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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	uctions are located of this workbook	2/27/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	′YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202	22 Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title of
Owner	List any other name or names under wh	ich the owner conducts the business of th	ne cable system.	
	_	e accounting period, only the owner on the owner on the owner on the owner on the ontire accounting periods and the owner of the owner of the owner of the owner own	he last day of the accounting period should su riod.	bmit a single
	Check here if this is the system's first fil	ing. If not, enter the system's ID number a	assigned by the Licensing Division.	63661
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		
	Scott Telecom & Electronics Inc.			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT))	
	MAILING ADDRESS OF OWNER C	F CABLE SYSTEM		
	149 Woodland St., P.O. B (Number, street, rural route, apartment, or suit			
	Gate City, VA 24251 (City, town, state, zip)	,		
С	INSTRUCTIONS: In line 1, give any bus			
System	names already appear in space B. In lin		e system, if different from the address	s given in space B.
System	1			
	MAILING ADDRESS OF CABLE SYST	EM:		
	2 (Number, street, rural route, apartment, or suit	e number)		
	(City, town, state, zip code)			

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 sufficiency of the fling, 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	Scott Telecom & Electronics Inc.	63661
	Instructions: List each separate community served by the cable system. A "communit	
D	separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Gate City	VA
Community	Weber City	VA
	Hiltons	VA
Add Rows as Necessary	Yuma	VA
	Daniel Boone	VA
	Duffield	VA
	Nickelsville	VA
	Dungannon	VA
	Sandy Ridge	VA

	LEGAL NAME OF OWNER OF CA	BIE SVSTEM							TEM ID
Name	Scott Telecom & Electro							010	6366
Е	SECONDARY TRANSMISSION						amilaa af th		
-	In General: The information in sp system, that is, the retransmission			-	-				
Secondary	about other services (including pa								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ce at the rate i	ndicated	-not the num	per of sets	receiving serv	ce).	-	
	Rate: Give the standard rate ch	-	-				-		
	unit in which it is generally billed. category, but do not include disc				y standaro	d rate variations	within a p	articular rate	
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide			-					
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for cal first set" and would be counted o					in the count une	ler Servic	e to the	
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-ha	nd block. A tw	o- or three	-word description	on of the se	ervice is	
	sufficient. BLC	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		2 6 2 7	40.05					
	Service to first set		3,627	18.95					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								+
	Converter			•••••					+
	Residential								
	Non-residential								<u>+</u>
	SERVICES OTHER THAN SECO								
F	In General: Space F calls for rate								
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of	•					0 ()		
Other Than	amount of the charge and the un		usually b	oilled. If any rat	es are cha	arged on a varia	ble per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the i Block 1: Give the standard rate		ne cable	system for ear	h of the a	nnlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				-	÷ ·			
	brief (two- or three-word) description	tion and includ	e the rate	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER\	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential			_	
	• Pay cable			el, hotel				inemax	35.0
	• Pay cable—add'l channel			nmercial			Starz/E		15.0
	Fire protection			cable				me/TMC	15.0
	•Burglar protection			cable-add'l ch	annel		Digital	Package	59.8
	Installation: Residential	400.00		protection					
	First set	100.00	-	glar protection					
	Additional set(s) EM radio (if separate rate)			ervices:		75.00			<u> </u>
	 FM radio (if separate rate) Converter 			onnect		75.00			
	Conventer			onnect et relocation					
				e to new addre	220				

	2022/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	Scott Telecom & Elect			636
	PRIMARY TRANSMITTERS:			
G	carried by your cable system FCC rules and regulations in	tify every television station (including tra during the accounting period, <i>except</i> (1 effect on June 24, 1981, permitting the) stations carried only on a part-til carriage of certain network progra	me basis under ams [sections
Primary ransmitters: Television	substitute program basis, as Substitute Basis Stations:	(2) and (4), or 76.63 (referring to 76.61(explained in the next paragraph. With respect to any distant stations carr		
		es, regulations, or authorizations: in space G—but do list it in space I (the substitute basis.	Special Statement and Program I	_og)—if the
	basis. For further information Column 1: List each station'	so in space I, if the station was carried b concerning substitute basis stations, se s call sign. <i>Do not</i> report origination pro	e page (v) of the general instructi gram services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on th	with a station according to its over-the-a e form. number the FCC assigned to the televis		
	Column 3: Indicate in each of educational station, by enteri (for independent multicast), " For the meaning of these ten Column 4: Give the location	C is channel 4 in Washington, D.C. case whether the station is a network stand ing the letter "N" (for network), "N-M" (for E" (for noncommercial educational), or " ns, see page (iv) of the general instruct of each station. For U.S. stations, list the an stations, if any, give the name of the	r network multicast), "I" (for indepe E-M" (for noncommercial education ons in the paper SA1-2 form. The community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WETP-HD-PBS	24.3	E	SNEEDVILLE, TN
	WETP-CREATE	24.5	E-M	SNEEDVILLE, TN
Rows as Necessary	WLFG-DT-RELIG-LFT	14.1	I	GRUNDY, VA
	WLFG-DECADES	14.1	I-M	GRUNDY, VA
	WCYB-DT-NBC	35.3	N	BRISTOL, VA
	WCYB-CW-HD	35.4	N-M	
				BRISTOL, VA
		28.3		BRISTOL, VA GREENEVILLE. TN
	WEMT-DT-FOX	28.3	N	GREENEVILLE, TN
	WEMT-DT-FOX WJHL-HD-CBS	9.1	N N	GREENEVILLE, TN JOHNSON CITY, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC	9.1 9.2	N	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI	9.1 9.2 32.3	N N N I	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV	9.1 9.2 32.3 32.4	N N I I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV WKPT-LAFF	9.1 9.2 32.3 32.4 32.5	N N I I-M I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV WKPT-LAFF WKPT-IONMYST	9.1 9.2 32.3 32.4 32.5 32.6	N N I I-M I-M I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV WKPT-LAFF WKPT-IONMYST WKPZ-CDGRIT	9.1 9.2 32.3 32.4 32.5 32.6 19.4	N N N I I-M I-M I-M I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV WKPT-LAFF WKPT-IONMYST	9.1 9.2 32.3 32.4 32.5 32.6	N N I I-M I-M I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV WKPT-LAFF WKPT-IONMYST WKPZ-CDGRIT	9.1 9.2 32.3 32.4 32.5 32.6 19.4	N N N I I-M I-M I-M I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV WKPT-LAFF WKPT-IONMYST WKPZ-CDGRIT	9.1 9.2 32.3 32.4 32.5 32.6 19.4	N N N I I-M I-M I-M I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN
	WEMT-DT-FOX WJHL-HD-CBS WJHL-D2-ABC WKPT-COZI WKPT-METV WKPT-LAFF WKPT-IONMYST WKPZ-CDGRIT	9.1 9.2 32.3 32.4 32.5 32.6 19.4	N N N I I-M I-M I-M I-M	GREENEVILLE, TN JOHNSON CITY, TN JOHNSON CITY, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN KINGSPORT, TN

Accounting P	eriod: 2022/	2					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
Scott Teleco	om & Electr	onics I	nc.					6366
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1 : Id Column 2 : S Column 3 : If	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati	y the sys be recein t the Co sign of e he statio on's sign	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process c mark in the "S/D" column.	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge	it can b rtain sta neral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	live the station	i's locatio	the community with which the			cor, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	<u> </u>	h	+					

Accounting Perio						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Scott Telecom & Elect	ronics Inc	C.				63661
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G		
	In General: In space I, identi						
Substitute	substitute basis during the ac explanation of the programm						
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute ba	sis, any nonne	twork television progra	ım
Statement and Program Log	broadcast by a distant stat	tion?				YES	×NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	s "Yes," you mu	_	_
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				s wherever pos	sible, if their meaning	is
	clear. If you need more spa Column 1: Give the title				program") the	t during the accountin	a
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific progra	am titles, for ex	ample, "I Love Lucy" o	r
	"NBA Basketball: 76ers vs. Column 2: If the program	n was broad					
	Column 3: Give the call						
	Column 4: Give the broat the case of Mexican or Can						1
	Column 5: Give the mor						onth
	first. Example: for May 7 giv		when your byb		program. ooc		Shah
	Column 6: State the time		e substitute pro	gram was carried by you	r cable system	. List the times accurat	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	1:15 p.m. to 6:2	8:30 p.m. should be	-
	stated as "6:00–6:30 p.m."	"D" : (()					
	Column 7: Enter the letter to delete under FCC rules a						
	was substituted for program						gram
	effect on October 19, 1976.						
	,				11		
	s	UBSTITUT	E PROGRAM	I		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
		+				_	
		 				_	
						_	
						_	
		L					
		L					
		L					
		L					

Accounting Period:	2022/2		FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Scott Telecom & Electronics Inc.		SYSTEM ID# 63661
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary transmi how to compute this a	ssion service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600	63,800
	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay for th	is six-month
	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	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	0 (but less than \$527	,600)
	1. Enter the amount of gross receipts from space K	524,899.44	
	2. Base amount under statutory formula	263,800.00	
	3. Subtract line 2 from line 1	261,099.44	
	4. Multiply line 3 by .01	\$	2,610.99
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots \ldots$	\$	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, a	and 6	\$ 3,929.99
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,929.99
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 3,949.99
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: & Electronics Inc.			SYSTEM ID# 63661
M Channels	to its subscribe	rs, and (2) the cable system's al number of channels on whi	total number of activated channe	Γ	13
	on which the	al number of activated channer cable system carried televisi dcast services	on broadcast stations		273
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED unt.)	(Identify an individual to whom	
for Further Information	Name	Roger Fraysier		Telephone 2	76-452-7364
	Address	149 Woodland St., P (Number, street, rural route, apar Gate City, VA 24251 (City, town, state, zip)			
	Email	rfraysier@sctc	org	Fax (optional	
	CERTIFICATION	(This statement of account m	ust be certified and signed in acco	ordance with Copyright Office regulations)	
O Certification	• I, the undersigned	ed, hereby certify that (Check c	ne, <i>but only one</i> , of the boxes.)		
	(Owne	er other than corporation or	partnership) I am the owner of the	cable system as identified in line 1 of space B; o	or
	(Agen		ation or partnership) I am the duly ne owner is not a corporation or part	authorized agent of the owner of the cable system thership; or	tem as identified
	X (Offic	cer or partner) I am an officer in line 1 of space B.	(if a corporation) or a partner (if a pa	artnership) of the legal entity identified as owner	of the cable system
		ete, and correct to the best of n	hereby declare under penalty of law y knowledge, information, and belie	ν that all statements of fact contained herein f, and are made in good faith.	
	I		X /s/ Roger Fraysie	r	
			Enter an electronic signature on th Enter signature using an "/s/ signal	e line above to certify this statement. ture" (e.g., /s/ John Smith)	
		Typed or printe	d name: Roger Fraysier		
		Title:	Operations Manager itle of official position held in corporation	or partnership)	
		Date:		February 27, 2023	

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unting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
tt Telecom & Electronics Inc.	6366
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 subscribers 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. 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	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
	Q Interest Assessmen
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	
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	•
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	•
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	
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	•

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