This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/26/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING 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)	
A			
Accounting Period			
		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	
В		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.	369891
		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	
		S & T COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 99	
		(Number, street, rural route, apartment, or suite number) BREWSTER, KS 67732-0099	
		(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 us a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	S & T COMMUNICATIONS LLC	3698
	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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 filing	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter knc gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
Correct		
F ired	CITY OR TOWN BREWSTER	STATE KS
First Community	GOODLAND	KS
Community		
	KANORADO	KS
d Rows as Necessary	WINONA	KS
	COLBY	KS
	OAKLEY	KS
	GRINNELL	KS

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	S & T COMMUNICATION	IS LLC							36989
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 misseparately 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	SERVICE: SL pace E should on of television ay cable) in sp (June 30 or D blocks in spar / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	cover a and rac ace F, i ecember ce E cal service sin tha ndicate h categ 20/mth") for adva e form li ribers. (Il categories of tio broadcasts not here. All the er 31, as the ca Il for the numbe . In general, yo at category (the d—not the num ory of service.). Summarize a ance payment. ists the categor Give the numbe	f secondary by your sy e facts you se may be er of subsc u can com number o nber of set Include bo uny standar ries of seco	stem to subscril 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	bers. Give hose existi ole system, er of subscr anizations ice). If the charg s within a p sion servic for each lis	information ng on the broken ibers in charged e and the particular rate e that cable ted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again und nas rate catego ers of services	nted as addition er "Serv pries for a that ind	a subscriber in al sets would b vice to addition secondary tra clude one or m	each appl e included al set(s)." nsmission ore second	licable category I in the count un service that are dary transmission	Example: der "Servic different fr ons), list the	a residential 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:								
	Service to first set		2,031	21.55	Basic			1,402	55.3
	 Service to additional set(s) 				Basic D	Digital		638	68.5
	 FM radio (if separate rate) 					alue Basic		34	108.8
	Motel, hotel		12	21.55		Sngl/Dual/D		455	\$15-\$
	Commercial		175	21.55		oom Rate +	HDTA	31	7.0
	Converter		0 0 0 4		College	9		1	356.0
	Residential			\$0.00 - \$4.00					
	Non-residential		187	\$0.00 - \$4.00					
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, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un 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) descrip	e (not subscrib nose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	her) info that are ns: you ished to usually he cable stem fur e was r	rmation with re not offered in a do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	espect to al combination give rate in ers. Rate in ates are ch ach of the a red during f	on with any secc information con- formation shoul arged on a vari- applicable servio the accounting p	ondary trans cerning (1) ld include b able per-proces 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	sidential	400.00	Wire M	aintonance	2.0
	Pay cable Pay cable—add'l channel			tel, hotel mmercial		120.00 120.00		aintenance ndividual)	3.9 16.4
	Fay cable—add i channel Fire protection			y cable		120.00	· · · · · · · · · · · · · · · · · · ·	how/Cinmx (IN	
	•Burglar protection			y cable-add'l cl	nannel			us 1 Premium	24.9
	Installation: Residential		-	e protection				lus 1 Premium	24.9
	• First set	10.00		rglar protection	1			me plus 1 Pren	
	 Additional set(s) 			services:			HBO pl	us 2 Premiums	s 34.9
	• FM radio (if separate rate)		• Re	connect		10.00		lus 2 Premium	
	Converter		• Dis	connect				us 3 Premiums	
			• Ou	tlet relocation		120.00	DMX M	usic	15.0
				ve to new addr		10.00			

counting Period: 2	2018/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	S & T COMMUNICATIO			369891
G Primary Transmitters: 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 a • 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 channe 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	this every television station (including a during the accounting period, <i>excep</i> a effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.4 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (fa a substitute basis. Iso in space I, if the station was carrien or concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr-	translator stations and low power tel of (1) stations carried only on a part-tin the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station	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 ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLBY	4	N	COLBY, KS
	KAKE-HD	21	Ν	WICHITA, KS
Rows as Necessary	кмтw	35	Ν	HUTCHINSON, KS
	ĸwĸs	19	E	COLBY, KS
	KSAS	26	N	WICHITA, KS
	KSCW	33	N	WICHITA, KS
	KSNK	8	Ν	мссоок, кѕ
	KSNW-HD	45	N	WICHITA, KS
	KUSA	9	Ν	DENVER, CO
	КWCH-НD	19	N	HUTCHINSON, KS
	KWGN	34	Ν	DENVER, CO
	KBSL	10	N	GOODLAND, KS
	KSAS-HD	26.1	N	WICHITA, KS
	KMTW-HD	35.1	Ν	WICHITA, KS
	KOOD-HD	16	Е	HAYS, KS
	KSCW-HD	33.1	N	WICHITA, KS
	DECADES	33.2	l	WICHITA, KS
	ANTENNA TV	33.3	I	WICHITA, KS
	ME TV	10.2	l	WICHITA, KS
	KWCH STORM TEAM	12.2	I	WICHITA, KS

S & T COMN	OWNER OF C							SYSTEM I 3698
	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 or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co l sign of o the static cion's sign g a chech n's locati	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s ne 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 leneral 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	
UALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	
		+						

	d: 2018/2						FOR	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	S & T COMMUNICATIO	ONS LLC						369891
	SUBSTITUTE CARRIAG			NT AND PROGRAM I OO	3			
I I	In General: In space I, identi					on that your ca	able syste	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 pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television	<u>n</u> program	<u> </u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Eog	Note: If your answer is "No	" loovo tho	rost of this pac	io blank. If your answor is "		st complete th	-	
	-	, leave the	rest of this pag	je Dialik. Il your aliswer is	res, you mu	ist complete th	e program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their m	eaning is	
	clear. If you need more spa						ouring io	
				ision program ("substitute p				
	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 I ove	l ucv" or	l.
	"NBA Basketball: 76ers vs.						,	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		and by the EC	C or in	
	the case of Mexican or Can						JC 01, III	
				tem carried the substitute p			n the mon	th
	first. Example: for May 7 giv							
				gram was carried by your o				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snou	lid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	s require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUR	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S					
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		ES TO	
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				
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		Yes or No	CALL SIGN	4. STATION'S LOCATION				
		Yes or No		4. STATION'S LOCATION				
		Yes or No		4. STATION'S LOCATION				
		Yes or No		4. STATION'S LOCATION				
		Yes or No		4. STATION'S LOCATION				
		Yes or No		4. STATION'S LOCATION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION				

Accounting Period:	2018/2		FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
	S & T COMMUNICATIONS LLC		369891
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipting the statement in space P concerning the stat	em's secondary trans f how to compute thi	mission 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor	less than \$527,600	\$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 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 (t		
	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		
	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 \$52)	7,600)
	1. Enter the amount of gross receipts from space K	387,554.46	
	2. Base amount under statutory formula	263,800.00	
	3. Subtract line 2 from line 1	123,754.46	
	4. Multiply line 3 by .01	\$	1,237.54
	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, a	nd 6	\$ 2,556.54
	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)	<u>\$</u>	2,556.54
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		\$ 2,576.54
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for		

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLI S & T COMMUNICATIONS LL		SYSTEM ID# 369891
M Channels	to its subscribers, and (2) the cab1. Enter the total number of chan system carried television broade2. Enter the total number of activa on which the cable system carried	ed channels	ccounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTE we can contact about this stateme	D IF FURTHER INFORMATION IS NEEDED (Identify an in nt of account.)	dividual to whom
for Further Information	Name CHRISTINA	HICKERT	Telephone 785-694-2256
	(Number, street, ru	320 KANSAS AVE al route, apartment, or suite number) , KS 67732-0099	
	Email chri	tina.hickert@sttelcom.com	Fax (optional) 785-694-2750
O Certification	 I, the undersigned, hereby certify t (Owner other than corp (Agent of owner other than in line 1 of space B at in line 1 of space B. I have examined the statement of 	account must be certified and signed in accordance with (at (Check one, <i>but only one</i> , of the boxes.) pration or partnership) I am the owner of the cable system a tan corporation or partnership) I am the duly authorized age and that the owner is not a corporation or partnership; or an officer (if a corporation) or a partner (if a partnership) of th ecount and hereby declare under penalty of law that all staten be best of my knowledge, information, and belief, and are made	s identified in line 1 of space B; or ent of the owner of the cable system as identified e legal entity identified as owner of the cable system nents of fact contained herein
		Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	
	Тур	d or printed name: Christina Hickert	
	Title	CFO (Title of official position held in corporation or partnership)	
	Date		2-27-2019

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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
T COMMUNICATIONS LLC	3698
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- lowing 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 su 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 transmission made by satellite carriers to satellite dish owners?	ub- Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
Very must complete this workshoot for these revelty neumants submitted as a result of a late neumant or undernoume	
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. Line 1 Enter the amount of late payment or underpayment	
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	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	
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	
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	Lange
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	
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	days
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	days
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	days
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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	days

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