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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
	ctions are located of this workbook	8/23/23	\$ 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))	

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)
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
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite 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.

Accounting Period	2023/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	TDS Broadband Service LLC	8340
D Area Served	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
	CITY OR TOWN	STATE
First	Socorro	NM
Community		
Add Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF C	ABLE SVSTEM							1-2E. PAG
Name								510	834
	TDS Broadband Service	e LLC							00
-	SECONDARY TRANSMISSION	I SERVICE: SU	BSCRIBE	RS AND RA	TES				
E	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including preservices)								
Transmission	last day of the accounting period	• • •			•			ig on the	
Service: Sub-	Number of Subscribers: Bot						ole system,	broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of					•	,	e and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed	or advance	e payment.					
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	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, 1	-		•					
	with the number of subscribers a								
	sufficient.	,,							
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCIUD			UAN		(VICL	SUBSCIUDEINS	
	Service to first set		93	25.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		4 3	2.65/mo.					
	Commercial								
	Converter								
	Residential		70 :	\$3.50/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t								
-	service for a single fee. There a								
Services	furnished at cost or (2) services	or facilities furr	ished to no	onsubscribe	rs. Rate in	formation shoul	d include bo	oth the	
Other Than	amount of the charge and the ur		usually bill	ed. If any ra	tes are cha	arged on a varia	able per-pro	gram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		ne cable sv	stem for ea	ch of the a	nnlicable servic	es listed		
Rates	Block 2: List any services that	• •				••		vere not	
	listed in block 1 and for which a				shed. List t	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	ption and incluc	e the rate t	or each.					
		BLO	CK 1					BLOCK 2	
		RATE	CATEGOR	RY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE		Installatio	n: Non-res	idential				
	Continuing Services:								
	Continuing Services: • Pay cable	7.40-19.99	• Motel,						
	Continuing Services: • Pay cable • Pay cable—add'l channel	7.40-19.99	• Comm	ercial		\$0 - \$99.95			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	7.40-19.99	• Comm • Pay ca	ercial ıble		\$0 - \$99.95			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	7.40-19.99	• Comm • Pay ca • Pay ca	ercial ıble ıble-add'l cł	nannel	\$0 - \$99.95			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Comm • Pay ca • Pay ca • Fire pr	ercial Ible Ible-add'l cł otection		\$0 - \$99.95			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	\$0 - \$50	• Comm • Pay ca • Pay ca • Fire pr • Burgla	ercial Ible Ible-add'l ch otection r protection		\$0 - \$99.95			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	ercial Ible Ible-add'l ch otection r protection vices:					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$0 - \$50	• Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon	ercial Ible-add'l ch otection r protection vices: nect		\$0 - \$99.95 			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	\$0 - \$50	• Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	ercial Ible-add'l ch otection r protection vices: nect					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv			8
	PRIMARY TRANSMITTERS:			
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 Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- stions in the paper SA1-2 form. he community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KOAT	7.1	N	Albuquerque, NM
	KRQE	13.1	Ν	Albuquerque, NM
Rows as Necessary	KRQE-DT2	13.2	N-M	Albuquerque, NM
,	KOBR	8.1	Ν	Roswell, NM
	KLUZ	14.1	I	Albuquerque, NM
	KASA	2.1	I	Santa Fe, NM
	KNME	5.1	E	Albuquerque, NM
	KCHF	11.1	I	Albuquerque, NM
	-			
	KNAT	23.1	1	Albuquerque. NM
	KNAT	23.1	I	Albuquerque, NM
	KNAT	23.1	I	Albuquerque, NM
		23.1	I	Albuquerque, NM
		23.1	I	Albuquerque, NM
		23.1	I	Albuquerque, NM
		23.1	I	Albuquerque, NM
		23.1	I	Albuquerque, NM
		23.1		Albuquerque, NM
				Albuquerque, NM

0	: 2023/1			
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEN
Name	TDS Broadband Serv	ice LLC		8
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including	· · · · · ·	,
G		m during the accounting period, excep		
Primary		in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6		
ransmitters:		is explained in the next paragraph.	S(e)(z) and $(4))], and (z) certain station$	ons carried on a
Television		: With respect to any distant stations of	arried by your cable system on a sub	stitute program
		ules, regulations, or authorizations:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 0
		e in space G—but do list it in space I (he Special Statement and Program L	og)—if the
	station was carried only on	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		
	"WETA-2" as the same on	d with a station according to its over-th	e-air designation. For example, repor	Imulistream
		el number the FCC assigned to the tel	evision station for broadcasting over th	ne air in its community
		/RC is channel 4 in Washington, D.C.		·····,
		n case whether the station is a network	station, an independent station, or a	noncommercial
	educational station, by ente	ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for independent	ndent), "I-M"
		, "E" (for noncommercial educational),		nal multicast).
		erms, see page (iv) of the general instr		
		on of each station. For U.S. stations, lis	•	5
	FCC. FOI MEXICALI OF CALL	dian stations, if any, give the name of t		s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Period: 2023/1					FOF	RM SA1-2E. PAGE 4.
LEGAL NAME OF OWNER OF CABLE SYSTEM:						SYSTEM ID#
TDS Broadband Service LLC						8340
PRIMARY TRANSMITTERS: RADIO						
In General: List every radio station carried on a separate and disc	ret	te basis and list t	hose FM stati	ons carr	ied on an	H
all-band basis whose signals were generally receivable by your ca	able	e system during t	he accounting	period.		
Special Instructions Concerning All-Band FM Carriage: Under receivable if (1) it is carried by the system whenever it is received on the basis of monitoring, to be received at the headend, with the For detailed information about the Copyright Office regulations on paper SA1-2 form. Column 1: Identify the call sign of each station carried.	at i e sy	the system's hea /stem's FM anter	dend, and (2) nna, during ce	it can b rtain sta	e expected, ted intervals.	Primary Transmitters: Radio
Column 2: State whether the station is AM or FM.						
 Column 3: If the radio station's signal was electronically proces signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the Mexican or Canadian stations, if any, the community with which the station's location (the community with which the community with which the community with which the community with which the station's location (the community with which the station's location) are completed. 	the	station is license	ed by the FCC			
CALL SIGN AM or FM S/D LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A						

Accounting Perio	d: 2023/1						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Servio	ce LLC						8340
I	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a	ify <i>every no</i> l ccounting p	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast t ecific present and former	oy a <i>distant</i> _st FCC rules, re	gulations, or aut	horization	s. For a further
Substitute	explanation of the programm	ing that mu	st be included i	in this log, see page (v) of	the general in	nstructions in the	e paper SA	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did yoι	ur cable syster	n carry, on a substitute b	asis, any nor	nnetwork televis	ion progra	am
Program Log	broadcast by a distant sta	tion?					YES	X NO
r rogram Eog	N	" I		na blank Kurunananan	:- "/"			
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer	is "Yes," you	must complete	the progr	am
	log in block 2.							
	2. LOG OF SUBSTITUTE			-4-1011				:-
	In General: List each subsicient clear. If you need more spa				ns wherever	possible, if their	meaning	IS
	Column 1: Give the title				te program")	that, during the	accounti	na
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific prog	ram titles, for	example, "I Lov	ve Lucy" o	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dooot livo ont	ar "Vaa." Othanwiga antai	"No"			
	Column 3: Give the call		,					
	Column 4: Give the broa					licensed by the	FCC or, i	n
	the case of Mexican or Car							
	Column 5: Give the mor		when your sy	stem carried the substitu	te program. l	Jse numerals, v	vith the m	onth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.							tely
	stated as "6:00–6:30 p.m."		a program can		71.10 p.iii. to	0.20.00 p.m. si		
	Column 7: Enter the lett	er "R" if the	listed progran	n was substituted for pro	gramming tha	at your system v	was requi	red
	to delete under FCC rules a							gram
	was substituted for program	•	your system w	as permitted to delete ur	der FCC rule	es and regulatio	ns in	
	effect on October 19, 1976							
					WH	EN SUBSTITU	TF	
	SI	JBSTITUT	E PROGRAM	l		RIAGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH			DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						<u></u> _		
						_	•••••••••••••••••••••••••••••••••••••••	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	<u>_</u>	YSTEM
Name	TDS Broadband Service LLC		8
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ei all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se),458.2
		(Amount of gro	iss receipt
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 th accounting period is \$52.00	nis six-month	
	Line 1. Royalty fee for accounting period	\$	52.0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.0
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	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		0.0
	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		
	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)	52.00	
	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
Total Remittance			67.0
Total Remittance	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	67.0

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 8340
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	9 177
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Zaneta Lewis Telephone (6	608) 664-8517
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (I successful and successful and the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (I successful additional additiona	stem as identified
	Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position held in corporation or partnership) Deto: August 28, 2023	
	Date: August 28, 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 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 fing, a determination that would be made by a court of law.

	2023/1		FORM SA1-2E. PAG
AL NAME OF OW	NER OF CABLE SYSTEM:		SYSTEM
Broadband	Service LLC		83
The Satellite H lowing sentend "In det service scriber: For more infor located in the During the acc made by satel	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIOn Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Con- termining the total number of subscribers and the gross amounts paid to the of providing secondary transmissions of primary broadcast transmitters, is and amounts collected from subscribers receiving secondary transmisses mation on when to exclude these amounts, see the note on page (vii) of the paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receiving interview to satellite dish owners?	Copyright Act by adding the fol- he cable system for the basic the system shall not include sub- ions pursuant to section 119." the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
Name Mailing Address	Name Mailing Address		
INTEREST	ASSESSMENT		
You must com	plete this worksheet for those royalty payments submitted as a result of a	a late payment or undernayment	
	ation of interest assessment, see page (viii) of the general instructions loc		Q
For an explana	ation of interest assessment, see page (viii) of the general instructions loo	cated in the paper SA1-2 form.	Q Interest Assessme
For an explana		cated in the paper SA1-2 form.	Q
For an explana	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	cated in the paper SA1-2 form.	Q
For an explana	ation of interest assessment, see page (viii) of the general instructions loo	x	Interest Assessme
For an explana	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	x	Q
For an explana	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	x	Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	x	Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	x	Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	x	Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	xxxxx 0.00274	Lange
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	xxxxxx 0.00274x (interest charge) df. For further assistance please	Lange
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is th NOTE: If you a	ation of interest assessment, see page (viii) of the general instructions loo the amount of late payment or underpayment	xxxxx	
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