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	3/1/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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 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.	33223
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ILLINOIS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip)	
•	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system uni	less these
C		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1102 N. Fourth Street, PO Box 334 (Number, street, rural route, apartment, or suite number)	
		Chillicothe, IL 61523	
	<u> </u>	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	MEDIACOM ILLINOIS LLC	33223
D	Instructions: List each separate community served by the cable syster "a separate and distinct community or municipal entity (including uni discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first comm as the "first community." Please use it as the first community on all f	m. A "community" is the same as a "community unit" as defined in FCC rules: incorporated communities within unincorporated areas and including single, unity that you list will serve as a form of system identification hereafter known
Area Served	identified city.	inis, of mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Gibson City	
Community	Sibley	
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	MEDIACOM ILLINOIS LI	_C							3322
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission 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 m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in spar y transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an inc	cover a and rad ace F, ecember ce E ca service s in tha ndicate h categ 20/mth" for adva e form I ribers. (dividual	all categories of dio broadcasts not here. All the er 31, as the ca ll for the numbe . In general, yo at category (the ed—not the num ory of service.). Summarize a ance payment. ists the categor Give the numbe 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	sistem to subscri a state must be t b). There is to the cal pute the number f persons or org s receiving serv th the amount or rd rate variation ondary transmis ribers and rate ng service that	bers. Give those existi- ble system, er of subscr janizations rice). of the charg s within a p sion servic for each lis falls 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 cat first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a nce again und has rate catego iers of services	addition er "Ser ories for that in	al sets would b vice to addition r secondary trai clude one or m	e includec al set(s)." nsmission ore second	I in the count un service that are dary transmission	der "Servic different fr ons), list the	e to the om those em, together	
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOTUB		TUTE	0,11			COBCORRELICO	10112
	Service to first set		471	40.49-51.54					
	Service to additional set(s)								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial			40.49-51.54					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished t usually ne cabl stem fui e was i	rmation with re not offered in of do not need to o nonsubscribe billed. If any ra e system for ea mished or offer made or establi	spect to al combination give rate ers. Rate in ates are chatter ates of the a ed during	on with any secc information con- nformation shou arged on a vari applicable servio the accounting p	ondary trans cerning (1) ld 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		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential		F	T)/	70.4
	Pay cable	PP		otel, hotel			Family	1 V	78.4
	Pay cable—add'l channel Fire protection	PP		mmercial					
	Fire protection Puraler protection			y cable	annal				
	•Burglar protection Installation: Residential			y cable-add'l cł e protection	annen				
	First set	99.99		e protection					
	Additional set(s)			services:					
		10.00-23.00		connect		29.00			
	• EM radio (it congrate rate)								
	FM radio (if separate rate) Converter	10 50				_0.00			
	• FM radio (if separate rate) • Converter	10.50	• Dis	sconnect tlet relocation		15.00-29.00			

NI	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM ILLINOIS	LLC		33
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channer of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	m during the accounting period, <i>exceptin</i> in 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 of ules, regulations, or authorizations: e in space G—but do list it in space I (if a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tell "RC is channel 4 in Washington, D.C. case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs (the Special Statement and Program Lu- ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPT he-air designation. For example, report levision station for broadcasting over the x station, an independent station, or a for (for network multicast), "I" (for independent stations in the paper SA1-2 form. Is the community to which the station is the community with which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND/WAND (HD) NBC	17	N	Decatur, IL
	WAND/WAND (HD) NBC	17	N	Decatur, IL Decatur, IL
Mecossary	WAND-D12 Cozi WBUI/WBUI (HD) CW	22		Decatur, IL Decatur, IL
Rows as Necessary	WBUI/WBUI (HD) CW	22		
	WBUI-DT2 ThisTV WBUI-DT3 Stadium	22.2		Decatur, IL
				Decatur, IL SPRINGEIELD II
		26	1	SPRINGFIELD, IL
	WCCU-DT2 MeTV	26.2		
	WCCU-DT3 Antenna	26.3		SPRINGFIELD, IL
	WCIA/WCIA (HD) CBS	48	N	Champaign, IL
	WCIA-DT3 Bounce TV	48.3	N	Champaign, IL
	WCIA-DT4 Grit	48.4	N	Champaign, IL
	WCIX/WCIX-DT MyNet (HD)	13	l	SPRINGFIELD, IL
	WICD/WICD (HD) ABC	1	N	Champaign, II
		41	N	
	WICD-DT2 Comet	41 41.2	N N	Champaign, IL
	WICD-DT2 Comet	41.2	N	Champaign, IL
	WICD-DT2 Comet WICD-DT3 TBD	41.2 41.3	N N	Champaign, IL Champaign, IL
	WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge!	41.2 41.3 41.4	N N N	Champaign, IL Champaign, IL Champaign, IL
	WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS	41.2 41.3 41.4 9	N N N E	Champaign, IL Champaign, IL Champaign, IL Urbana, IL
	WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	41.2 41.3 41.4 9 9.2	N N N E E	Champaign, IL Champaign, IL Champaign, IL Urbana, IL Urbana, IL
	WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	41.2 41.3 41.4 9 9.2	N N N E E	Champaign, IL Champaign, IL Champaign, IL Urbana, IL Urbana, IL
	WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	41.2 41.3 41.4 9 9.2	N N N E E	Champaign, IL Champaign, IL Champaign, IL Urbana, IL Urbana, IL
	WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	41.2 41.3 41.4 9 9.2	N N N E E	Champaign, IL Champaign, IL Champaign, IL Urbana, IL Urbana, IL
	WICD-DT2 Comet WICD-DT3 TBD WICD-DT4 Charge! WILL/WILL (HD) PBS WILL-DT2 PBS World	41.2 41.3 41.4 9 9.2	N N N E E	Champaign, IL Champaign, IL Champaign, IL Urbana, IL Urbana, IL

EGAL NAME OF			I G I EIVI.					SYSTEM I 332
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	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, 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	
GALL SIGN		5/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
		<u> </u>						

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM ILLINOIS I	LC						33223
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
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 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	Notes If your enourses in "No?			a blank. If your analysis is 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						incurning 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							1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
			dcast live, enter	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO and 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	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was 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	listed progra	
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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 –	IMES – TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
						-	_	
]					
						-	_	
						-	_	
						_	_	
						-	_	
						_	_	
							-	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ILLINOIS LLC	S	STEM ID#
			33223
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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	e 8,942.89
	COPYRIGHT ROYALTY FEE		
Copyright	 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		<u>.</u>
	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 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		hts!

Accounting Period:	2018/2									FORM	I SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE MEDIACOM ILLINO										SYSTEM ID# 33223
M Channels	to its subscribers, and	ust give (1) the number I (2) the cable system's	s total num	imber of		-			ns		
		ber of channels on whi vision broadcast station								26	
	on which the cable s	ber of activated channe system carried televisio ervices	on broadca							70	
N Individual to Be Contacted		CONTACTED IF FURT this statement of acco		FORMA	ATION IS NEED	E D (Identify an	individual to	o whom			
for Further Information	Name Ke	nneth J. Kohrs						Telepho	ne 845-44	3-2762	
internation	Address Or	ne Mediacom Way	v								
	(Nur	nber, street, rural route, apa	artment, or si		mber)						
		diacom Park, NY	10918	8							
	Email	Copyrights@r	nediacom	mcc.co	om		Fax (or	otional)			
0	CERTIFICATION (This	statement of account r	must be ce	certified	d and signed in a	ccordance with	n Copyright	Office regulatior	ıs)		
Certification		ereby certify that (Check		-					_		
	(Owner oth	er than corporation or	partnersh	ship) I ar	im the owner of th	e cable system	as identified	I in line 1 of spac	e B; or		
		wner other than corpo of space B and that the					agent of the c	owner of the cable	e system as id	lentified	
		partner) I am an officer of space B.	(if a corpo	ooration)) or a partner (if a	partnership) of	the legal ent	tity identified as o	wner of the ca	able system	
	I have examined the s are true, complete, and [18 U.S.C., Section 100	d correct to the best of m							in		
			X	(/s/	/ Kenneth J.	Kohrs			_		
					tronic signature oı re using an "/s/ siş						
		Typed or printe	ed name:	e: Ke	enneth J. Ko	hrs					
		Title: (Title o			sident, Finan		ting				
		Date:					2/2	21/2019			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephon 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 Office's public indexes and 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 t 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 lave

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DIACOM ILLINOIS LLC	332
 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
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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