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.

STATEMENT OF ACCOUNT

SA1-2E Short Form

Return completed workbook by email to:

	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	of this workbook	3/1/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2018/2	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 of the subsidiary, not that of the parent	-	diary of another corporation, give the full corpora	ate title
Owner	List any other name or names under wh	ich the owner conducts the business of th	ne cable system.	
	÷	e accounting period, only the owner on the payment covering the entire account	he last day of the accounting period should subm ing period.	
	Check here if this is the system's first fili	ing. If not, enter the system's ID number a	ssigned by the Licensing Division.	27464
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		
	MEDIACOM MINNESOTA LLC			
	BUSINESS NAME(S) OF OWNER C	DF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	ONE MEDIACOM WAY			

FOR COPYRIGHT OFFICE USE ONLY

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.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

(Number, street, rural route, apartment, or suite number)

MEDIACOM PARK, NY 10918

IDENTIFICATION OF CABLE SYSTEM

(Number, street, rural route, apartment, or suite number)

MEDIACOM MINNESOTA LLC MAILING ADDRESS OF CABLE SYSTEM: 1504 2nd Street SE, P.O. Box 110

(City, town, state, zip)

Waseca, MN 56093 (City, town, state, zip code)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM
		274
	Instructions: List each separate community served by the cable system. A "community	
	"a separate and distinct community or municipal entity (including unincorporated com	
D	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.	will serve as a form of system identification hereafter kin
Alca	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor identified city.	The parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
First	PAYNESVILLE	MN
Community	PAYNESVILLE TOWNSHIP	MN
oonninunty	ATWATER	
		MN
d Rows as Necessary	GROVE CITY	MN
	CLARA CITY	MN
	MAYNARD	MN
	COSMOS	MN
	GRANITE FALLS	MN

Name E	LEGAL NAME OF OWNER OF CA	ADLE STOTEIVI.						515	tem Id
E		A LLC							2746
Е									
-	SECONDARY TRANSMISSION					v transmission a	onvice of th	a aabla	
	In General: The information in sp system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate i	ndicate	d-not the num	ber of set	s receiving serv	ce).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				iy standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				es of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subsci	ribers. (Give the number	r of subsc	ribers and rate f	or each list	ed category	
	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 h	nas rate catego	ories for	secondary tran	smission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF			CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		1,568	29.95-51.54					
	Service to additional set(s)		1,000	23.33-31.34					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	29.95-51.54					
	Converter								
	Residential								
	Non-residential								
	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 are					,	,		
Services	furnished at cost or (2) services of								
Other Than	amount of the charge and the un		usually	billed. If any rat	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ne cable	e system for ear	h of the	annlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				hed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi	dential			.	
	Pay cable	PP		tel, hotel			Family	Cable	77.4
	• Pay cable—add'l channel	PP		mmercial					
	Fire protection		-	y cable					
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential	00.00		e protection					
	First set	99.99		rglar protection					
	Additional set(s) EM radio (if soparate rate)	15.00-29.00		services:		20.00			
	FM radio (if separate rate) Converter	10 50		connect connect		29.00			
		10.50		tlet relocation		15 00-20 00			
				tiet relocation	200	15.00-29.00			

	LEGAL NAME OF OWNER O			SYSTEM I
Name	MEDIACOM MINNESC			274
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- bo not list the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on 1 Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entel (for independent multicast). For the meaning of these te Column 4: Give the location	n during the accounting period, exce n effect on June 24, 1981, permitting ()(2) and (4), or 76.63 (referring to 76 s explained in the next paragraph. With respect to any distant stations les, regulations, or authorizations: e in space G—but do list it in space I a substitute basis. also in space I, if the station was car in concerning substitute basis statior is call sign. <i>Do not</i> report originatior lawith a station according to its over-1 he form. al number the FCC assigned to the tr RC is channel 4 in Washington, D. C. case whether the station is a networ "If" (for network), "N-M "E" (for noncommercial educational) rms, see page (iv) of the general ins of each station. For U.S. stations, I.	rk station, an independent station, or a " (for network multicast), "I" (for indep , or "E-M" (for noncommercial educati	ime basis under ams [sections ams [sections a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE/KARE(HD) NBC	11	N	Minneapolis, MN
	KARE-DT2 WeatherNation	11.2	N	Minneapolis, MN
dd Rows as Necessary	KARE-DT3 Justice Network	11.3	N	Minneapolis, MN
	KMSP/KMSP(HD) FOX	9	I	Minneapolis, MN
	KMSP-DT4 BUZZER	9.2	1	Minneapolis, MN
	KPXM (ION)	40	I	ST CLOUD, MN
	KSTC/KSTC(HD) IND	45	I	MINNEAPOLIS,MN
	KSTC-DT2 MeTV	45.2	I	MINNEAPOLIS,MN
	KSTC-DT3 Antenna	45.3	I	MINNEAPOLIS,MN
	KSTC-DT4 ThisTV	45.4	1	MINNEAPOLIS,MN
	KSTP/KSTP(HD) ABC	35	N	St. Paul, MN
	KSTP-DT2 Heroes&lcons	35.2	N	St. Paul, MN
	KTCA PBS TPT 2 (HD)	34.3	E	St. Paul, MN
	KTCA-DT PBS TPT 2	34	E	St. Paul, MN
	KTCA-DT2 PBS Kids (HD)	34.2	E	St. Paul, MN
	KTCI PBS TPT Life	23	E	St. Paul, MN
	KWCM/KWCM(HD) PBS	10	E	APPLETON, MN
	KWCM-DT2 PBS Create	10.2	Е	APPLETON, MN
	KWCM-DT3 PBS MN Channe	10.3	E	APPLETON, MN
	KWCM-DT4 PBS World	10.4	E	APPLETON, MN
	WCCO/WCCO(HD) CBS	32	N	Minneapolis, MN
	WCCO-DT2 Decades	32.2	N	Minneapolis, MN
	WFTC/WFTC (HD) (MyNET)	29	1	Minneapolis, MN
		29.4		Minneapolis, MN
			·	· · · · · · · · · · · · · · · · · · ·
	WFTC-DT4 Movies	22		MINNEAPOLIS, MN
	WUCW/WUCW(HD) CW WUCW-DT2 Comet	22 22.2	1	MINNEAPOLIS, MN MINNEAPOLIS, MN

	OWNER OF C							SYSTEM I 274
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under the tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. In is AM or FM. In al was electronically process of mark in the "S/D" column. In 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 he 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 general i eparate	be expected, rated 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	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:				SYSTEM ID#
Name	MEDIACOM MINNESO	TA LLC					27464
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi	ify every no	nnetwork televis	sion program, broadcast by	a distant stat	ion, that your cable syst	em carried on a
	substitute basis during the a						
Substitute	explanation of the programm				e general instr	uctions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per		r cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta	tion?				YES	X NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the progra	im
	log in block 2.						
	2. LOG OF SUBSTITUTE			te line. I lee ekknewistisme		sible if the in meaning i	-
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning i	S
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles. for exa	ample. "I Love Lucv" or	лт.
	"NBA Basketball: 76ers vs.	Bulls."				, , , , , , , , , , , , , , , , , , ,	
				r "Yes." Otherwise enter "N Isting the substitute progra			
				is community to which the		nsed by the FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).	
	Column 5: Give the mor first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerals, with the mo	onth
			e substitute pro	gram was carried by your	cable system.	List the times accurate	elv
	to the nearest five minutes.						,
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	was substituted for progra	mming that v	our system was <i>requir</i>	ed
	to delete under FCC rules a						
	was substituted for program	nming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		E PROGRAM	1		AGE OCCURRED	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	6. TIMES FROM — TO	DELETION
						_	
					·		
						—	
		1				_	
					·		
						_	
						_	
1						_	
						+	

Accounting Period:	2018/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
					27464
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy: (as identified in space E) during the accounting period. For a further explanation 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	vstem's son of how	econdary transi to compute this	mission servi amount, see \$ 39	се
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 bi • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bi See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	fee that yo	ou must pay for	this six-month	I
	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	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	,	ore than \$137,7	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	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K		396,346.88		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		132,546.88		
	4. Multiply line 3 by .01	· · · · · · · · · · · · · · · · · · ·	\$	1,325.47	
	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,	5, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	2,644.47
	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)		\$	2,644.47	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u></u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	2,664.47
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM MINNESOTA LLC	SYSTEM ID# 27464
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	35
	 system carried television broadcast stations	75
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 Kenneth J. Kohrs Telephone &	345-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number)	
	Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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; of	or
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	(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.	r of the cable system
	 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)] 	
	X /s/ Kenneth J. Kohrs	
	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: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 2/21/2019	

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unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM MINNESOTA LLC	274
 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? 	P Special Statemen Concerning Gros Receipts Exclusio
X 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.	Q Interest Assessme
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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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