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

1

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGE	IT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov
Cable Syste General instruinin the first tab	ctions	are located	08/16/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	'YY/(Period))	
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	porate title
Owner		List any other name or names under which	n the owner conducts the business of th	ne cable system.	
		If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should s ing period.	ubmit a
		Check here if this is the system's first filing	: If not, enter the system's ID number a	assigned by the Licensing Division.	61514
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Cunningham Communications, Inc.			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	•	
		MAILING ADDRESS OF OWNER OF PO Box 108, 220 W. Main S (Number, street, rural route, apartment, or suite n	t.		
		Glen Elder, KS 67446-9795 (City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	5
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Cunningham Communications, Inc.	6151
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Downs	KS
Community		
Add Rows as Necessary		***************************************

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C							515	TEM II 6151
	Cunningham Communi	cations, Inc	;.						015
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND R	ATES				
Ε	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission								
Secondary Fransmission	about other services (including particular about other services (inc						linose exis		
Service: Sub-	Number of Subscribers: Both	•				,	ble system	ı, broken	
scribers and	down by categories of secondar	y transmission	service.	In general, yo	u can con	pute the number	er of subsc	ribers in	
Rates	each category by counting the n			• • •		•		charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed								
	category, but do not include disc						o mann a		
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in th	e right-ha	ind block. A tv	vo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
			122	40.05					
	Service to first set		122	40.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
<b>.</b> .	service for a single fee. There an	•			•		• •	•	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	nieu. ii aliy ia		larged on a van	able pei-p	logram basis,	
ransmissions:	Block 1: Give the standard ra		the cable	system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that				-	-			
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
			de the rat	e for each.					
	brief (two- or three-word) descrip								
	brief (two- or three-word) descri	BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			DRY OF SER	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT
		BLO	CATEG			RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE	BLO	CATEG Installat	DRY OF SER		RATE	Expand	DRY OF SERVICE	96.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CATEGO Installat • Mote • Com	DRY OF SER <b>ion: Non-res</b> I, hotel mercial		RATE	Expano Digital	DRY OF SERVICE ded Basic Basic	96. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO RATE	CATEGO Installat • Mote	DRY OF SER <b>ion: Non-res</b> I, hotel mercial		RATE	Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic s	96. 14. 4.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CATEGO Installat • Mote • Com • Pay	DRY OF SER <b>ion: Non-res</b> I, hotel mercial	idential	RATE	Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic	96. 14. 4.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE	CATEGO Installat • Mote • Com • Pay • Pay	DRY OF SER ion: Non-res il, hotel mercial cable	idential	RATE	Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic s	96. 14.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO RATE	CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch	idential	RATE	Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic s	96. 14. 4.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO RATE	CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection	idential	RATE	Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic s	96. 14. 4.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection	idential	RATE	Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic s	96. 14. 4.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	DRY OF SER ion: Non-res il, hotel mercial cable cable-add'I ch protection lar protection ervices:	idential		Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic s	96. 14. 4.
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	DRY OF SER ion: Non-res il, hotel mercial cable cable-add'I ch protection lar protection ar protection protection	idential		Expano Digital HD Plu	DRY OF SERVICE ded Basic Basic s	96. 14. 4.

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER OF			SYSTEM ID	
	Cunningham Commu			61514	
<b>G</b> Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations c ules, 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 I 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 ions carried on a istitute program .og)—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	
	KSNB	4	N	Superior, NE	
	KSNC	2	N	Great Bend, KS	
Add Rows as Necessary	KSNT	22	<u>N</u>	Topeka, KS	
	KFXL	4	N	Superior, NE	
	KSCW	33	N	Wichita, KS	
	KAKE	10	N	Wichita, KS	
	KBSH	7	N	Hays, KS	
	WIBW	13	N	Topeka, KS	
	KOOD	9	<u> </u>	Bunker Hill, KS	
	KGIN	10	N	Lincoln, NE	
	KHGI	13	N	Kearney, NE	
	KAAS	18	N	Salina, KS	
	KSHB	41	N	Kansas City, MO	
	KMTW	35	N	Wichita, KS	
	KTMJ	43	N	Topeka, KS	
	KTKA	49	Ν	Topeka, KS	
	KTKACW+	49	Ν	Topeka, KS	

EGAL NAME OF								SYSTEM
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem 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	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i	be expected, ated 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	
ON LEE OTOT	7 401 01 1 101	0/12		ON LEE ON ON		0,0		
						·		
							·	
							·	
							·	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					61514
	SUBSTITUTE CARRIAG				06			
I			-		-	tion that you	ir aabla ava	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					and general in			<i>"</i> († 2 lonn.
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yoi	ur cable syster	m carry, on a substitute ba	asis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	". leave the	rest of this pa	age blank. If vour answer i	s "Yes." vou i	must comple	ete the proc	pram
	log in block 2.	,			o 100, jou	indet eenipit		<u>.</u>
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meanin	a is
	clear. If you need more spa							3.5
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitut	e program") t	hat, during t	he account	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am titles, for e	example, 11	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			ne FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitut	e program. U	se numerals	s, with the r	nonth
	first. Example: for May 7 gi		e cubetitute or	ogram was carried by you	ur cable evete	m liet tha ti	mes accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."		a program oan					
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syster	m was <i>requ</i>	iired
	to delete under FCC rules a							ogram
	was substituted for program	•	your system w	as permitted to delete une	der FCC rules	and regula	tions in	
	effect on October 19, 1976							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	I. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						-	_	
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1					1	<b> </b>		4

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 61514
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	9,018.00 ss receipts)
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 \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,10	00)	
	1. Base amount under statutory formula		
	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			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Communications, Inc.				SYSTEM ID# 61514
M Channels	to its subscriber	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations	total number of activated on the cable	channels during the a	accounting period.	17
	on which the c	al number of activated channe cable system carried televisior cast services	broadcast stations			85
<b>N</b> Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		EEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Brent Cunningham			Telephone 78	5-545-3215
	Address	PO Box 108, 220 W. (Number, street, rural route, apar Glen Elder, KS 6744 (City, town, state, zip)	tment, or suite number)			
	Email	brent@ctctelep	phony.tv		Fax (optional) 785-545-3277	
O Certification	I, the undersign     X     (Own     (Age     in     (Offi     in     I have examine	nt of owner other than corpor line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account and te, and correct to the best of m	one, <i>but only one</i> , of the bo partnership) I am the owner ration or partnership) I am owner is not a corporation of (if a corporation) or a partner d hereby declare under pen	xes.) er of the cable system the duly authorized a or partnership; or er (if a partnership) of alty of law that all stat	as identified in line 1 of space B; c agent of the owner of the cable syst the legal entity identified as owner ements of fact contained herein	tem as identified
			X /s/ Brent C	ure on the line above to /s/ signature" (e.g., /s/	-	
		Typed or printe Title:	GM/VP			
		Date:	fficial position held in corporatio	an or partnerstilp)	8-15-18	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	615
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 Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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.	0
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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