, 2023	

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 the 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 telephoin 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 its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2022/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
dsburg Utility Commission	621
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemen Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	
X       x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2       Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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