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	03/01/2019	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

~	ACC	CONTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
В		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.	023706
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	023700
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system used to already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
eyetetti	1	MOREAUVILLE, LA	
		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 fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CEQUEL COMMUNICATIONS LLC	0237
D	Instructions: List each separate community served by the cable system. A "community' "a separate and distinct community or municipal entity (including unincorporated comr discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor identified city.	ne parks should be reported in parentheses below the
Served	laentinea orty.	
	CITY OR TOWN	STATE
First	MOREAUVILLE	LA
Community	AVOYELLES PARISH	LA
	BELLEDEAU	LA
d Rows as Necessary	BORDELONVILLE	LA
	COTTONPORT	LA
	ECHO	LA
	PLAUCEVILLE	LA
	RAPIDES PARISH(PORTION)	LA
	SIMMESPORT	LA

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							02370
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanua		s wiu iir a p	articular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servic	e that cable	
	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					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF	- 20	DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		977	29.99					
	Service to additional set(s)	1	.864	29.99					
	• FM radio (if separate rate)		,004	U					
	Motel, hotel								
	Commercial		15	29.99					
	Converter		13	25.55					
	Residential								
	Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat		,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the						P-t- d		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	ite for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	1	Installa	ation: Non-res	idential				
	Pay cable	17.00	• Mo	tel, hotel					
	 Pay cable—add'l channel 	19.00	 Cor 	nmercial					ļ
	Fire protection		• Pay	/ cable					
	•Burglar protection		• Pay	/ cable-add'l ch	nannel				
	Installation: Residential		• Fire	e protection					
	First set	99.00	• Bur	glar protection					
	 Additional set(s) 	25.00	Other s	services:					
	• FM radio (if separate rate)		• Red	connect		40.00			
							1		
	Converter		• Dis	connect					
	• Converter			connect let relocation		25.00			

	2018/2			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			023
	PRIMARY TRANSMITTERS:			
G		entify every television station (including m during the accounting period, except		
-	FCC rules and regulations	in effect on June 24, 1981, permitting th	he carriage of certain network prog	rams [sections
Primary Insmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain st	ations carried on a
elevision		: With respect to any distant stations ca	arried by your cable system on a s	ubstitute program
		ules, regulations, or authorizations:	he Created Statement and Dreamen	aloc) if the
	station was carried only on	e in space G—but do list it in space I (tl a substitute basis.	ne Special Statement and Program	
		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		
	multicast stream associated	d with a station according to its over-the		
	"WETA-2" as the same on the change	the form. el number the FCC assigned to the tele	wision station for broadcasting over	r the air in its community
		RC is channel 4 in Washington, D.C.	evision station for broadcasting ove	
	Column 3: Indicate in each	a case whether the station is a network		
		ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c		
		erms, see page (iv) of the general instru		uonai mulucast).
		n of each station. For U.S. stations, list		
	FCC. For Mexican or Cana	dian stations, if any, give the name of the state of the	he community with which the static	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KALB-3	35	I-M	ALEXANDRIA, LA
	KALB-HD1	35	N-M	ALEXANDRIA, LA
ows as Necessary	KALB-2	35	N-M	ALEXANDRIA, LA
	KALB-HD2	35	N-M	ALEXANDRIA, LA
	KALB-1	35	N	ALEXANDRIA, LA
	KBCA-1	41	I-M	ALEXANDRIA, LA
	KLAX-HD1	31	N-M	
	KLAX-2	31	I-M	ALEXANDRIA, LA
	KLAX-1	31	N	ALEXANDRIA, LA
	KLPA-HD1	26	E-M	ALEXANDRIA, LA
	KLPA-2	26	E-M	ALEXANDRIA, LA
	KLPA-3	26	E-M	ALEXANDRIA, LA
	KLPA-1	26	E	ALEXANDRIA, LA
	KLPA-1	<u>26</u>	E	ALEXANDRIA, LA
	WNTZ-HD1	49	E I-M	NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
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	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS
	WNTZ-HD1	49		NATCHEZ, MS

EGAL NAME OF								SYSTEM II 0237
				ata basis and list	those FM sta	tiono oo	rriad on an	н
			arried on a separate and discr nerally receivable by your cat					
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 state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I 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 opyright Office regulations on 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 this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	Γ	1		1		1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					023706
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
	In General: In space I, identi				-	ion, that your	cable syste	m carried on a
_	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or aut	horizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	ion program	
Program Log	broadcast by a distant star	tion?					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	the program	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	information	٦.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute p	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sn	ould be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulation	ns in	
					r 1			1
		IIBSTITII	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
							_	
						-	-	
							_	
							_	
						-	_	
						_		
							_	
						-	-	
							_	
						_	_	
							-	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 023706
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	hission service amount, see	4,651.57 iss 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 \$ • 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	263,800	
	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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	<u></u>	
	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 \$ 214,651.57	-	
	3. Subtract line 2 from line 1	-	
		214,651.57	
	5. Enter the amount from line 3	49,148.43	
	6. Subtract line 5 from line 4	165,503.14	
	7. Multiply line 6 by .005 (enter figure here)		827.52
	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	\$	827.52
	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		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	827.52	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	847.52
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 023706
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 . system carried television broadcast stations .	15
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	231
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 SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2019	

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unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0237
 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 Gross Receipts Exclusio
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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