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

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: 08/29/19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	63257
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WINDSTREAM NORTH CAROLINA LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		4001 RODNEY PARHAM (Number, street, rural route, apartment, or suite number)	
		LITTLE ROCK, AR 72212 (City, town, state, zip)	
С		CUCTIONS: 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		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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 suffciency of the fling, a determination that would be made by a court of law.

Return completed workbook

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	WINDSTREAM NORTH CAROLINA LLC	63257
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 as the "first community." Please use it as the first community on all future filing	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
Serveu		
	CITY OR TOWN	STATE
First	MOORESVILLE	NC
Community		
	THE FOUNTAIN@MOORESVILLE	
Add Rows as Necessary		

	·							FORM SA1	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	WINDSTREAM NORTH		LLC						6325
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary						, ,		
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				iny standar		s within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subsci	ribers.	Give the number	er of subsc	ribers and rate	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.				1			0	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		269	23.00-54.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		NGMIG		e				
-	In General: Space F calls for rat	-			-	ll your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th	•	,		•	• •			
. .	service for a single fee. There ar				•		• • •		
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usualiy	Dilleu. Il ally la	ales ale ch	largeu on a vana	able per-pro	grain basis,	
Transmissions:	Block 1: Give the standard rat		ne cabl	e system for ea	ach of the a	applicable servic	es listed.		
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	e the ra	ate for each.			-		
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	40.00		ation: Non-res	sidential				
	• Pay cable	19.00		itel, hotel			PPV		PF
	Pay cable—add'l channel			mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	• First set			rglar protection	I				
	 Additional set(s) 			services:					
	 FM radio (if separate rate) 		•Re	connect					
	• Converter		• Dis	connect					
			• 00	tlet relocation					
			00	lictrelocation					

	2019/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	WINDSTREAM NORT	H CAROLINA LLC		6325
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic	also in space I, if the station was carrie on concerning substitute basis stations,	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions.
	multicast stream associated "WETA-2" as the same on the 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 ter Column 4: Give the location FCC. For Mexican or Canad	el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station the community with which the station	ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCNC	36	Ν	CHARLOTTE NC
	WNSC	30	E	CHARLOTTE NC
dd Rows as Necessary	WCCB	18	Ν	CHARLOTTE NC
d Rows as Necessary				
	wsoc	9	Ν	CHARLOTTE NC
	WSOC WJZY	9 46	N N	CHARLOTTE NC CHARLOTTE NC
	WJZY	46	N	CHARLOTTE NC
	WJZY UNCEX	46 17	N E	CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV	46 17 3	N E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN	46 17 3 64	N E N N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV	46 17 3 64 4	N E N N E	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI	46 17 3 64 4 42	N E N N E E E	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC
	WJZY UNCEX WBTV WAXN WUNG/UNCTV WTVI WMYT	46 17 3 64 4 42 55	N E N N E E E N	CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC CHARLOTTE NC

Accounting P	eriod: 2019	/1					FORM	/I SA1-2E. PAGE 4
								SYSTEM ID
WINDSTREA	MNORTH	CARO						6325
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou m. lentify the call tate whether a the radio stat this by placing vive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on 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 he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral 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	od: 2019/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	WINDSTREAM NORTH	CAROLI	NA LLC				63257
	SUBSTITUTE CARRIAGE				2		
I I						ion that your cable syste	m carried on a
•	In General: In space I, identi substitute basis during the ad						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE			
Special	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> prograr	n
Statement and Program Log	broadcast by a distant stat	tion?				YES	× NO
r rogram Log	Note: If your answer is "No"	' leave the	rest of this nac	e blank. If your answer is '	Yes " vou mi	_	
	log in block 2.	, leave the	rest of this pag		res, you me		
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning is	3
	clear. If you need more space						_
	period, was broadcast by a			ision program ("substitute p ur cable system substitute			
	under certain FCC rules, rec						
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "N	lo."		
				isting the substitute progra			
				ne community to which the			
	the case of Mexican or Can			community with which the steed the steed to be a community with which the substitute provide the substitute provid			oth
	first. Example: for May 7 giv		when your sys				101
	Column 6: State the time	es when the		gram was carried by your o			ly
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system was require	d
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
							"
							"
						<u> </u>	
						_	
							"
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM NORTH CAROLINA LLC	S	*STEM ID 63257
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	9, 544.54
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	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		nts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: MINORTH CAROLINA LLC				SYSTEM ID# 63257
M Channels	to its subscrib 1. Enter the to system carri	You must give (1) the number over ers, and (2) the cable system's otal number of channels on whic ed television broadcast stations otal number of activated channe	total number of activ ch the cable	vated channels during the a	ccounting period.	12
		e cable system carried televisior				120
N Individual to Be Contacted		TO BE CONTACTED IF FURTI ct about this statement of accou		NIS NEEDED (Identify an ir	idividual to whom	
for Further Information	Name	JIM POWELL			Telephone 70	06.896.1089
	Address	1839 HIGHWAY 17 N (Number, street, rural route, apar				
		YOUNG HARRIS GA (City, town, state, zip)	A 30582			
	Email	sandra.blade@	windstream.com		Fax (optional)	
O Certification		DN (This statement of account m		-	Copyright Office regulations)	
			-		as identified in line 1 of space B; or	
		in line 1 of space B and that the o	owner is not a corpora	ation or partnership; or	ent of the owner of the cable system ne legal entity identified as owner o	
	are true, comp	ned the statement of account and lete, and correct to the best of my ction 1001(1986)]				
			Х	/S/ TIMOTHY F	P LOKEN	
				signature on the line above to ng an "/s/ signature" (e.g., /s/	-	
		Typed or printe	d name: TIMO	THY P LOKEN		
		Title: (Title of		EGULATORY REPO	RTING	
		Date:				

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unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
DSTREAM NORTH CAROLINA LLC	632
 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 Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	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	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	Q Interest Assessme
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