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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 08/27/2019 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	10585
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE ONE, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE	
		(Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012-2626 (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 u s 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:	
	_	235 S 6TH STREET	
	2	(Number, street, rural route, apartment, or suite number)	
		COTTONWOOD, AZ 86326 (City. town, state, zip code)	
	•	·	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CABLE ONE, INC.	105
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated of	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	COTTONWOOD	AZ
Community	CLARKDALE	AZ
· · · · · · ,	CORNVILLE	
		AZ
d Rows as Necessary	PAGE SPRINGS	AZ
	YAVAPAI APACHE	AZ
	YAVAPAI COUNTY	AZ

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM II
Name	CABLE ONE, INC.							010	1058
Е	SECONDARY TRANSMISSION			-	-	, transmission a	onvice of th		
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the ni separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	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, to with the number of subscribers a								
	sufficient.		; ngnt-i		vo- or times				
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		1,138	40.00	BULK F	RES		404	12
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		9	9.00					
	Commercial		52	40.00					
	Converter								
	Residential		1,138	2.75					
	Non-residential		61	1.00					
	SERVICES OTHER THAN SEC					l	4 ''		
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities furn	ished t	o nonsubscribe	rs. Rate in	formation shoul	d include b	oth the	
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cabl	e system for ea	ch of the a	annlicable servi	nas listad		
Rates								were not	
	Block 2: List any services that your cable system furnished or offered during the accounting period that we listed in block 1 and for which a separate charge was made or established. List these other services in the fo								
	brief (two- or three-word) description and include the rate for each.								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RA1
				ation: Non-res	idential				
	Continuing Services:		• Mc	otel, hotel		90.00	EXPAN	DED BASIC	44.
	• Pay cable	18.00				00.00			
	-			ommercial		90.00			
	 Pay cable Pay cable—add'l channel Fire protection 		•Pa	y cable		90.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		•Pa •Pa	y cable y cable-add'l ch	nannel	90.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	18.00	•Pa •Pa •Fir	y cable y cable-add'l ch e protection		90.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	18.00 90.00	• Pa • Pa • Fir • Bu	y cable y cable-add'l ch e protection rglar protection		90.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	18.00 90.00	• Pa • Pa • Fir • Bu	y cable y cable-add'l ch e protection		90.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	18.00 90.00	• Pa • Pa • Fir • Bu Other	y cable y cable-add'l ch e protection rglar protection		30.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	18.00 90.00	• Pa • Pa • Fir • Bu Other • Re	y cable y cable-add'l ch e protection rglar protection services:					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	18.00 90.00	• Pa • Pa • Fir • Bu Other • Re • Dis	y cable y cable-add'l ch e protection rglar protection services: econnect					

	2019/1			FORM SA1-2E. PAG
me		OF CABLE SYSTEM:		SYSTEM I 105
	CABLE ONE, INC.			105
hary nitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, N Column 3: Indicate in each educational station, by em (for independent multicast For the meaning of these Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAET	8	E	PHOENIX, AZ
	KASW	49	l	PHOENIX, AZ
Necessary	KAZT	7	l	PHOENIX, AZ
	KAZT-2	7	I-M	PHOENIX. AZ
	КҒРН	13	l	FLAGSTAFF, AZ
	KNXV	15	N	PHOENIX, AZ
	KPAZ	20	I	PHOENIX, AZ
		20 17	l N	
	KPAZ			PHOENIX, AZ
	КРАZ КРНО	17	N	PHOENIX, AZ PHOENIX, AZ
	KPAZ KPHO KPNX	17 12	N N	PHOENIX, AZ PHOENIX, AZ MESA, AZ
	KPAZ KPHO KPNX KSAZ	17 12 10	N N 1	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ	17 12 10 39	N N 1	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK	17 12 10 39 24	N N 1 1	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVW	17 12 10 39 24 33	N N I I I N	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVW KUTP KPHO-2	17 12 10 39 24 33 26	N N 1 1 1 1 1 N 1	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVK KUTP	17 12 10 39 24 33 26 17	N N I I I N I N-M	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVK KUTP KPHO-2 KTVK-2	17 12 10 39 24 33 26 17 24	N N I I N N I N-M I-M	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVW KUTP KPHO-2 KTVK-2 KTVK-3	17 12 10 39 24 33 26 17 24 24 24 24	N N I I I N N I N-M I-M I-M	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVK KUTP KPHO-2 KTVK-2 KTVK-3 KPNX-2	17 12 10 39 24 33 26 17 24 24 24 12	N N I I N N I N-M I-M I-M N-M	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVK KUTP KPHO-2 KTVK-2 KTVK-3 KPNX-2 KPNX-3	17 12 10 39 24 33 26 17 24 24 24 12 12 12	N N I I I N N I N-M I-M I-M I-M N-M N-M	PHOENIX, AZPHOENIX, AZMESA, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZMESA, AZMESA, AZMESA, AZMESA, AZ
	KPAZ KPHO KPNX KSAZ KTAZ KTVK KTVW KUTP KPHO-2 KTVK-2 KTVK-3 KPNX-2 KPNX-3 KPNX-4	17 12 10 39 24 33 26 17 24 24 12 12 12 12	N N I I I N N I N-M I-M I-M N-M N-M N-M N-M	PHOENIX, AZ PHOENIX, AZ MESA, AZ PHOENIX, AZ MESA, AZ MESA, AZ MESA, AZ MESA, AZ MESA, AZ

Accounting P	eriod: 2019	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID 1058
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable 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 about m. lentify the call tate whether if the radio stat this by placing ive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a wed at the headend, with the s opyright 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 leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							10585
	SUBSTITUTE CARRIAGE							
			-		-			
	In General: In space I, identi							
	substitute basis during the ac explanation of the programm							
Substitute					e general insu		paper SAT-	-2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	on program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	loovo tho	rest of this nad	e blank. If your answer is '		ist complete	the program	
	-	, leave life	rest of this pay	e bialik. Il your allower is	res, you me	ist complete	ine program	11
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE			to line. Line abbroviations	whorever pee	aibla if thair	mooning io	
	In General: List each subst clear. If you need more space				wherever pos	Sible, il triell	meaning is	
				ision program ("substitute	orogram") tha	t. during the	accounting	
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the prog	ramming of a	nother stat	ion
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	information	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.			». ».				
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the F	FCC or in	
	the case of Mexican or Can						000, 11	
				tem carried the substitute			ith the mon	th
	first. Example: for May 7 giv				-			
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	ould be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our ovetom v	ion roquiro	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
						N SUBSTIT		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES - TO	DELETION
							-	
							-	
						_	_	
							-	
							-	
						_	_	
							-	
							-	
						_	_	
							-	
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							-	
						_	-	
							-	
						_		
							-	
1						_	-	

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			ę	8YSTEM ID# 10585
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's s	secondary trans	mission serv	of
	during the accounting period				22,706.00
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
					<u> </u>
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	BEOCK 2. GROSS RECEIPTS OF \$203,000 OK LE	``		100)	
	Base amount under statutory formula Enter amount of gross receipts from space K				
	2. Enter amount of gross receipts norm space 3. Subtract line 2 from line 1				
	Subtract line 2 from line 1 A. Enter the amount of gross receipts from space K				
	Enter the amount for 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	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	322,706.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	58,906.00		
	4. Multiply line 3 by .01		\$	589.06	
	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 .		\$	1,908.06
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,908.06	
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			\$	1,928.06
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF CABLE ONE,	OWNER OF CABLE SYSTEM: INC.				SYSTEM ID# 10585
M Channels	to its subscriber1. Enter the tota system carrier2. Enter the tota on which the of	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television lcast services	total number of a th the cable the cable second static h broadcast static	nctivated channels during the	accounting period.	s 23 289
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		ION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	EMERSON YEARWO	DOD		Telephor	ne <u>602-364-6195</u>
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar PHOENIX, AZ 85012 (City, town, state, zip)	tment, or suite numb	er)		
	Email	emerson.yearv	vood@cableone	e.biz	Fax (optional) 602-364-6	013
O Certification	• I, the undersigr	I (This statement of account m ned, hereby certify that (Check o ner other than corporation or p	one, but only one,	of the boxes.)		
	ir X (Offi ir • I have examine	nt of owner other than corpora I line 1 of space B and that the of cer or partner) I am an officer (In line 1 of space B. ad the statement of account and ete, and correct to the best of my tion 1001(1986)]	owner is not a corp (if a corporation) o hereby declare ur	poration or partnership; or r a partner (if a partnership) of nder penalty of law that all stat	the legal entity identified as ov ements of fact contained herein	wner of the cable system
			Enter an electro	Raymond Storck nic signature on the line above using an "/s/ signature" (e.g., /		_
		Typed or printed	d name: RA			
				in corporation or partnership)	August 28, 2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
BLE ONE, INC.	1058
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Name Mailing Address 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 Assessmer
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	_
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274	-
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - k - <td></td>	
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.