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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/26/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
		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	
		WINDSTREAM SOUTH CAROLINA LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2000 COMMUNICATIONS BLVD	
		(Number, street, rural route, apartment, or suite number) BALDWIN GA 30511-1762	
		(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:	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Humo	WINDSTREAM SOUTH CAROLINA LLC	63112
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor 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	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter knowr e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LEXINGTON	SC
Community	PARK NORTH	
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	WINDSTREAM SOUTH (LLC						63112
	SECONDARY TRANSMISSION				ATES				
E	In General: The information in s			-	-	v transmission	service of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those existi	ng on the	
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 n								
	separately for the particular serv							onaigea	
	Rate: Give the standard rate c								
	unit in which it is generally billed				ny standar	rd rate variatior	ns within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of serv	ondary transmi	ssion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count u	nder "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					convice that an	a difforant fr	om thoso	
	printed in block 1 (for example, the								
	with the number of subscribers a								
	sufficient.	,	J						
	BLO	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		17	54.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			1						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the function of the space E and the space E and the space of the spa	•	,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually bil	led. If any ra	ates are ch	arged on a var	iable per-pro	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		na aabla a	votom for or	ob of the c	applicable conv	iooo liatad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and includ	e the rate	for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGO	RY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			on: Non-res	idential				
	Pay cable	19.00	 Motel 				PPV		PP
	 Pay cable—add'l channel 		 Common 						
	Fire protection		• Pay c	able					
	 Burglar protection 		-	able-add'l ch	nannel				
	Installation: Residential		 Fire p 	rotection					
	First set		 Burgla 	ar protection					
	 Additional set(s) 		Other se	vices:					
	- Additional Set(S)						1		1
	• FM radio (if separate rate)		 Record 	nnect					
			• Recor • Disco						
	• FM radio (if separate rate)		• Disco						

unting Period:	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	WINDSTREAM SOUTH	H CAROLINA LLC		6311
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the 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	t (1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ims [sections ions carried on a ions carried on a iostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial 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
	wis	10	N	COLUMBIA SC
	WLTX	19	N	COLUMBIA SC
			NI NI	
Rows as Necessary		25	N	
Rows as Necessary	WRLK	35	E	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
tows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC
Rows as Necessary	WRLK	35	E	COLUMBIA SC
	WZRB	47	N	COLUMBIA SC
	WACH	57	N	COLUMBIA SC

Accounting P	Period: 2017	/2					FORM	M SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
WINDSTREA	AM SOUTH	CARO						63112
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to prmation about rm. dentify the call state whether	y the sys be recein at the Co I sign of the static	I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process	it the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or EM	S/D	LOCATION OF STATION		AM or FM	S/D	LOCATION OF STATION	
GALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
		+						

Accounting Perio	od: 2017/2						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WINDSTREAM SOUTH	CAROLI	NA LLC					63112
	SUBSTITUTE CARRIAGI				<u> </u>			
			-		-			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				s general mou			2 101111.
Special						huark talaviaia		
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	s, any nonne			
Program Log	broadcast by a distant star	lion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa					t du minora the e o		
	period, was broadcast by a			sion program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			<i></i>				
				"Yes." Otherwise enter "N				
				sting the substitute progra to community to which the		nsed by the F	CC or in	
	the case of Mexican or Can						00 01, 11	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv							
				gram was carried by your				у
	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. sno	uid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as required	d
	to delete under FCC rules a							
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	ITF	
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	ES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
					1 1			

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM SOUTH CAROLINA LLC	S	YSTEM ID# 63112
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	mission servic s amount, see	e 2,643.85
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 \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	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)	<u> </u>	
	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 (but less than \$527	7,600)	
	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	
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	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: SOUTH CAROLINA LLC				SYSTEM ID# 63112
M Channels	 to its subscribers, 1. Enter the total is system carried to a system carried to a system the total is on which the call on which the call	and (2) the cable system's number of channels on whi elevision broadcast station number of activated chann ble system carried televisio	s total number of a ich the cable s	which the cable system carried to activated channels during the ac	counting period.	7
N Individual to Be Contacted		BE CONTACTED IF FURT pout this statement of acco		FION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	PAM HENDRIX			Telephone	706.776.4618
		2000 COMMUNICA (Number, street, rural route, apa BALDWIN GA 3051 (City, town, state, zip)	artment, or suite numb	ber)		
	Email	sandra.blade(@windstream.co	m	Fax (optional)	
O Certification	I, the undersigned (Owner (Agent in lii X (Office in lii . I have examined the second se	d, hereby certify that (Check other than corporation or of owner other than corpo ne 1 of space B and that the r or partner) I am an officer ne 1 of space B. the statement of account and , and correct to the best of m	one, <i>but only one</i> , partnership) I am ration or partners owner is not a cor (if a corporation) of d hereby declare u hy knowledge, infor	the owner of the cable system as	identified in line 1 of space E nt of the owner of the cable s e legal entity identified as owr ents of fact contained herein in good faith.	ystem as identified
		Typed or printe Title: (Title o	Enter signature ed name: TIN DIRECTOR	IOTHY P LOKEN R-REGULATORY REPOI	lohn Smith)	
		Date:			FEBRUARY 23, 2018	

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 telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DSTREAM SOUTH CAROLINA LLC	631
 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 	- Special Statemen Concerning Gros Receipts Exclusio
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
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
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. Line 1 Enter the amount of late payment or underpayment	Q
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 Assessme
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 Assessme
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 Assessme
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
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
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	

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 th 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.