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	T 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	08/23/2018	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 cor of the subsidiary, not that of the parent corporation.	poration, give the full corporate title	
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 ac single statement of account and royalty fee payment covering the entire accounting period.	ccounting period should submit a	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Lice	nsing Division.	1823
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
		Massillon Cable TV, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
		814 Cable Court NW, PO Box 1000 (Number, street, rural route, apartment, or suite number)		
		Massillon, OH 44648 (City, town, state, zip)		
<u> </u>	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the busines	s and operation of the system u	unless these
С	names	already appear in space B. In line 2, give the mailing address of the system, if diffe	erent from the address given in	space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2			
	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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Massillon Cable TV, Inc.	1823
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	nity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Salineville	ОН
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								-2E. PAG
Name	Massillon Cable TV, Inc.							010	182
		•							
Е	SECONDARY TRANSMISSION			-	-				
L	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
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							ic and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servio	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, t								
	with the number of subscribers a	and rates, in the	e right-h	hand block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	• Service to first set		73	\$20.76/mo.					
	Service to additional set(s)		15	\$20.70/110.					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		\$				
г	In General: Space F calls for rat					l your cable sys	tem's servi	ices that were	
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	it in which it is							
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cabl	o system for oa	ch of tho c	nalicable sonvic	oc lictod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	e was i	made or establi					
	brief (two- or three-word) descrip	otion and includ	le the r	ate for each.					
		BLO				B 1 7 5	0.175.0	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	\$35.71/mo.		otel, hotel	luentiai				
	• Pay cable—add'l channel			mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set			rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			sconnect Itlet relocation					
			• ())	mot rolocation					1
				ove to new addr	200				

				OVOTEN ID#
ne	LEGAL NAME OF OWNER O			SYSTEM ID# 1823
	Massillon Cable TV, I PRIMARY TRANSMITTERS:			1020
ary itters: sion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1 : List each statio multicast stream associate "WETA-2" as the same on Column 2 : Give the chann of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast) For the meaning of these to 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	(1) stations carried only on a part-tine carriage of certain network progra 1(e)(2) and (4))]; and (2) certain station of the system on a subset of the general instruction of the general instruction of the general instruction of the general instruction. For example, report vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for independent station, in the paper SA1-2 form. The community to which the station in the station is the station in the station in the station in the station is the station in the station is the station in the station is the static station is the static 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 undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	2	N	Pittsburgh
	WTAE	4	Ν	Pittsburgh
sary	WTAE WFMJ	4 21	N N	
ary				Pittsburgh
ary	WFMJ	21	N	Pittsburgh Youngstown
ary	WFMJ WKBN	21 27	N N	Pittsburgh Youngstown Youngstown
ary	WFMJ WKBN WYTV	21 27 33	N N N	Pittsburgh Youngstown Youngstown Youngstown
ary	WFMJ WKBN WYTV WNEO	21 27 33 45	N N N E	Pittsburgh Youngstown Youngstown Youngstown Alliance
ary	WFMJ WKBN WYTV WNEO WTOV	21 27 33 45 9	N N N E N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville
ary	WFMJ WKBN WYTV WNEO WTOV WPNT	21 27 33 45 9 22	N N N E N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh
ary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI	21 27 33 45 9 22 11	N N N E N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
ssary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh
ssary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
essary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
essary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
essary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
cessary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
essary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
cessary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
essary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
ecessary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh
lecessary	WFMJ WKBN WYTV WNEO WTOV WPNT WPXI WPGH	21 27 33 45 9 22 11 53	N N N E N N N N	Pittsburgh Youngstown Youngstown Youngstown Alliance Steubenville Pittsburgh Pittsburgh Pittsburgh

U.S. Copyright Office

Accounting P			STEM				FURI	I SA1-2E. PAGE
Massillon Ca			STEIVI.					SYSTEM ID 182
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a so sed by the FC	2) it can certain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						+		

Accounting Perio	od: 2018/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Massillon Cable TV, In	с.					1823
	SUBSTITUTE CARRIAGI				G		
I I	In General: In space I, identi		-		-	ion that your cable sy	stem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special	 During the accounting per 				s. anv nonne	twork television proar	ram
Statement and	broadcast by a distant sta	-	···· , ···	, ,	-, - ,	YES	X
Program Log	5					-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning	j is
				sion program ("substitute	program") tha	t during the account	ina
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.		lcast live enter	"Yes." Otherwise enter "	lo."		
				sting the substitute progra			
				e community to which the		nsed by the FCC or,	in
	the case of Mexican or Can						
			when your sys	tem carried the substitute	program. Use	numerals, with the n	nonth
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the times accura	ately
	to the nearest five minutes.						atery
	stated as "6:00-6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.		our system wa	s permitted to delete unde	I FUU TUIES a		
					1.1		
						IN SUBSTITUTE	
	S		E PROGRAN			AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	
						_	
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Massillon Cable TV, Inc.		1823
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 5,008.42
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:		
Copyright Royalty Fee	 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	<u></u>	
	6. Subtract line 5 from line 4	<u></u>	
	7. Multiply line 6 by .005 (enter figure here)		
	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	(,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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Massillon Cable	/NER OF CABLE SYSTEM: TV, Inc.			SYSTEM ID# 1823
M Channels	 to its subscribers, a 1. Enter the total nusystem carried tel 2. Enter the total nusy on which the cable 	and (2) the cable system's umber of channels on whic levision broadcast stations umber of activated channe le system carried television	s	nting period.	11 38
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of accou	IER INFORMATION IS NEEDED (Identify an individ it.)	lual to whom	
for Further Information		ROBERT GESSNER		Telephone 330	-833-5509
		B14 Cable Court NW Number, street, rural route, apar Massillon, OH 44648 City, town, state, zip)	ment, or suite number)		
	Email		Fa	ax (optional)	
O Certification			ust be certified and signed in accordance with Copy ne, <i>but only one</i> , of the boxes.)	right Office regulations)	
	(Owner o	other than corporation or p	artnership) I am the owner of the cable system as ider	ntified in line 1 of space B; or	
	In line X (Officer in line • I have examined th	e 1 of space B and that the of or partner) I am an officer (e 1 of space B. he statement of account and and correct to the best of my	tion or partnership) I am the duly authorized agent of wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the leg nereby declare under penalty of law that all statements knowledge, information, and belief, and are made in gr	al entity identified as owner of t	
			X /s/ Robert Gessner Enter an electronic signature on the line above to certi Enter signature using an "/s/ signature" (e.g., /s/ John		
		Typed or printer	name: Robert Gessner		
		Title: (Title of	President fficial position held in corporation or partnership)		
		Date:		8/20/2018	

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inting Period: 2018/1		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
sillon Cable TV, Inc.		182
SPECIAL STATEMENT CONCERNING GROSS RECEIP The Satellite Home Viewer Act of 1988 amended Title 17, section 111 lowing sentence: "In determining the total number of subscribers and the gross a service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving sec For more information on when to exclude these amounts, see the note located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amou made by satellite carriers to satellite dish owners? NO	I(d)(1)(A), of the Copyright Act by adding the fol- amounts paid to the cable system for the basic cast transmitters, the system shall not include sub- condary transmissions pursuant to section 119." e on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	\$	
	ame	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitt	ed as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the gene		Q
	ral instructions located in the paper SA1-2 form.	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form.	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form.	Q Interest Assessmen
	ral instructions located in the paper SA1-2 form	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	x days ere	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form. x x x aline 6	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form. x x x x days here x 0.00274 3 line 6 \$ (interest charge) ing/interest-rate.pdf. For further assistance please	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form. x x a x x days here x 0.00274 3 line 6 \$ (interest charge) ing/interest-rate.pdf. For further assistance please pc.gov.	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form. x x a x x days here x x days a x y x y <td>Q Interest Assessme</td>	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form. x x x a x x days here x days a x days a x x days a x x a a a a a a b a a a b a b a b c c c c c c c c c c c c c c c c c c c	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form. x x x a x x days here x days a x days a x x days a x x a a a a a a b a a a b a b a b c c c c c c c c c c c c c c c c c c c	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 * To view the interest rate chart click on <i>www.copyright.gov/licens.</i> contact the Licensing Division at (202) 707-8150 or licensing@loc ** This is the decimal equivalent of 1/365, which is the interest ass NOTE: If you are filing this worksheet covering a statement of accoun list below the owner, address, first community served, ID number, and 	ral instructions located in the paper SA1-2 form. x x x a x x days here x days a x days a x x days a x x a a a a a a b a a a b a b a b c c c c c c c c c c c c c c c c c c c	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	ral instructions located in the paper SA1-2 form. x x x a x x days here x days a x days a x x days a x x a a a a a a b a a a b a b a b c c c c c c c c c c c c c c c c c c c	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ral instructions located in the paper SA1-2 form. x x x a x x days here x days a x days a x x days a x x a a a a a a b a a a b a b a b c c c c c c c c c c c c c c c c c c c	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	ral instructions located in the paper SA1-2 form. x x x a x x days here x days a x days a x x days a x x a a a a a a b a a a b a b a b c c c c c c c c c c c c c c c c c c c	Q Interest Assessme

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