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 | HT 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 | 02/22/2019 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| A ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y) | YYY/(Period)) Period 2 = July 1 - December 31 | |

| Accounting Period | | 20182 Barcode Data Filing Period (optional - see instructions) |
|----------------------|-------|---|
| | | 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 |
| | | CAP Cable, LLC |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | 920 E 56th St Suite B (Number, street, rural route, apartment, or suite number) |
| | | Kearney NE, 68847 (City, town, state, zip) |
| <u>^</u> | INSTR | UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| С | names | already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | |
| | 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# |
|-----------------------|---|--|
| Name | CAP Cable, LLC | 38176 |
| D | Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo | d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s. |
| Area Served | identified city. | nie nome parks should be reported in parentneses below the |
| | CITY OR TOWN | STATE |
| First | Black Hawk | CO |
| Community | | |
| | | |
| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | | FORM SA1 | TEM IC |
|-------------------------------|---|--------------------|-------------------------|--|--------------------------|--------------------------------------|-----------------------------|----------------|----------|
| Name | CAP Cable, LLC | ADEL OTOTEM. | | | | | | 010 | 3817 |
| | | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | - | - | | | | |
| - | In General: The information in s system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | hard and | |
| Service: Sub- scribers and | Number of Subscribers: Both down by categories of secondary | | | | | | • | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv Rate: Give the standard rate c | ice at the rate i | indicated | I-not the num | ber of set | s receiving serv | ice). | is and the | |
| | unit in which it is generally billed | | | | | | | | |
| | category, but do not include disc | ounts allowed | for adva | nce payment. | | | | | |
| | Block 1: In the left-hand block | | | | | | | | |
| | systems most commonly provide that applies to your system. Note | e to their subsc | ribers. G dividual (| or organization | r of subsc is receivi | ribers and rate no service that t | for each lis falls under | ded category | |
| | categories, that person or entity | | | | | | | | |
| | subscriber who pays extra for ca | | | | | in the count un | der "Servio | ce to the | |
| | first set" and would be counted of Block 2: If your cable system | | | | | service that are | different fr | om those | |
| | printed in block 1 (for example, t | | | | | | | | |
| | with the number of subscribers a | and rates, in the | e right-ha | and block. A tw | o- or three | e-word descripti | on of the s | ervice is | |
| | sufficient. | OCK 1 | | | | | BLOC | < 2 | |
| | | NO. OF | | DATE | CAT | | | NO. OF | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS | RATE | CATI | EGORY OF SE | RVICE | SUBSCRIBERS | RAT |
| | Service to first set | | 167 | 35.50 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISS | SIONS: RATES | 5 | | | | |
| F | In General: Space F calls for rat | • | , | | • | | | | |
| Г | not covered in space E, that is, t service for a single fee. There ar | | | | | | | | |
| Services | furnished at cost or (2) services | | | | 0 | | • • • • | | |
| Other Than | amount of the charge and the ur | nit in which it is | | | | | | | |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat | | he cable | system for ear | ch of the a | annlicable servi | has listed | | |
| Rates | Block 2: List any services that | | | | | | | were not | |
| | listed in block 1 and for which a | | | | hed. List | these other serv | vices in the | form of a | |
| | brief (two- or three-word) descrip | | | te for each. | | | T | | |
| | | BLO | | | | | 0.175.0 | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | ORY OF SERV tion: Non-resi | | RATE | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: Pay cable | 35.45 | | el, hotel | dential | 49.95 | Digital | Service | 13. |
| | Pay cable—add'l channel | 55.45 | | nmercial | | 49.95 | Digital | | 10. |
| | Fire protection | | | cable | | | | | <u> </u> |
| | •Burglar protection | | - | cable-add'l ch | annel | | | | |
| | Installation: Residential | | - | protection | | | | | |
| | First set | 49.95 | • Burg | glar protection | | | | | |
| | Additional set(s) | | | ervices: | | | | | |
| | FM radio (if separate rate) | | • Rec | onnect | | 49.95 | | | |
| | | | | | | | | | |
| | Converter | | | connect | | | | | |
| | • Converter | | • Out | connect let relocation re to new addre | | | | | |

| | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTE |
|----------------------------|--|--|---|---|
| me | CAP Cable, LLC | | | 3 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| hary nitters: rision | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the | (1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepe- or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station | ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KWGN | 2 | N | Denver, CO |
| | KDVR | 31 | Ν | Denver, CO |
| lecessary | KCNC | 4 | N | Denver, CO |
| | KRMA | 18 | Е | Denver, CO |
| | KMGH | 7 | N | Denver, CO |
| | KUSA | 9 | N | Denver, CO |
| | | | | 2011101, 00 |
| | KTVD | 20.1 | N | Denver, CO |
| | | 20.1 | N | |
| | | 20.1 | | |
| | | | | |
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| Accounting P | | | | | | | FORM | I SA1-2E. PAGE |
|---|--|--|---|--|---|--|--|-----------------------------------|
| | | CABLE SY | (STEM: | | | | | SYSTEM ID |
| CAP Cable, I | | | | | | | | 3817 |
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G | it is carried b monitoring, to prmation abourm. Identify the call tate whether if the radio stat this by placing tive the station | y the sys be recein the Co sign of e the static ion's sign g a chech n's locati | I-Band FM Carriage: Under (term whenever it is received a ved at the headend, with the pyright Office regulations on t 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 | t the system's he system's FM ante this point, see pa ed by the cable s he station is licens | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st jeneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters: Radio |
| | | C/D | | | | C/D | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2018/2 | | | | | | FORM | M SA1-2E. PAGE 5. |
|--------------------------|---|---------------|-------------------|-------------------------------|-------------------|------------------|-------------|-------------------|
| - | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CAP Cable, LLC | | | | | | | 38176 |
| | | | | | _ | | | |
| | SUBSTITUTE CARRIAGI | | | | | | | |
| | In General: In space I, identi | | | | | | | |
| | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | e general instr | uctions in the p | aper SA1- | 2 torm. |
| Carriage: | 1. SPECIAL STATEMEN | | | | | | | |
| Special Statement and | During the accounting per | od, did you | r cable system | carry, on a substitute bas | is, any nonne | twork televisio | n program | |
| Program Log | broadcast by a distant star | tion? | | | | | YES | X NO |
| | Note: If your answer is "No' | loovo tho | reet of this nad | e blank. If your answer is | "Ves " vou mi | ist complete th | | |
| | - | , leave the | rest of this pag | e blank. Il your answer is | res, you me | ist complete ti | ie program | 1 |
| | log in block 2. | | MC | | | | | |
| | 2. LOG OF SUBSTITUTE In General: List each subst | | | te line. I lee abbreviations | wherever nos | sible if their n | nooning is | |
| | clear. If you need more spa | | | | wherever pos | | icaning is | |
| | | | | sion program ("substitute | program") tha | t, during the a | ccounting | |
| | period, was broadcast by a | distant stati | on and that yo | ur cable system substitute | d for the prog | ramming of ar | nother stat | |
| | under certain FCC rules, re | | | | | | | l. |
| | Do not use general categori | | vies" or "baske | tball." List specific program | n titles, for exa | ample, "I Love | Lucy" or | |
| | "NBA Basketball: 76ers vs. | | lcast live enter | r "Yes." Otherwise enter "N | Jo " | | | |
| | | | | sting the substitute progra | | | | |
| | | | | e community to which the | | nsed by the F | CC or, in | |
| | the case of Mexican or Can | adian statio | ns, if any, the o | community with which the | station is ider | tified). | | |
| | | | when your syst | tem carried the substitute | program. Use | numerals, wit | h the mon | th |
| | first. Example: for May 7 giv | | | | | | | |
| | to the nearest five minutes. | | | gram was carried by your | | | | У |
| | stated as "6:00–6:30 p.m." | | i program came | | 15 p.m. to 0.2 | 0.50 p.m. sho | | |
| | | er "R" if the | listed program | was substituted for progra | amming that y | our system wa | as required | d |
| | to delete under FCC rules a | | | | | | | am |
| | was substituted for program | ming that y | our system wa | s permitted to delete unde | r FCC rules a | nd regulations | s in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTITU | ITE | |
| | s | UBSTITUT | E PROGRAM | 1 | | AGE OCCUF | | 7. REASON FOR |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIM | | DELETION |
| | 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | то | |
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| Accounting Period: | 2018/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|---------------------------------|----------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CAP Cable, LLC | S | YSTEM ID# 38176 |
| 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 servic s amount, see | of e 0,418.37 |
| Copyright | 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 • 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 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527 | 7,600) | |
| | 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 SA1-2E. PAGE 7 |
|------------------------------------|---|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CAP Cable, LLC | SYSTEM ID# 38176 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services | 7 43 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name Amber Reineke Telephone 3 | 08-698-1442 |
| | Address 920 E 56th St Suite B (Number, street, rural route, apartment, or suite number) Kearney, NE 68847 (City, town, state, zip) | |
| | Email amber.reineke@usacommunications.tv Fax (optional) | |
| O Certification | CERTIFICATION (This 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 B; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Amber Reineke | tem as identified |
| | 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: Amber Reineke Title: CFO (Title of official position held in corporation or partnership) | |
| | Date: 2.22.19 | |

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 fling, a determination that would be made by a court of lave

| | FORM SA1-2E. PAGE |
|--|--|
| IL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| ° Cable, LLC | 3817 |
| 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? X NO | P Special Statement Concerning Gross Receipts Exclusion |
| 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 |
| | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessme |
| x | Interest Assessme |
| Line 1 Enter the amount of late payment or underpayment | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x x | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
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| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |

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