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 workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/30/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	60758
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		FT RANDALL CABLE SYSTEMS INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1104 19TH AVE SW #B (Number, street, rural route, apartment, or suite number)	
		WILLMAR, MN 56201 (City, town, state, zip)	
<u> </u>	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ι	unless these
C		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	FT RANDALL CABLE SYSTEMS INC	60758
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, a list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	WABASSO	MN
Community		
Add Rows as Necessary		

	·							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	
	FT RANDALL CABLE S	YSTEMS INC)						6075
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le svstem.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular service							a and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ny standa		, within a b		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor					
	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								
	Block 2: If your cable system I	has rate catego	ries for	secondary tra	nsmission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-n	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				0,111			000001102110	
	Service to first set		51	72.50					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			1						
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat not covered in space E, that is, the		,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	e system for ea	ch of the	annlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			BORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	10.95		tel, hotel					
	Pay cable—add'l channel	12.00		mmercial					
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	nannel				
	Installation: Residential			e protection					
	• First set	20.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		20.00			
	Converter			connect		N/A			
	1		 Out 	tlet relocation		20.00			
				ve to new addr		20.00			

ame				EVETEM ID
ame	LEGAL NAME OF OWNER OF			SYSTEM ID# 60758
G mary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e 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 statior multicast stream associated "WETA-2" as the same on t 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	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t 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 d with a station according to its over-the	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 L d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t 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	me basis under ims [sections ions carried on a postitute program log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K56EL	56	E	REDWOOD FALLS, MN
	K62AA	62	N	REDWOOD FALLS, MN
as Necessary	KRWF	27	Ν	REDWOOD FALLS, MN
	K68BV	68	N	REDWOOD FALLS, MN
	K68BV KY2AV	68 42	<u>N</u>	REDWOOD FALLS, MN ST JAMES, MN
			N I N	
	KY2AV	42	<u>l</u>	ST JAMES, MN
	KY2AV KYYAD	42 44	I N	ST JAMES, MN ST JAMES, MN
	KY2AV KYYAD K49HE K50AB	42 44 49	I N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN
	KY2AV KYYAD K49HE	42 44 49 50	I N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN
	KY2AV KYYAD K49HE K50AB K52AD	42 44 49 50 52.4 12.1	I N N N N	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC	42 44 49 50 52.4 12.1 12.2	I N N N N N N	ST JAMES, MN MANKATO, MN MANKATO, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM	42 44 49 50 52.4 12.1 12.2 10.4	I N N N N N N N N E	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM	42 44 49 50 52.4 12.1 12.2 10.4	I N N N N N N N N E	ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN
	KY2AV KYYAD K49HE K50AB K52AD KEYC KEYC KWCM KWCM	42 44 49 50 52.4 12.1 12.2 10.4 10.2	I N N N N N N N N E E E	ST JAMES, MN MANKATO, MN MANKATO, MN APPLTEON, MN

EGAL NAME OF								SYSTEM I 607
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. 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 C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	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	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	FT RANDALL CABLE	SYSTEMS						60758
	SUBSTITUTE CARRIAGE			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	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 televisi	ion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	5		waat of this was	a blank. Kurunanauna in i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori	gulations, o les like "mo	r authorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toall. List speeline program				
	Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the l	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCU	JRRED	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	6. TI FROM –	MES – TO	DELETION
		103 01 10	ONEE OIGH			TROM	10	
							_	
							_	
							-	
						_	_	
							_	
							_	
							-	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	*STEM ID 60758
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 service s amount, see	of , 372.74
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	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: L CABLE SYSTEMS INC		SYSTEM ID# 60758
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	ers, and (2) the cable system's t otal number of channels on which ed television broadcast stations otal number of activated channel e cable system carried television	s	14 43
N Individual to Be Contacted		ct about this statement of accour		
for Further Information	Name	KRISTI HILBRANDS	Telephon	e <u>320-847-7104</u>
	Address	1104 19TH AVE SW, (Number, street, rural route, apart WILLMAR, MN 56201 (City, town, state, zip)	ment, or suite number)	
	Email	kristih@hcinet.	net Fax (optional) 320-847-7	123
O Certification	• I, the undersig	gned, hereby certify that (Check or	ust be certified and signed in accordance with Copyright Office regulations ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space	
	I have examinare true, comp	in line 1 of space B and that the o ficer or partner) I am an officer (i in line 1 of space B. ned the statement of account and I	tion or partnership) I am the duly authorized agent of the owner of the cable wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as ow hereby declare under penalty of law that all statements of fact contained hereir knowledge, information, and belief, and are made in good faith.	mer of the cable system
			X /s/ Bruce Hanson Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed		
		Title: (Title of c	TREASURER fficial position held in corporation or partnership)	
		Date:	08/29/2018	

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inting Period: 2018/1	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ANDALL CABLE SYSTEMS INC	607
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 Statemen 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 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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