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@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 9-3-19 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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.	28481
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd	
		(Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 28481
D	CableSouth Media III, LLC Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
Area Served	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
Control		
-	CITY OR TOWN	STATE MS
First Community	Coahoma Lula	MS
	Jonestown	MS
dd Rows as Necessary	Friars Pt.	MS
	Moonlake	MS

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					FORM SA1	
Name	CableSouth Media III, LL						010	2848
		.0						
Е	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS AND	RATES				
E	In General: The information in sp							
Secondary	system, that is, the retransmissic about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					le system	ı, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the nu						charged	
	separately for the particular servi Rate: Give the standard rate cl						be 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 o							
	Block 2: If your cable system h							
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	nd rates, in the	е попт-папа вюск. А	two- or thre	e-wora descripti	on of the s	service is	
		DCK 1				BLOC	K 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOOLUD		0,11				1011
	Service to first set		36 31.35	;				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES				
F	In General: Space F calls for rat	•	,		, ,			
	not covered in space E, that is, the							
Services	service for a single fee. There are furnished at cost or (2) services of	•		•		• • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.			-		-	
ransmissions:	Block 1: Give the standard rate						wara not	
Rates	Block 2: List any services that listed in block 1 and for which a s							
	brief (two- or three-word) descrip			bilonea. Elot				
		BLO	СК 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-r					
	• Pay cable		Motel, hotel					
	Pay cable—add'l channel		Commercial					
	Fire protection		Pay cable					1
	•Burglar protection		• Pay cable-add'l	channel				
	Installation: Residential		Fire protection					
	• First set	39.99	Burglar protection	on				
	 Additional set(s) 		Other services:					
	• FM radio (if separate rate)		Reconnect		49.99			1
	Converter	5.00	Disconnect					
	· · · /	5.00		ı				
	· · · /	5.00	Disconnect Outlet relocation Move to new ad		39.99			

		· · · · · · · ·		OVOTEM ID#
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 28481
	CableSouth Media III,			
G rimary smitters: levision	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 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 Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(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 program 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 independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt 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
	WREG	3	E	
	WILLO		—	Memphis, TN
	WMC	5	I	Memphis, TN
/s as Necessary				
s Necessary	WMC	5		Memphis, TN
s Necessary	WMC WXVT	5 8	I N	Memphis, TN Memphis, TN
Necessary	WMC WXVT WPTY	5 8 10	I N N	Memphis, TN Memphis, TN Greenville, MS
s Necessary	WMC WXVT WPTY WHBQ	5 8 10 13	I N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN
Necessary	WMC WXVT WPTY WHBQ WMAV	5 8 10 13 18	I N N N E	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN
Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ	5 8 10 13 18 23	I N N E N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN
s Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
; as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
; as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
rs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
rs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
vs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
vs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
vs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
<i>is</i> as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
vs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
vs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL
vs as Necessary	WMC WXVT WPTY WHBQ WMAV WPRQ WGN	5 8 10 13 18 23 9	I N N N E N N N N N N N N N N N N N N N	Memphis, TN Memphis, TN Greenville, MS Memphis, TN Memphis, TN Memphis, TN Chicago, IL

CableSouth	Media III, L		(STEM:					SYSTEM I 284
	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 For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (item whenever it is received a wed at the headend, with the pyright Office regulations on the 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	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	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						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CableSouth Media III, I	LLC					28481
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN			ITUTE CARRIAGE			
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	is, any nonnei	twork television prograr	n
Statement and Program Log	broadcast by a distant star	tion?			•	YES	NO
Program Log	,			a blank. Kurunanaurania ("Vee"		
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning is	6
	clear. If you need more spa	ce, please a	add additional i	ows to the tables.		-	
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.						
				"Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	ntified).	
			when your sys	tem carried the substitute	program. Use	numerals, with the mo	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the times accurate	
	to the nearest five minutes.						siy
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.						
	s	UBSTITUT	E PROGRAM	l		EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
1							

Accounting Period:	2019/1 FC	DRM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 28481
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission see (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	ervice
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-m accounting period is \$52.00	non
	Line 1. Royalty fee for accounting period	<u>52.00</u> 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 \$527,600)	
	1. Enter the amount of grade receipte from append K	
	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	
	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) FALSE	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	15.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more infor	

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID 28481
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 . and nonbroadcast services .	9 115
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 Cristy Workman Telephone	731-723-9913
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email 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; (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 owne 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)] 	tem as identified
	X /s/ Thomas Pate 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: Thomas Pate	
	Title: CFO (Title of official position held in corporation or partnership)	

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unting Period: 2019/1	FORM SA1-2E. PAGE
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
leSouth Media III, LLC	2848
 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 a 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? 	Sub- Sub- Concerning Gross Receipts Exclusion
NO	
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 these revelts neuments submitted as a result of a late neument or undernoum	
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	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
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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	
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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	Interest Assessme Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays 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	Interest Assessme Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays 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	Interest Assessme Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays 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	Interest Assessme Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme Idays Interest Assessme

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