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>
General instructions are located in the first tab of this workbook	08/22/2018	\$ 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))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 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.	24871
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Merrimac Communications, Ltd.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Merrimac Communications, Ltd.	248
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con 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.	nmunities within unincorporated areas and including singl
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Village of Merrimac	WI
Community	Village of Prairie du Sac	WI
	Village of Sauk City	WI
d Rows as Necessary	Town of Caledonia	WI
	Town of Greenfield	WI
	Town of Mazomanie	WI
	Town of Merrimac	WI
	Town of Prairie du Sac	WI
	Town of Roxbury	WI
	Town of Sumpter	WI
	Town of West Point	WI

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						SYS	STEM I
Name	Merrimac Communicatio							0.0	248
		, <u>L</u> tai							
Е	SECONDARY TRANSMISSION			-	-			a achla	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
ransmission	last day of the accounting period	(June 30 or De	ecembe	er 31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
nuco	separately for the particular servi							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed.	• •		•	ny standar	d rate variation	s within a p	oarticular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					In the count un	der Servic	ce to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti	ers of services	that in	clude one or m	ore second	lary transmissic	ons), list the	em, together	
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	nand block. A tw	vo- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
		NO. OF		D.1.75	NO. C				
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		1,239	32.95					
	Service to additional set(s)		1,233	52.95					
	• FM radio (if separate rate)								
	Motel, hotel		35	8.60-15.40					
	Commercial			0.00 10.40					
	Converter		3.621	1.95-8.95					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	'		•	, ,			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of				•		• • • •		
Other Than	amount of the charge and the un	it in which it is	usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cabl	e system for ea	ch of the a	nnlicable servir	hes listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				shed. List	these other service	ices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			itel, hotel					
	Pay cable—add'l channel Fire protection			mmercial					+
	Fire protection			y cable	onnal				
	•Burglar protection			y cable-add'l ch	annei				
	Installation: Residential			e protection					
	First set Additional set(s)			rglar protection services:					
	 Additional set(s) FM radio (if separate rate) 			connect		25.00			
	- rivi raulo (li separate rate)					23.00			
	Converter		 Dic 	connect					
	Converter			sconnect tlet relocation		25.00			

ounting Period:	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II 2487
	Merrimac Communica	•		2401
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 Column 2: Give the channe 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 carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections itions carried on a postitute program _og)—if the p on some other ons. PN, 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
	wкow	27.1	N	Madison, WI
	WKOW-DT2	27.2	N-M	Madison, WI
	WKOW-DT3	27.3	N-M	Madison, WI
	WISC	3.1	Ν	Madison, WI
d Rows as Necessary	WISC-DT2	3.2	N-M	Madison, WI
	WMSN	47.1	I	Madison, WI
	WMSN-DT2	47.2	I-M	Madison, WI
	WMSN-DT3	47.3	I-M	Madison, WI
	WMSN-DT4	47.4	I-M	Madison, WI
	WMTV	15.1	Ν	Madison, WI
	WMTV-DT2	15.2	N-M	Madison, WI
	WMTV-DT3	15.3	N-M	Madison, WI
	WMTV-DT4	15.4	N-M	Madison, WI
	WHA	21.1	E	Madison, WI
	WHA-DT2	21.2	E-M	Madison, WI
	WHA-DT3	21.3	E-M	Madison, WI
	WHA-DT4	21.4	E-M	Madison, WI
	WIFS	57.1	I	Janesville, WI
	WIFS-DT2	57.2	I-M	Janesville, WI
	WIFS-DT3	57.3	I-M	Janesville, WI
	W43BR	43	1	Barraboo, WI

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM II
	Merrimac Communic	ations, Ltd.		2487
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including		
G		m during the accounting period, exception of the second seco		
Primary	0	in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6		•
ransmitters:	substitute program basis, a	s explained in the next paragraph.		
Television		: With respect to any distant stations caules, regulations, or authorizations:	arried by your cable system on a sub-	stitute program
		e in space G—but do list it in space I (t	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 p		
		d with a station according to its over-the	e-air designation. For example, report	rt multistream
	"WETA-2" as the same on	the form. el number the FCC assigned to the tele	avision station for broadcasting over t	he air in its community
		/RC is channel 4 in Washington, D.C.		
	Column 3: Indicate in each	n case whether the station is a network	•	
		ering the letter "N" (for network), "N-M"		
	,	, "E" (for noncommercial educational), or erms, see page (iv) of the general instru		nai muiticast).
		on of each station. For U.S. stations, list		s licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station	is identified
				is identified.
				is identified.
				is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		
		2. B'CAST CHANNEL NUMBER		
		2. B'CAST CHANNEL NUMBER		

Accounting P			ŚTEM:					1 SA1-2E. PAGE
Merrimac Co								2487
	t every radio s	station ca	nrried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing	y the sys be recei t the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on i each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 nna, during c ge (v) of the g ystem as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			0 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A								

Accounting Perio							FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Merrimac Communica	tions, Ltd	-				24871
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authoriza	ations. For a further
Substitute	explanation of the programm				e general instr	uctions in the pape	er SA I-2 IOIIII.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per		r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta	tion?				Y	ES NO
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is '	'Yes," you mu	ist complete the p	rogram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their mear	ning is
				ision program ("substitute p	program") tha	t, during the acco	unting
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r autnorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ns for further information ample "I I ove I up	mation. cv" or
	"NBA Basketball: 76ers vs.						
				r "Yes." Otherwise enter "N			
				asting the substitute progra ne community to which the		nsed by the FCC	or in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	itified).	
			when your sys	tem carried the substitute p	program. Use	numerals, with th	e month
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	cable system	List the times acc	curately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."		lists at a second second				
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						program
	effect on October 19, 1976.						
			E PROGRAM	1		N SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						<u> </u>	

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimac Communications, Ltd.		ŝ	8YSTEM ID# 24871
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipt	n's secondary trans how to compute thi	smission servi is amount, see \$ 23	се
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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ss than \$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 fee th 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 lines 1 a	nd 2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	it more than \$137	,100)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	238,930.78	-	
	3. Subtract line 2 from line 1	24,869.22	-	
	4. Enter the amount of gross receipts from space K	\$	238,930.78	
	5. Enter the amount from line 3	\$	24,869.22	
	6. Subtract line 5 from line 4	\$	214,061.56	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,070.31
	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		\$	1,070.31
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	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	····	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	d 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)	\$	1,070.31	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,090.31
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nmunications, Ltd.		SYSTEM ID# 24871
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	rs, and (2) the cable system's total number al number of channels on which the cable d television broadcast stations al number of activated channels cable system carried television broadcast		21
N Individual to		O BE CONTACTED IF FURTHER INFOR about this statement of account.)	RMATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Peggy Smykal	Telephone	(802) 485-9748
	Address	24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suit Northfield, VT 05663	le number)	
	Email	(City, town, state, zip)	n Fax (optional)	
			tified and signed in accordance with Copyright Office regulations)	
O Certification	(Ow	nt of owner other than corporation or pain In line 1 of space B and that the owner is not	b) I am the owner of the cable system as identified in line 1 of space E rtnership) I am the duly authorized agent of the owner of the cable s	ystem as identified
	 I have examin are true, compl 	n line 1 of space B.	clare under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith.	
			/s/ Amanda K. Moore electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed name:	Amanda K. Moore	
			ant Treasurer on held in corporation or partnership)	
		Date:	22 August 2018	

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ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
rimac Communications, Ltd.	2487
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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 transmise made by satellite carriers to satellite dish owners? X NO	sic de sub- 19." Special Statement Concerning Gross Receipts Exclusion
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 underpa	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	
	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for 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 for Line 1 Enter the amount of late payment or underpayment	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for the amount of late payment or underpayment	orm. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days 4
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 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 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days days 4 frge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	Interest Assessme - days - 4 - rge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Interest Assessme days days - 4 - rge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days days days frge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days days 4 please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Interest Assessme - days - 4 - rrge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days days days frge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days days days frge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days days days frge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Interest Assessme - days - 4 - rrge) please

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