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@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/28/2019	S 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
		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		KEENE VALLEY VIDEO, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 150 (Number, street, rural route, apartment, or suite number)
		Nicholville, NY 12965 (City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
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.

Accounting Period:	2018/2	FORM SA1-2E. PAGE 1b.
Nam-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	KEENE VALLEY VIDEO, INC.	20128
D Area Served	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c 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 identified city.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First Community		
connunty		
Add Rows as Necessary		
	KEENE	NY

Name E	KEENE VALLEY VIDEO,								
E	- /	INC.							2012
Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include discc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SU bace E should in of television ay cable) in sp (June 30 or D blocks in spar transmission umber of billing ce at the rate in harged for eac (Example: "\$2 bounts allowed in space E, the to their subsc	cover a and rac ace F, r ecembe ce E cal service. s in tha ndicate h catego 20/mth") for adva e form li ribers. C dividual	Il categories of tio broadcasts not here. All the er 31, as the ca I for the number In general, you t category (the d—not the num ory of service. . Summarize a ance payment. sts the categor Give the number or organization	secondar, by your sy e facts you se may be er of subso u can com number o hber of set Include bo ny standar ries of sec er of subso n is receivi	ristem to subscrit a state must be t e). Tribers to the cat pute the numbe f persons or org receiving serv th the amount o rd rate variations ondary transmis ribers and rate to ng service that f	bers. Give hose existi ole system, r of subscr anizations ice). f the charg s within a p sion servic for each lis alls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	-
	subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	nce again und nas rate catego ers of services nd rates, in the	er "Serv pries for that inc	rice to addition secondary tra clude one or m	al set(s)." nsmission ore second	service that are dary transmissio	different fr ns), list the	om those em, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		277	44.00					
	 Service to additional set(s) 		57	2.00					
	FM radio (if separate rate)								
	Motel, hotel		8	10.00					
	Commercial		15	44.00					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exceptio or facilities furm it in which it is rate column. e charged by tl your cable sys separate charg	her) infor that are ns: you ished to usually he cable stem fur e was n	rmation with re not offered in (do not need to p nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to al combinatio give rate ers. Rate in ates are ch ach of the a ed during	on with any seco information cond formation shoul harged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	Pay cable			tel, hotel		50.00			
	Pay cable—add'l channel			mmercial		50.00			
	Fire protection		-	/ cable					
	•Burglar protection		-	/ cable-add'l cl	nannel				
	Installation: Residential	50.00		e protection					
	First set Additional set(s)	50.00		glar protection					
	Additional set(s) EM radio (if separate rate)					50.00			
	 FM radio (if separate rate) Converter 			connect connect		50.00			
	Conventer		_	tlet relocation		15.00			
				ve to new addr	222	15.00 50.00			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
ame	KEENE VALLEY VID			20
	PRIMARY TRANSMITTERS:	•		
G imary smitters: evision	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 here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep- rision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educate interiors in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program I Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WVNY-DT	13	N	Burlington, VT
	WVNY-DT	13	N	Burlington, VT
	WPTZ-DT	14	N	Plattsburgh, NY
s Necessary		····•		
is Necessary	WPTZ-DT	14	N	Plattsburgh, NY
s Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
is Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
ıs Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
s Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
is Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
5 as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT
; as Necessary	WPTZ-DT	14	N	Plattsburgh, NY
	WCAX-DT	22	N	Burlington, VT
	WETK-DT	32	E	Burlington, VT

KEENE VAL	LEY VIDEO	D, INC.						201
	t every radio	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to ormation abourn. dentify the cal state whether the radio state this by placin Sive the statio	y the sys be rece ut the Co I sign of the station's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. inal was electronically proces k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable he station is licer	eadend, and o tenna, during age (v) of the system as a s nsed by the Fe	(2) it can certain general separate	n be expected, stated intervals. instructions in the. e 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: 2018/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	KEENE VALLEY VIDE	D, INC.						20128
	SUBSTITUTE CARRIAGI				G			
I I	In General: In space I, identi				-	ion that your ca	ahla sveta	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisior	<u>n</u> program	1
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No	' loovo tho	rest of this nac	e blank. If your answer is '	Yee " vou mi	ist complete th	-	
		, leave the	rest of this pag	je bialik. Il your allswel is	res, you mu	ist complete th	e program	• I
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible. if their m	eaning is	
	clear. If you need more spa							
				ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				r "Yes." Otherwise enter "N				
				asting the substitute progra ne community to which the		nsed by the F(Corin	
	the case of Mexican or Can						50 01, 11	
	Column 5: Give the mor	th and day		tem carried the substitute p			n the mon	th
	first. Example: for May 7 giv					1 :		h .
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2	0.00 p.m. 3100		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	is permitted to delete undel	r FCC rules a	na regulations	in	
					r 1			1
						N SUBSTITU		
	S		E PROGRAM			AGE OCCUR 6. TIME		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 —	<u>_</u> З то	
		-				_		

Accounting Period:	2018/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID KEENE VALLEY VIDEO, INC. 2012
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800 • 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. 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 this six-mon
	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 and 2
	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
	8. Interest charge. Enter the amount from line 4, space Q, page 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)
	6. Interest charge. Enter the amount from line 4, space Q, page 8
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 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
	EFT Trace # or TRANSACTION ID # 75689606616
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: KEENE VALLEY VIDEO, INC.	SYSTEM ID 20128
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	5 48
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Brad Pattelli Telephone	315-328-9021
	Address 3330 State Highway 11B (Number, street, rural route, apartment, or suite number) Nicholville, NY 12965 (City, town, state, zip)	
	Email bpattelli@slic.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	rstem as identified
	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 name: Bradley G. Pattelli Title: Chief Executive Officer (Title of official position held in corporation or partnership) Date: 02/27/2019	

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nting Period: 2018/2	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NE VALLEY VIDEO, INC.	2012
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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	_
	O I
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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