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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

OFFICE USE ONLY	emai
AMOUNT	conti
\$	For a conta
ALLOCATION NUMBER	Tel: (
	\$

Return completed workbook by email to:

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Diffice Licensing Division at: Fel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20222 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
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.	62642
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		The Conneaut Telephone Co	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		GreatWave Communications	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		224 State Street, PO Box 579	
		(Number, street, rural route, apartment, or suite number)	
		Conneaut, OH 44030-2637 (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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the system of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	CableSuite 541, Inc	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	1	$\mathbf{p} \cdot \mathbf{v} = \mathbf{v} + \mathbf{r} + \mathbf{T}$	
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	

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 Offce'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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name		62642
	The Conneaut Telephone Co Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo	ommunity" is the same as a "community unit" as defined in FCC rules:
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the known as the "first community." Please use it as the first community on all f	at you list will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
	CITY OR TOWN	STATE
First Community	Conneaut Kingsville	ОН
community	North Kingsville Village	ОН
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM ID
Name	The Conneaut Telephor						010	6264
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission 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	SERVICE: SL pace E should on of television vay cable) in sp I (June 30 or D n blocks in spar y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2	cover all categori and radio broadc ace F, not here. A ecember 31, as th ce E call for the no service. In genera s in that category ndicated—not the h category of serv 20/mth"). Summar	es of secondary asts by your sys all the facts you s e case may be) umber of subscri l, you can comp (the number of number of sets rice. Include both ize any standard	tem to subscrib state must be the bers to the cab ute the number persons or orga receiving servion the amount of	ers. Give i nose existin le system, of subscr anizations ce). f the charg	nformation ng on the broken ibers in charged e and the	
	category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	in space E, the to their subsc where an ind should be cour able service to a proce again und has rate catego iers of services	e form lists the ca ribers. Give the m dividual or organiz nted as a subscrib additional sets wo er "Service to add pries for secondar that include one	tegories of secol umber of subscri cation is receivin er in each applid uld be included i itional set(s)." y transmission s or more seconda	bers and rate for g service that fa cable category. n the count und ervice that are ary transmission	or each list alls under o Example: der "Servic different fr ns), list the	ted category different a residential e to the om those em, together	
	BLO	OCK 1	1			BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential: • Service to first set		317 121	.90 Essentia	al		25	46.9
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>							
	Motel, hotel							
	Commercial							
	Converter     Residential							
	Non-residential							
<b>F</b> 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 syst separate charg	per) information with that are not offerens: you do not ne- nished to nonsubs usually billed. If a he cable system f stem furnished or e was made or es	th respect to all d in combination ed to give rate in cribers. Rate info ny rates are cha or each of the ap offered during the stablished. List the	with any secor formation conc ormation should rged on a varia oplicable service e accounting p	ndary trans erning (1) d include b ble per-pro es listed. eriod that	smission services oth the ogram basis, were not	
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:     Pay cable		Installation: Nor • Motel, hotel	1-residential		Expand	led	###
	Pay cable—add'l channel		Commercial			НВО	.04	19.
	Fire protection		• Pay cable			Showti	me	15.
	•Burglar protection		• Pay cable-ad	d'I channel		Starz!		15.0
	Installation: Residential		<ul> <li>Fire protectio</li> </ul>			Cinema		14.0
	• First set		• Burglar prote	ction		Platinu	m	50.
	<ul> <li>Additional set(s)</li> </ul>		Other services:					
			· Decomment	1				
	• FM radio (if separate rate)		Reconnect     Disconnect					
			<ul> <li>Reconnect</li> <li>Disconnect</li> <li>Outlet relocation</li> </ul>	ion				

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
	The Conneaut Teleph PRIMARY TRANSMITTERS:			6
G Primary ransmitters: 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 her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1</b> : List each statio 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 ente (for independent multicast) For the meaning of these to <b>Column 4</b> : Give the location	also in space I, if the station was carried 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	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su be Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each or 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
	WKYC-DT	3.1	N	CLEVELAND, OH
	WKYC-DT2	3.2	N-M	CLEVELAND, OH
Rows as Necessary	WKYC-DT3	3.3	N-M	CLEVELAND, OH
· · · · · · · · · · · · ·	WEWS-DT	5.1	Ν	CLEVELAND, OH
	WEWS-DT2	5.2	N-M	CLEVELAND, OH
	WJW-DT	8.1	Ν	CLEVELAND, OH
	WJW-DT2	8.2	N-M	CLEVELAND, OH
	WJW-DT3	8.3	N-M	CLEVELAND, OH
	WJW-DT4	8.4	N-M	CLEVELAND, OH
	WICU-DT	12.1	Ν	ERIE, PA
	WICU-DT3	12.3	N-M	ERIE, PA
	WOIO-DT	19.1	Ν	SHAKER HEIGHTS, OH
	WOIO-DT2	19.2	N-M	SHAKER HEIGHTS, OH
	WVIZ-DT	25.1	E	CLEVELAND, OH
	WVIZ-DT2	25.2	E-M	CLEVELAND, OH
	WVIZ-DT3	25.3	E-M	CLEVELAND, OH
	WVIZ-DT4	25.4	E-M	CLEVELAND, OH
	WSEE-DT	35.1	N	ERIE, PA
		35.2	N-M	ERIE, PA
	WSEE-DT2		NI 84	
	WSEE-DT2 WSEE-DT4	35.4	N-M	ERIE, PA
		35.4 43.1	N-M N	CLEVELAND, OH
	WSEE-DT4			
	WSEE-DT4 WUAB-DT	43.1	N	CLEVELAND, OH

counting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Hame	The Conneaut Telepho	one Co		6264
-	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	m during the accounting period, excep	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e		the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station	
Television	Substitute Basis Stations:	: With respect to any distant stations c	carried by your cable system on a subs	stitute program
			the Special Statement and Program Lo	og)—if the
	• List the station here, and a	also in space I, if the station was carrie	ed both on a substitute basis and also s, see page (v) of the general instructio	
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	program services such as HBO, ESPN	N, etc. Identify each
	multicast stream associated "WETA-2" as the same on the	0	ne-air designation. For example, repor	t multistream
			levision station for broadcasting over th	ne air in its community
	of license. For example, WF	RC is channel 4 in Washington, D.C.	, i i i i i i i i i i i i i i i i i i i	·
			k station, an independent station, or a r	
			' (for network multicast), "I" (for indeper or "E-M" (for noncommercial education	
		erms, see page (iv) of the general instr		hai multicast).
			st the community to which the station is	s licensed by the
	FCC. For Mexican or Canac	lian stations, if any, give the name of	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBNX-DT2	55.2	N-M	CLEVELAND, OH

EGAL NAME O								SYSTEM I 626
	t every radio	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 inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried b monitoring, to formation about mm. dentify the cal State whether f the radio sta this by placin Give the statio	by the sy be rece ut the C Il sign of the stati tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces 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 used by the cable the station is lice	neadend, and ntenna, during page (v) of the e system as a insed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
0.411.01011						0 (P		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NYBL	FM		Ashtabula, OH					
	·							
		+						
		+						
		1						
							l	

Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	The Conneaut Telepho	ne Co						62642
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion that you	ır cahle syste	m carried on a
•	substitute basis during the ad							
Substitute	explanation of the programm	ng that mus	t be included in	this log, see page (v) of th	e general instr	uctions in th	e paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	<u>sion</u> program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	ion?					YES	XNO
Frogram Log	<b>Note:</b> If your answer is "No"	loovo tho	root of this nos	o blonk. If your onowor in	"Voo " vou mi		-	-
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	e the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			e line. Use abbreviations	wherever pos	sible if thei	r meaning is	
	clear. If you need more space							
	Column 1: Give the title							
	period, was broadcast by a							
	under certain FCC rules, req Do not use general categori							1.
	"NBA Basketball: 76ers vs.					umpio, i <u>L</u> o		
	Column 2: If the program							
	Column 3: Give the call s					need by the	FCC or in	
	<b>Column 4:</b> Give the broat the case of Mexican or Can						FCC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	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	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the	e listed progra	
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S					IAGE OCC		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	<u> </u>	
							_	
			T					
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			+		-			
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Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	The Conneaut Telephone Co		62642
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 transmi (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.	ssion service mount, see	<b>9,933.20</b> pss 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 \$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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his six-mon	
	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 lines 1 and 2		
	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 \$ 13,866.80		
		49,933.20	
		13,866.80	
	6. Subtract line 5 from line 4	36,066.40	
	7. Multiply line 6 by .005 (enter figure here)	\$	1,180.33
	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	\$	1,180.33
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of groop requirts from anona K		
	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	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)	1,180.33	
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	\$	1,200.33
	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:	2022/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ut Telephone Co	SYSTEM ID# 62642
M Channels	to its subscrib 1. Enter the to system carri 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. otal number of channels on which the cable ed television broadcast stations	28 159
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Deanna Brown Telephone 440	)-593-7138
	Address	224 State Street, PO Box 579         (Number, street, rural route, apartment, or suite number)         Conneaut, OH 44030-2637         (City, town, state, zip)         dbrown@greatwavecom.com         Fax (optional)	
O Certification	(Ow (Age X (Of • I have examinare true, comp	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) mer 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 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 i 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)] X /s/ Deanna Brown	
		Figure 1/s) Dealing Drown         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:       Deanna Brown         Title:       Chief Financial Officer         (Title of official position held in corporation or partnership)	
		Date: February 24, 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 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 its placement 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 law

unting Period: 2022/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Conneaut Telephone Co	626
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."	P Special Statemer Concerning Gros
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
	Interest Assessm
	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	
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