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 workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	7/16/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	22153
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Central Telcom Services LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 7	
		(Number, street, rural route, apartment, or suite number)	
		Fairview, Ut 84629-0007 (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 used already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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.

Nom-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Central Telcom Services LLC	22153
D Area	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Richfield	Utah
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA	TEM I
Name								010	2215
	Central Telcom Services	S LLC							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	•		•	iny standai	rd rate variation	s within a p	particular rate	
	category, but do not include disc				rios of soc	ondony transmis		o that cable	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count ur	ider "Servic	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				T		BLOCK	()	
	BLU	OCK 1 NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:				-				47
	Service to first set		391	24.95	Expand	lea		316	47.
	Service to additional set(s)								
	• FM radio (if separate rate)		405	24.05					
	Motel, hotel		105	24.95					
	Commercial		316						
	Converter Residential		310	-					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	`	,			, ,			
F	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	sidential				
	Pay cable	17.95		otel, hotel		Varies			
	Pay cable—add'l channel	15.95		mmercial		-			ļ
	Fire protection	-		y cable		-			
	 Burglar protection 	-		y cable-add'l ch	nannel	-			
			• Fir	e protection		-			
	Installation: Residential		-			-			
	Installation: Residential • First set	100.00		rglar protection					
	Installation: Residential • First set • Additional set(s)	100.00 29.95	Other	services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	••••••	Other • Re	services: connect		29.95			
	Installation: Residential • First set • Additional set(s)	••••••	Other • Re • Dis	services: connect sconnect		-			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	••••••	Other • Re • Dis • Ou	services: connect		29.95 - 49.95 29.95			

		CADLE OVOTEM		SYSTEM ID
ame	LEGAL NAME OF OWNER OF Central Telcom Service			2215
	PRIMARY TRANSMITTERS:			
G mary mitters: evision	carried by your cable system FCC rules and regulations in 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie 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	of (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Lo ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κυτν	2	N	Salt Lake City, Utah
				Jan Lake City, Otan
	ктух	4	N	Salt Lake City, Utah
as Necessary		4 5	N N	
as Necessary	ктух			Salt Lake City, Utah
as Necessary	KTVX KSL	5	N	Salt Lake City, Utah Salt Lake City, Utah
; Necessary	KTVX KSL KUED	5 7	N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah
s Necessary	KTVX KSL KUED KUEN	5 7 9	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah
Necessary	KTVX KSL KUED KUEN KSTU	5 7 9 13	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah
Necessary	KTVX KSL KUED KUEN KSTU KJZZ	5 7 9 13 14	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah
is Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
ıs Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
as Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
as Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
as Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
as Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
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as Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
as Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	5 7 9 13 14 16	N E E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
Central Telc	om Service	s LLC						221
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under the 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 k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			1			1	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
							l	

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Central Telcom Service	es LLC						22153
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	<u>sion</u> program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	rost of this pag	o blank. If your answor is '			-	
	-	, leave life	rest of this pag	e biank. Il your answer is	res, you mu		e une progran	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if thei	r meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."						
				"Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the	FCC or. in	
	the case of Mexican or Can	adian statio	ns, if any, the o	community with which the	station is iden	ntified).		
			when your syst	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv		substituto pro	gram was carried by your o	abla system	List the tim	os accurato	hy .
	to the nearest five minutes.							ıy
	stated as "6:00-6:30 p.m."		P 3			p		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			ina regulatio		
								[
	s	UBSTITUT	E PROGRAM	I		EN SUBSTI IAGE OCC		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		TIMES — TO	DELETION
							-	
						·		
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2018/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Central Telcom Services LLC				22153
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the : (as identified in space E) during the accounting period. For a further explanation 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 receipting the statement in the statement in space P concerning gross receipting the statement in the statem	system's s ion of how	secondary trans to compute thi	mission servic s amount, see	ce 6,890.25
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	han \$527,600	\$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 accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	ies 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	166,890.25		
	3. Subtract line 2 from line 1	\$	96,909.75	_	
	Enter the amount of gross receipts from space K			66,890.25	
	5. Enter the amount from line 3			96,909.75	
	6. Subtract line 5 from line 4			69,980.50	
	7. Multiply line 6 by .005 (enter figure here)			\$	349.90
	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		\$	349.90
	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)				
	 Interest charge. Enter the amount from line 4, space Q, page 8 				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,				
		, 0, and 0 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	349.90	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	369.90
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		yhts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Telcom Services LLC	SYSTEM ID# 22153
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 on which the cable system carried television broadcast stations and nonbroadcast services	9 245
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 Paul Peckham Telephone	(435) 427-0561
	Address P.O. Box 7 (Number, street, rural route, apartment, or suite number) Fairview, Utah 84629 (City, town, state, zip)	
	Email p.peckham@centracom.com Fax (optional) (435) 427-32	00
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 sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] 	rstem as identified
	Typed or printed name: Eddie L. Cox Title: President & General Manager (Title of official position held in corporation or partnership)	
	Date: 7/12/2018	

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unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
tral Telcom Services LLC	221
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? NO	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for these revelty perments submitted as a result of a late perment or undergoyment	
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	
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
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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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