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 COPYRIGE	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	8/23/2019	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20191 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CCI Systems, Inc. (FKA Cable Constructors Inc)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Packerland Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 190 (Number, street, rural route, apartment, or suite number)	
		Iron Mountain, MI 49801 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		s 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CCI Systems, Inc. (FKA Cable Constructors Inc)	62936
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 mobile h	ry" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Wabeno	WI
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	CCI Systems, Inc. (FKA		structo	rs Inc)				0.0	6293
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	I (June 30 or D	ecembe	31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ry of service.	nclude bot	th the amount c	f the charg		
	unit in which it is generally billed				ny standar	d rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ndary transmis	sion servic	a that cable	
	systems most commonly provide								
	that applies to your system. Note	e: Where an in	dividual	or organizatior	is receivir	ng service that	falls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	s that inc	lude one or m	ore second	lary transmissio	ons), list the	m, together	
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tv	vo- or three	e-word descript	on of the se	ervice is	
	sufficient.	OCK 1			[BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		75	20.05	Droforr	ad Chaisa		60	67
	Service to first set		75	38.95	Preferre	ed Choice		62	67. 87.
	Service to additional set(s)				Fremier	r Fius		9	07.0
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							voro pot	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATI
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	18.95	• Mot	el, hotel			Showti	ne & TMC	14.9
	 Pay cable—add'l channel 	11.95	• Cor	nmercial			Stars &	Encore Tier	12.9
	Fire protection		• Pay	cable			HBO &	Cinemax Tier	27.9
	 Burglar protection 		• Pay	cable-add'l ch	annel				
	Installation: Residential			protection					
	First set		• Bur	glar protection					
	 Additional set(s) 		Other s	ervices:					
	 FM radio (if separate rate) 		• Rec	onnect					
	• Converter		• Disc	connect					
	· · · /								

lame	LEGAL NAME OF OWNER OF			SYSTEM II 6293
	PRIMARY TRANSMITTERS:	CA Cable Constructors Inc)		
G imary smitters: evision	carried by your cable syster FCC rules and regulations i 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 statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W 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 carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent of the paper SA1-2 form. the community to which the station is	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 undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9	N	Wausau, WI
	WAOW WAOW HD	9 642	<u>N</u>	Wausau, WI Wausau, WI
cessary				······································
essary	WAOW HD	642	N	Wausau, WI
essary	WAOW HD WSAW	642 8	N N	Wausau, WI Wausau, WI
essary	WAOW HD WSAW WSAW HD	642 8 641	N N N	Wausau, WI Wausau, WI Wausau, WI
ssary	WAOW HD WSAW WSAW HD WEAU	642 8 641 12	N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI
essary	WAOW HD WSAW WSAW HD WEAU WEAU HD	642 8 641 12 645	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI
ecessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
lecessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
lecessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
lecessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Vecessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI
s Necessary	WAOW HD WSAW WSAW HD WEAU WEAU HD WFXS	642 8 641 12 645 11	N N N N N	Wausau, WI Wausau, WI Wausau, WI Eau Claire, WI Eau Claire, WI Wausau, WI

Accounting F	Period: 2019	/1					FORM	M SA1-2E. PAGE 4.
LEGAL NAME O								SYSTEM ID#
CCI System	s, Inc. (FKA	Cable	Constructors Inc)					62936
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm. dentify the call State whether if the radio stat	station ca were ge rning AI y the sys be recei to the static ion's sign	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process	ble system durin Copyright Office It the system's system's FM an this point, see p	ng the accountir e regulations, ar neadend, and (2 ntenna, during c bage (v) of the g	ng period n FM sig 2) it can certain si general i	d. Inal is generally be expected, tated intervals. nstructions in the.	H Primary Transmitters: Radio
Column 4: C	Give the station	n's locati	k mark in the "S/D" column. on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
5. 122 01011		5.5				5.0		

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CCI Systems, Inc. (FK)	A Cable C	onstructors	Inc)				62936
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
	In General: In space I, identi					ion. that vour	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisi	ion program	1
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	'Yes," you mι	ist complete	the prograr	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	orogram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sn	ouid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulation	ns in	
								1
			E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						_	_	
							_	
						_	_	
						_	_	
						_	_	
							-	
							-	
						_	_	
						_	_	
							_	
							-	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CCI Systems, Inc. (FKA Cable Constructors Inc)	S	STEM ID# 62936
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 service s amount, see	, 039.74
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 • 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	,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		nts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: , Inc. (FKA Cable Construct	tors Inc)			SYSTEM ID# 62936
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	You must give (1) the number or ers, and (2) the cable system's to tal number of channels on which ad television broadcast stations . tal number of activated channels cable system carried television dcast services	total number of a h the cable Is ı broadcast static	ctivated channels during the ad	ccounting period.	4
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of account		ION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Christopher Flanick			Telephone	906-771-2208
	Address	105 Kent St. (Number, street, rural route, apartr Iron Mountain, MI 498 (City, town, state, zip)		er)		
	Email	christopher.flan	nick@astreacor	nect.com	Fax (optional) 906-828-32	39
O Certification	I, the undersig (Own (Age i X (Off i i I have examinare true, completion	N (This statement of account mu ned, hereby certify that (Check or her other than corporation or pa ent of owner other than corporat n line 1 of space B and that the or icer or partner) I am an officer (if n line 1 of space B. ed the statement of account and P ete, and correct to the best of my tion 1001(1986)] Typed or printed Title: (Title of o	ane, but only one, partnership) I am ation or partners bowner is not a cor if a corporation) o hereby declare un knowledge, infor X /s/ Enter an electro Enter signature d name: Jac CFO	of the boxes.) the owner of the cable system a hip) I am the duly authorized age poration or partnership; or r a partner (if a partnership) of th nder penalty of law that all staten	s identified in line 1 of space E ent of the owner of the cable s e legal entity identified as owr nents of fact contained herein in good faith.	ystem as identified
		Date:			7/29/2019	

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

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Systems, Inc. (FKA Cable Constructors Inc)	629
 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? NO 	sub- " Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form 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	
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 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	n. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	n. Q Interest Assessme
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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	n. Q Interest Assessme 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	n. Q Interest Assessme days days ase ase
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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	n. Q Interest Assessme days days ase ase
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	n. Q Interest Assessme days days ase ase
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