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.

8/29/23

## SA1-2E Short Form

 FOR COPYRIGHT OFFICE USE ONLY
 Return completed workbook by email to:

 DATE RECEIVED
 AMOUNT

 \$
 For additional information,

ALLOCATION NUMBER

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

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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

4

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		yondoo Broadband LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 22467 (Number, street, rural route, apartment, or suite number)
		Baltimore MD 21203 (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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		yondoo SCTC MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 22467
		(Number, street, rural route, apartment, or sulte number) Baltimore MD 21203 (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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	yondoo Broadband LLC	63637
D Area	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Served	city.	
_	CITY OR TOWN	STATE OR
First Community	Stayton Lyons	OR
,	Sublimity	OR
d Rows as Necessary	Costinity	
a nons as necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							A1-2E. PA STEM
Name	vondoo Broadband LLC							0.	63
E	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	SERVICE: SUB pace E should c on of television a	over all ca nd radio b	ntegories of proadcasts	secondary by your sys	stem to subscrib	oers. Give i	nformation	
Secondary Transmission Service: Sub-	about other services (including p last day of the accounting period <b>Number of Subscribers:</b> Both	l (June 30 or Deo n blocks in space	cember 31 E call for	l, as the ca the numbe	se may be) er of subsci	). ribers to the cat	ole system,	broken	
scribers and Rates	down by categories of secondary each category by counting the nu separately for the particular serv <b>Rate:</b> Give the standard rate c unit in which it is generally billed. category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide	umber of billings ice at the rate in harged for each (Example: "\$20 ounts allowed fo in space E, the e to their subscril	in that ca dicated—i category /mth"). Su r advance form lists pers. Give	tegory (the not the num of service. mmarize a payment. the categor the numbe	number of nber of sets Include bot ny standard ries of seco er of subsc	persons or orga receiving servi h the amount o d rate variations ondary transmis ribers and rate t	anizations o ice). f the chargo s within a pa sion servico for each list	charged e and the articular rate e that cable ted category	
	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 I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be counter able service to ac proce again under has rate categor iers of services t and rates, in the	ed as a su Iditional so "Service les for sec hat includ	ibscriber in ets would b to additiona condary trai e one or m	each appli le included al set(s)." nsmission s ore second	cable category. in the count un service that are ary transmissio	Example: der "Servic different fro ns), list the on of the se	a residential e to the om those em, together ervice is	
	BLO	OCK 1 NO. OF					BLOC	K2 NO.OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential: • Service to first set		33	91.95	Starter				5 26
	Service to additional set(s)     FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential     Non-residential								
F Services Other Than Secondary ransmissions: 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 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	te (not subscribe hose services th re two exceptions or facilities furnis nit in which it is u rate column. te charged by the support cable syste separate charge otion and include	r) informa at are not s: you do n shed to no sually bille e cable sy em furnish was mad the rate f	tion with re offered in of not need to nsubscribe ed. If any ra stem for ea ned or offer e or establi	spect to all combination give rate in ers. Rate in ites are cha ach of the a ed during th	n with any secon nformation conc formation shoul arged on a varia pplicable servic ne accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that v	smission services oth the ogram basis, were not form of a	
	CATEGORY OF SERVICE	BLOC RATE		RY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVIC	E RA
	Continuing Services:			n: Non-res			UNITED.		- 100
	• Pay cable		• Motel,	hotel					
	• Pay cable—add'l channel		• Comm	ercial					
	Fire protection		• Pay ca						
	I Duralar protoction			ble-add'l cl	nannel				
	•Burglar protection			- 4 4:					
	Installation: Residential		•	otection r protection	1				
	Installation: Residential <ul> <li>First set</li> </ul>		• Burgla	r protection	I				
	Installation: Residential		•	r protection <b>vices:</b>	l				
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>		• Burgla • Burgla	r protection <b>vices:</b> nect	I				·····

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYST
	yondoo Broadband L	LLC		
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: levision	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 informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chanr 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	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination prog ed with a station according to its over-the-ai	) stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain sta ied by your cable system on a sub Special Statement and Program I oth on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a network multicast), "I" (for indep 'E-M" (for noncommercial educati ions in the paper SA1-2 form. e community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	N	Portland, OR
	KOIN	6	Ν	Portland, OR
vs as Necessary	KRCW	32	N	Portland, OR
	KPTV	12	N	Beaverton, OR
	KGW	8	N	Portland, OR
	КОРВ	10	E	Portland, OR
	KUNP	16	N	Portland, OR
	KPXG	5	N	Salem, OR
	KPXG KPDX	5 13	N N-M	Salem, OR Beaverton, OR
	KPDX	13	N-M	Beaverton, OR
	KPDX KATU	13 4	N-M N	Beaverton, OR Portland, OR
	KPDX KATU KRCW	13 4 7	N-M N N	Beaverton, OR Portland, OR Salem, OR
	KPDX KATU KRCW KPDX	13 4 7 49.3	N-M N N N-M	Beaverton, OR Portland, OR Salem, OR Portland, OR
	KPDX KATU KRCW KPDX KATU	13 4 7 49.3 2.3	N-M N N N-M N	Beaverton, OR Portland, OR Salem, OR Portland, OR Portland, OR Portland, OR
	KPDX KATU KRCW KPDX KATU KOIN	13       4       7       49.3       2.3       6.3       49.4	N-M N N N-M N N N-M	Beaverton, OR Portland, OR Salem, OR Portland, OR Portland, OR Portland, OR Portland, OR
	KPDX KATU KRCW KPDX KATU KOIN KDPX	13       4       7       49.3       2.3       6.3	N-M N N N-M N N	Beaverton, OR Portland, OR Salem, OR Portland, OR Portland, OR Portland, OR
	KPDX KATU KRCW KPDX KATU KOIN KDPX KOIN	13       4       7       49.3       2.3       6.3       49.4       6.2	N-M N N N-M N N N N-M N	Beaverton, OR Portland, OR Salem, OR Portland, OR Portland, OR Portland, OR Portland, OR Portland, OR Portland, OR
	KPDX KATU KRCW KPDX KATU KOIN KDPX KOIN	13       4       7       49.3       2.3       6.3       49.4       6.2	N-M N N N-M N N N N-M N	Beaverton, OR Portland, OR Salem, OR Portland, OR Portland, OR Portland, OR Portland, OR Portland, OR Portland, OR

Accounting F							FORM	I SA1-2E. PAGE
LEGAL NAME O <b>Yondoo Bro</b>			/STEM:					SYSTEM ID 6363
Jenace Bre								0303
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed infi paper SA1-2 fo Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be recei t the Co sign of e he statio ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright 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 page ed by the cable s ne station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. 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	
5. 22 01011		5,0				5,0		
	<b> </b>							

	d: 2023/1						FORM	M SA1-2E. PAGE 5.
NI	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	yondoo Broadband LL	C						63637
	SUBSTITUTE CARRIAGE							
- I	In General: In space I, identi	-	-		a distant stati	on that your o	able evetor	n carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable system	n carry, on a substitute bas	sis, any nonne	etwork televisi	on progra	m
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO
r rogram Log	Note: If your answer is "No		rost of this no	no blank. If your answor is	"Voc " vou m			-
		, leave the	rest of this pa	ge blattk. It your allswer is	res, you m	usi complete	the progra	4111
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	wherever po	ssible. if their	meaning i	S
	clear. If you need more spa	ce, please	add additional	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "baske	etball." List specific program	m titles, for ex	kample, "I Lov	e Lucy" or	r
	"NBA Basketball: 76ers vs.						-	
				r "Yes." Otherwise enter "I asting the substitute progra				
				he community to which the		ensed by the I	FCC or. in	
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is ide	ntified).		
	Column 5: Give the mor first. Example: for May 7 gives the first of th		when your sys	tem carried the substitute	program. Us	e numerals, w	ith the mo	onth
			e substitute pro	gram was carried by your	cable system	. List the time	s accurate	elv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."		1					1
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							,
	effect on October 19, 1976							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM			N SUBSTITU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCUF	RRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	

Accounting Period:	<b>2023/1</b> FORM SA1-2E. P.	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
	yondoo Broadband LLC 63	3637
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.0	00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0
	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 \$ 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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 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 \$ 67.0	00
	EFT Trace # or TRANSACTION ID #	
	<u>Important</u> : Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2023/1		FORM SA	1-2E. PAGE 7
Name	LEGAL NAME OF yondoo Broa	DWNER OF CABLE SYSTEM: band LLC	S	YSTEM ID# 63637
<b>M</b> Channels	<ul><li>to its subscrib</li><li>1. Enter the to system can</li><li>2. Enter the to on which th</li></ul>	You must give (1) the number of channels on which the cal rs, and (2) the cable system's total number of activated ch al number of channels on which the cable ed television broadcast stations	annels during the accounting period.	
N Individual to		O BE CONTACTED IF FURTHER INFORMATION IS NEE about this statement of account.)	DED (Identify an individual to whom	
Be Contacted for Further Information	Name	Robert Steffen	Telephone 410-727-8250 ext 121	
	Address	PO Box 22467 (Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)		
	Email		Fax (optional	
O Certification	• I, the undersig	(This statement of account must be certified and signed in ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of		
	X (Off • I have examine are true, comp	in line 1 of space B and that the owner is not a corporation or	a partnership) of the legal entity identified as owner of the cable system f law that all statements of fact contained herein	
		-	on the line above to certify this statement. signature" (e.g., /s/ John Smith) en nance	

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 fling, a determination that would be made by a court of law.

unting Period: 2023/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
doo Broadband LLC	636
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 Statemen 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	
	•••••
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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