This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT 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	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		<b>Instructions:</b> 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	
		MCC Illinois, LLC (Mattoon, IL)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
	INIOTE		
С		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	(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 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	MCC Illinois, LLC (Mattoon, IL)	7924
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future	'community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Mattoon	IL
Community	Coles County	L
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SYSTEM						FORM SA1	TEM IC
Name	MCC Illinois, LLC (Matte							010	792
		, i <b>L</b> )							
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								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate	indicate	d-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar	d rate variation	s within a p	articular rate	
	Block 1: In the left-hand block	in space E, the	e form l	ists the categor	ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. (	Give the numbe	r of subsc	ribers and rate	for each lis	ted category	
	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.	and rates, in the	e ngnt-i	IATIU DIOCK. A IW		e-word descripti		ervice is	
	BLO	OCK 1					BLOCK	ζ2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	COBCOIL		TUTE	0,11		TIOL	OCDOCINIDEINO	
	Service to first set		1,347	40.49-51.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	40.49-51.54					
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					l vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, the		,		•	• •			
	service for a single fee. There ar		,		0		0.,		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If any fa	tes are ch	arged on a van	able per-pr	ogram basis,	
Transmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				snea. List	these other serv	lices in the	torm of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	NATE		ation: Non-res		NATE	CATEG	JRT OF SERVICE	NATI
	• Pay cable	PP		otel, hotel			Family	Cable	80.4
	Pay cable—add'l channel	PP		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					[
	First set	99.99	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	15.00-29.00	Other	services:					
	1		•Re	connect		29.00			
	<ul> <li>FM radio (if separate rate)</li> </ul>			connect					
	FM radio (if separate rate)     Converter	10.50		sconnect					
	· · · /	10.50	• Dis			15.00-29.00			

ounting Period: 2	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	MCC Illinois, LLC (Mat			7924
G	carried by your cable system FCC rules and regulations ir	ntify every television station (including a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting t	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr	time basis under rams [sections
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ces, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Iso in space I, if the station was carrien concerning substitute basis stations's call sign. <i>Do not</i> report origination with a station according to its over-th	61(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the statior	ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND/WAND(HD) NBC	17	N	Decatur, IL
	WAND-DT2 COZI TV	17.2	I-M	Decatur, IL
Rows as Necessary	WBUI/WBUI(HD) CW	22	I	Decatur, IL
	WBUI-DT2 THIS TV	22.2	I-M	Decatur, IL
	WBUI-DT3 Stadium	22.3	I-M	Decatur, IL
	WCCU/WCCU(HD) FOX	26	I	Urbana, IL
	WCCU-DT2 MeTV	26.2	I-M	Urbana, IL
	WCCU-DT3 Antenna TV	26.3	I-M	Urbana, IL
	WCIA/WCIA(HD) CBS	48	N	Champaign, IL
	WCIA-DT3 Bounce	48.3	I-M	Champaign, IL
	WCIA-DT4 Grit	48.4	I-M	Champaign, IL
	WCIX-DT/WCIX (HD) My Net	13.1	l	Springfield, IL
	WCIX-DT3 Escape	13.3	I-M	Springfield, IL
	WCIX-DT4 Laff	14.3	I-M	Springfield, IL
	WEIU DT2 PBS MHz Worldwi	50.2	E-M	Charleston, IL
	WEIU/WEIU(HD) PBS	50	E	Charleston, IL
	WICD/WICD(HD) ABC	41	N	Champaign, IL
	WICD-DT2 COMET	41.2	I-M	Champaign, IL
	WICD-DT3 TBD	41.3	I-M	Champaign, IL
	WICD-DT4 Charge!	41.4	I-M	Champaign, IL
	WICS (ABC)	20	N	Springfield, IL
	WILL/WILL(HD) PBS	9	E	Urbana, IL
	WILL-DT2 PBS WORLD	9.2	E-M	Urbana, IL
	WILL-DT3 PBS CREATE	9.3	E-M	Urbana, IL

ccounting Period:	: 2019/1			FORM SA1-2E. PAGE
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	MCC Illinois, LLC (Ma	ttoon, IL)		7924
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under
Primary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.	61(e)(2) and (4))]; and (2) certain station	
Transmitters:		s explained in the next paragraph.		
Television		: With respect to any distant stations of les. regulations. or authorizations:	carried by your cable system on a subs	stitute program
			the Special Statement and Program Lo	pa)—if the
	station was carried only on			
			ed both on a substitute basis and also	
			, see page (v) of the general instructio	
			program services such as HBO, ESPN e-air designation. For example, report	
	"WETA-2" as the same on t	0	e-di designation. Foi example, report	Industream
			evision station for broadcasting over th	ne air in its community
	of license. For example, WI	RC is channel 4 in Washington, D.C.	Ū.	
			station, an independent station, or a r	
		0	(for network multicast), "I" (for indeper	
		"E" (for noncommercial educational), rms, see page (iv) of the general instr	or "E-M" (for noncommercial education	nal multicast).
			t the community to which the station is	licensed by the
			the community with which the station is	
			,	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WUSI-DT2 PBS WORLD	19.2	E-M	Onley, IL
	WUSI-DT3 PBS CREATE	19.3	E-M	Onley, IL

EGAL NAME O								SYSTEM I 79
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed information column 1: In Column 2: S Column 3: In ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of 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 k mark in the "S/D" column. on (the community to which the the community with which the	It 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 o ge (v) of the g system as a so sed by the FC	2) it can ertain st jeneral 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	
		0.0				5.0		
	[							
	L							

Accounting Perio	od: 2019/1					FOF	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		TEM:				SYSTEM ID#
Name	MCC Illinois, LLC (Mat	toon, IL)					7924
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
l	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute Carriage:					e general insu		1-2 10111.
Special	1. SPECIAL STATEMEN					twork tolovicion prograv	~
Statement and	During the accounting per		i cable system	carry, on a substitute basi	s, any nonne		
Program Log	broadcast by a distant sta					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wnerever pos	sible, if their meaning is	S
				sion program ("substitute	program") tha	it, during the accounting	g
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	"NBA Basketball: 76ers vs.		VIES OF DASKE	IDall. LIST Specific program		ample, I Love Lucy of	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N			
				sting the substitute progra		need by the FCC or in	
	the case of Mexican or Can			e community to which the community with which the			
				tem carried the substitute			nth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			ely
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	I FUU TUIES a		
					11		
	s	UBSTITUT	E PROGRAM	1		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
					7.110 0711		
						<u></u>	
						-	
						_	
					·		""
						_	
						_	
			J				

Accounting Period:	2019/1			FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Mattoon, IL)			ç	6YSTEM ID# 7924
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 s (as identified in space E) during the accounting period. For a further explanati 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 m	system's s ion of how	secondary trans to compute this	mission servi s amount, see \$ 39	of ce
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 BLOCK 1: GROSS RECEIPTS OF \$137	but less tl informatio	han \$527,600 on.	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty	y fee that y	ou must pay for	this six-month	1
	accounting period is \$52.00 Line 1. Royalty fee for accounting period				
	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 lin	ies 1 and 2	2	· <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore 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	\$	397,071.08		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		133,271.08		
	4. Multiply line 3 by .01			1,332.71	
	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,			\$	2,651.71
				Ψ	2,001.71
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,651.71	
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			\$	2,671.71
	Important: Your remittance must be in the form of an electronic payn 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 OWNER OF CABLE SYSTEM: MCC Illinois, LLC (Mattoon, IL)	SYSTEM ID# 7924
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	36 74
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 Kenneth J. Kohrs Telephone &	345-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(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</li> </ul>	
	<ul> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	r of the cable system
	X       /s/ Kenneth J. Kohrs         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: Kenneth J. Kohrs	
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 08/13/2019	

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 telephoi 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 lav

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
C Illinois, LLC (Mattoon, IL)	792
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	 
	m 
<b>INTEREST ASSESSMENT</b> 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen

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.