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 workboo 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	7/12/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	OUNTING 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.	35806
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		ROCKWELL COMMUNICATIONS SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 416 (Number, street, rural route, apartment, or suite number)	
		ROCKWELL, IA 50469-0416	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	ROCKWELL COMMUNICATIONS SYSTEMS INC	35806
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	
First	CITY OR TOWN MESERVEY	IA STATE
Community		
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	3580
		ATIONS 5							
F	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	BERS AND RA	ATES				
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 service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.	(Example: "\$2	20/mth").	Summarize a					
	category, but do not include disc							4141-1-	
	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	a subscriber in	each app	licable category.	Example:	a residential	
	subscriber who pays extra for ca					t in the count un	der "Servic	e to the	
	first set" and would be counted o 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.						DLOOK		
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		9	31.45					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
Е	In General: Space F calls for rat					ll your cable sys	tem's servio	ces 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								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							voro pot	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	10.95	• Mot	el, hotel					
	Pay cable—add'l channel	14.95	• Con	nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set	56.95	• Burg	glar protection					
	 Additional set(s) 	46/HR	Other s	ervices:					
	• EM radio (if concrete rate)		 Rec 	onnect		20.10			
	 FM radio (if separate rate) 								
	• Converter		• Disc	connect					
	, , ,					46/HR			

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	ROCKWELL COMMU	INICATIONS SYSTEMS INC		358
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part- e carriage of certain network progr	time basis under ams [sections
rimary nsmitters: levision	substitute program basis, a Substitute Basis Stations	(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car		
	• Do not list the station her station was carried only or	ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried		
	basis. For further information Column 1: List each station	on concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pred with a station according to its over-the-	see page (v) of the general instruc rogram services such as HBO, ES	tions. PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W	the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	vision station for broadcasting over	r the air in its community
	educational station, by enter (for independent multicast) For the meaning of these to	h case whether the station is a network s ering the letter "N" (for network), "N-M" (fi), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	or network multicast), "I" (for indep "E-M" (for noncommercial educat ctions in the paper SA1-2 form.	pendent), "I-M" tional multicast).
		adian stations, if any, give the name of the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		-		
	KIMT	3	N	ROCHESTER, MN
	KIMT KYIN	4	NE	ROCHESTER, MN MASON CITY, IA
ws as Necessary				
vs as Necessary	KYIN	4	E	MASON CITY, IA
vs as Necessary	KYIN WOI	4 5	E N	MASON CITY, IA DES MOINES, IA
vs as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
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ws as Necessary	KYIN	4	E	MASON CITY, IA
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	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
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	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
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	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA
ws as Necessary	KYIN	4	E	MASON CITY, IA
	WOI	5	N	DES MOINES, IA
	KAAL	6	N	AUSTIN, MN
	KCCI	8	N	DES MOINES, IA

Accounting F	Period: 2018	/1					FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
ROCKWELL	. COMMUN		NS SYSTEMS INC					35806
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	t every radio s vhose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call state whether the radio stat this by placing Sive the station	station ca were ge rning Al y the sys be recei- tit the Co sign of of the static ion's sig g a check n's locati	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (atem whenever it is received a ved at the headend, with the opyright Office regulations on the 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	le system during Copyright Office it t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	the accountin regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng period n FM sig 2) it can ertain st eneral i eparate	d. nal is generally be expected, ated intervals. nstructions in the. and discrete	H Primary Transmitters: Radio
	1	T	1	1				
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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	ROCKWELL COMMUN	ICATION	S SYSTEMS	INC				35806
					•			
	SUBSTITUTE CARRIAGE							
I	In General: In space I, identi							
	substitute basis during the ac explanation of the programm							
Substitute Carriage:					e general mou			2 101111.
Special	1. SPECIAL STATEMENT					huark talaviaia	n nrogrom	
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant stat	lon?					YES	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							
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa			ision program ("substitute	orogram") tha	t during the a	ccounting	
	period, was broadcast by a							ion
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	nformation	
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerals, wit	in the mon	th
			e substitute pro	gram was carried by your	cable system.	List the times	accuratel	v
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"D" :(1						,
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.	<u> </u>	· · · , · · · ·	- -				
						N SUBSTITU		
	5		E PROGRAM			AGE OCCUF 6. TIM		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	FROM —	TO	-
		100 01 110	ONEE OIGH				10	
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ROCKWELL COMMUNICATIONS SYSTEMS INC	S	35806
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	, 633.53
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)		
	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 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:	2018/1					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: COMMUNICATIONS SYSTE	EMS INC			SYSTEM ID# 35806
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried television	total numb ch the cable s Is n broadcas		counting period.	6 25
N Individual to Be Contacted		TO BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	MARY KAYE KIRSC	HBAUM	I	Telephone	641-822-3211
	Address	111 4TH ST N PO Be (Number, street, rural route, apar ROCKWELL, IA 504 (City, town, state, zip)	rtment, or suit			
	Email	rockwel2@neti	ins.net		Fax (optional) 641-822-355	50
O Certification	I, the undersig (Ow (Age (of I have examinare true, complete	gned, hereby certify that (Check or mer other than corporation or p ent of owner other than corpora in line 1 of space B and that the or ficer or partner) I am an officer (in line 1 of space B. hed the statement of account and	one, <i>but only</i> partnership ation or pa owner is no (if a corpora hereby dec	rtified and signed in accordance with C <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as artnership) I am the duly authorized age of a corporation or partnership; or ation) or a partner (if a partnership) of th clare under penalty of law that all statem te, information, and belief, and are made	identified in line 1 of space B nt of the owner of the cable s e legal entity identified as own ents of fact contained herein	ystem as identified
				"/s/" DAVID L SEVERIN electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/		
		Typed or printed	d name:	DAVID L SEVERIN		
		Title: (Title of		MGR/ASSISTANT SEC/TREA	S	
		Date:			7-12-18	

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nting Period: 2018/1	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
KWELL COMMUNICATIONS SYSTEMS INC	358
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
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	
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 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	Q Interest Assessme
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