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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:		
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			\$ 01/12/2019 ALLOCATION NUMBER		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACCO	DUNTING PERIOD COVERED					
Accounting		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31 - see instructions)			
Period							
B Owner		of the subsidiary, not that of the parent of List any other name or names under which	corporation. ch the owner conducts the business of th e accounting period, only the owner on t ee payment covering the entire account	he last day of the accounting period should s ing period.			
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM				
		Signal, Inc.					
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		P O Box 435 (Number, street, rural route, apartment, or suite					
		West Bend, Iowa 50597-04 (City, town, state, zip)	35				
С				tify the business and operation of the esystem, if different from the address			
System		IDENTIFICATION OF CABLE SYSTEM:		e system, il different nom the address	S given in space D.		
	1						
		MAILING ADDRESS OF CABLE SYSTE	И:				
	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#
	Signal, Inc.	35318
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First Community		
Community	Lu Verne Iowa	
dd Rows as Necessary		

								FORM SA1	-2E. PAGI
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						515	3531
	Signal, Inc.								000
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including p					•			
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E call	for the numb	er of subso	cribers to the ca			
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv							s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed					rd rate variation	ns within a	particular rate	
	category, but do not include disc					andar, tranami		as that ashla	
	Block 1: In the left-hand block systems most commonly provide	•		•					
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as a	subscriber in	i each app	licable category	. Example	: a residential	
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that ar	a different f	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a								
	sufficient.		_						
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:				_				
	Service to first set		20	64.49	Basic			3	25
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra				-	all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are i	not offered in	combinatio	on with any seco	ondary trar	nsmission	
<b>O</b>	service for a single fee. There are	•	-		0		• •	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		locally	smou. If any f				rogram baolo,	
ransmissions:	Block 1: Give the standard rat	• •				• •			
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) description	• •	-		isned. List	these other ser	vices in the	e form of a	
						T			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		DRY OF SER		RATE	CATEGO	JRT OF SERVICE	RA
	Pay cable			el, hotel	luentiai				
	• Pay cable—add'l channel			mercial					
	Fire protection		•Pay						
	•Burglar protection		· ·	cable-add'l cl	nannel				
	Installation: Residential			protection					•
	• First set	50.00		lar protection					•••••
	Additional set(s)		Other s						<b>†</b>
	• FM radio (if separate rate)			onnect		50.00			1
									1
	• Converter		Disc	onnect		50.00			
	• Converter			onnect et relocation					
	• Converter		• Outl		ess	50.00 T + M 50.00			

ting Period:	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Signal, Inc.			35318
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: levision	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried n concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), or rms, see page (iv) of the general instru	t (1) stations carried only on a part-ti- ne carriage of certain network progra at(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
	Column 4: Give the location	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station in the community with which the station	
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	I. CALL SIGN			
	WOI	5	N	Des Moines, Iowa
			N N	
ecessary	WOI	5		Des Moines, Iowa
ecessary	WOI KCCI	5 8	N	Des Moines, Iowa Des Moines, Iowa
lecessary	WOI КССІ WHO	5 8 13	N N	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
ecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
ecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
ecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
ecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
ecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
ecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
lecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
√ecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
lecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
is Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
5 Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
Vecessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
15 Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
s Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
as Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa
as Necessary	WOI KCCI WHO KCWI	5 8 13 23	N N I	Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa Des Moines, Iowa

EGAL NAME OI Signal, Inc.			I U I EIVI.					SYSTEM   353
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	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. hal was electronically process 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 his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	!) it can   ertain st eneral ii eparate a	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	
		5/0	LOOKHON OF STATION	UNEL OIGH		5,0		
						·		

Accounting Perio	od: 2018/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Signal, Inc.							35318
	SUBSTITUTE CARRIAG		AL STATEME	NT AND PROGRAM I O	G			
	In General: In space I, ident				-	tion that your	cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in th	ne paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
0 0	Note: If your answer is "No	" leave the	rest of this na	aa blank. If your answer i	s "Ves " vouu	must complet	-	
	log in block 2.				s 163, you i	nusi complet	e the prog	Jian
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy"	or
	"NBA Basketball: 76ers vs.			<b>%</b> ( <b>* 0</b> )				
				er "Yes." Otherwise enter " casting the substitute progr				
				the community to which th		censed by the	e FCC or,	in
	the case of Mexican or Car							
	<b>Column 5:</b> Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the tin	nes accur	atelv
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D" :( II.	Paradana	and the state of the				·
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976	•	, ,	•		0		
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_		
					·			
						_		
								"
						_		
						_		
						_		
								+

Accounting Period:	2018/2	FORM SA1-2	E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Signal, Inc.	SYS	TEM ID# 35318
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 transmi (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.	ssion service imount, se	92.94 ecceipts)
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 \$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 \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,80(	
	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 accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$ 5	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	\$ 5	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		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	00)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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	\$ 6	67.00
	EFT Trace # or TRANSACTION ID # 26EN9BPP		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

EGAL NAME OF OWNER OF CABLE SYSTEM: Signal, Inc. 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 and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	SYSTEM ID# 35318 11 63
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	
we can contact about this statement of account.)	
Name Michael Steil Telephone	515-320-3602
Address     P O Box 435 (Number, street, rural route, apartment, or suite number)       West Bend, Iowa 50597-0435 (City, town, state, zip)       Email     msignal@signalinc.us   Fax (optional)	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
X       /s/ Michael Steil         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:       Michael Steil         Title:       President         Citle of official position held in corporation or partnership)	
	Address       P O Box 435 (Number, street, rural route, apartment, or suite number)         West Bend, lowa 50597-0435 (City, town, state, zip)         Email       msignal@signalinc.us         Fax (optional)         Fax (optional)         Image: the 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 E         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B.         (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 are made in good faith.         [18 U.S.C., Section 1001(1986)]         Typed or printed name:         Michael Steil         Typed or printed name:         Michael Steil         Title:       President

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 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 Office'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.

unting Period: 2018/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
nal, Inc.	353
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 fol- towing 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 sub- scribers 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? X NO YES, Enter the total here and list the satellite carrier(s) below.	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
	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
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.	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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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 th 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 Office'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.