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	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Systems (Short Form) General instructions are located	03/01/2019	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	03/01/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVI	ERED BY THIS STATEMENT: (YY	YY/(Period))	
2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		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.
		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
		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 unless these s already 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:
		GROVE, OK
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	035209
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or nidentified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN GROVE	OK
Community	DELAWARE COUNTY	OK
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	CEQUEL COMMUNICAT	IONS LLC							03520
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND R	ATES				
Е	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						nose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le 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				iny standar		s within a p	articular rate	
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	bers. G	Bive the number	er 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					in the count un	uer Servic	e lo lhe	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	` <b>つ</b>	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		400						
	Service to first set		,482	34.99					
	Service to additional set(s)	1	,996	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		43	34.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN		SIONS: RATE	s				
Б	In General: Space F calls for rat	e (not subscribe	er) infor	mation with re	spect to al	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		··· ,	· · · · , ·		9		<b>3</b> • • • • • ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip				SHEU. LISU			Ionn of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res		TUTE	0/11200		10112
	• Pay cable	17.00		tel, hotel					
	Pay cable—add'l channel	19.00		nmercial					
	Fire protection			/ cable					1
	•Burglar protection			/ cable-add'l cł	nannel				
	Installation: Residential			protection					
	First set	99.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		40.00			
	Converter			connect		-0.00			
				let relocation		25.00			
				ve to new addr		99.00			
					266				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYST	FM II
Name	CEQUEL COMMUNIC				)352(
	PRIMARY TRANSMITTERS:				JJJZ
_		entify every television station (including	translator stations and low power t	televicion stations)	
G		m during the accounting period, except			
Primary		n effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6			
Transmitters:		s explained in the next paragraph.	(e)(2) and (4))], and (2) certain st		
Television		: With respect to any distant stations ca	arried by your cable system on a su	ubstitute program	
		Iles, regulations, or authorizations: e in space G—but do list it in space I (th	he Special Statement and Program	n Log)—if the	
	station was carried only on				
		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			
	"WETA-2" as the same on t	d with a station according to its over-the the form.		Jon multistream	
		el number the FCC assigned to the tele	vision station for broadcasting ove	r the air in its community	
		RC is channel 4 in Washington, D.C.	station, an independent station, or	a noncommercial	
		ring the letter "N" (for network), "N-M" (			
		"E" (for noncommercial educational), c erms, see page (iv) of the general instru		tional multicast).	
	Column 4: Give the location	n of each station. For U.S. stations, list	t the community to which the station	5	
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	he community with which the statio	on is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KDOR-1	17	<u> </u>	BARTLESVILLE, OK	
	KJRH-1	8	Ν	TULSA, OK	
ld Rows as Necessary	KJRH-HD1	8	N-M	TULSA, OK	
	KMYT-2	42	I-M	TULSA, OK	
	KMYT-3	42	I-M	TULSA, OK	
	KMYT-HD1	42	<u>I-M</u>	TULSA, OK	
	KMYT-1	42	l	TULSA, OK	
	KOED-HD1	11	E-M	TULSA, OK	
	KOED-1	11	E	TULSA, OK	
	KOKI-3	22	I-M	TULSA, OK	
	KOKI-HD1	22	I-M	TULSA, OK	
	KOKI-2	22	I-M	TULSA, OK	
	KOKI-1	22	I	TULSA, OK	
	KOTV-2	45	1.54		
			<u>I-M</u>	TULSA, OK	
	KOTV-1	45	N	TULSA, OK	
	KOTV-HD1		N N-M	TULSA, OK TULSA, OK	
		45	N	TULSA, OK TULSA, OK TULSA, OK	
	KOTV-HD1	45 45	N N-M	TULSA, OK TULSA, OK	
	KOTV-HD1 KOTV-3	45 45 45	N N-M I-M	TULSA, OK TULSA, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1	45 45 45 28	N N-M I-M I	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1	45 45 45 28 28 28	N N-M I-M I I-M	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	
	KOTV-HD1 KOTV-3 KTPX-1 KTPX-HD1 KTUL-1	45 45 45 28 28 28 10	N N-M I-M I I N	TULSA, OK TULSA, OK TULSA, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK	

EGAL NAME OF								SYSTEM II 0352
	every radio s	station ca	arried on a separate and discre					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	rning AI y the sys be recei t the Co sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	egulations, an adend, and (2 mna, during co ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral in eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	ANA	0/5			ANA	0/5		
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.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					035209
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi				•	ion that your o	rahle svste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	on program	1 <u> </u>
Program Log	broadcast by a distant sta	tion?					YES	XNO
i rogiani 20g	Note: If your answer is "No'	' leave the	rest of this nac	e blank. If your answer is '	'Yes " vou mi	ist complete t	-	
	-	, leave the			res, you me		ne prograi	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.			-	
				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	titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ne community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).		
			when your sys	tem carried the substitute	orogram. Use	numerals, wi	th the mor	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	nahle svetem	List the times	s accurate	hy .
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.							
								1
	s	UBSTITUT	E PROGRAM	1		N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		
1	1		1		I [			1

Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035209
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ission service
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. 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 t 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	
	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 \$137,1	
	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	
	A. 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	
	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 \$ 339,262.40	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	754.62
	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	\$ 2,073.62
	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)	2,073.62
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	\$ 2,093.62
	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 m	

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035209
<b>M</b> Channels	<ul> <li>CHANNELS</li> <li>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.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	21
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	238
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(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</li> <li>(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.</li> <li>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)]</li> <li>(Is U.S.C., Section 1001(1986)]</li> </ul>	stem 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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
UEL COMMUNICATIONS LLC	03520
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement 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
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
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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