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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ms (Short Form) ctions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
Accounting	2020/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
Period				
B Owner	of the subsidiary, not that of the parent co	prporation. In the owner conducts the business of the accounting period, only the owner on the owner	he last day of the accounting period should s	
	Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	025311
	LEGAL NAME OF OWNER/MAILING			
		ADDRESS OF CABLE STSTEM		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
	SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF			
	3015 S SE LOOP 323	CABLE STOTEM		
	(Number, street, rural route, apartment, or suite n	umber)		
	TYLER, TX 75701 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 2			
System	IDENTIFICATION OF CABLE SYSTEM:			
	NEOSHO, MO			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	02531
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
A.r.o.o.	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Area Served	identified city.	
Served		
	CITY OR TOWN	STATE
First	NEOSHO	МО
Community	NEWTON COUNTY(PORTION)	МО
dd Rows as Necessary		
Ju nows as necessary		

	1						FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						
	CEQUEL COMMUNICAT	FIONS LLC						02531
-	SECONDARY TRANSMISSION	I SERVICE: SL	IBSCRIBERS AN	ID RATES				
E	In General: The information in s							
Coordon	system, that is, the retransmission							
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	· · ·				lnose exis	aing on the	
Service: Sub-	Number of Subscribers: Both	<b>`</b>	,	,	,	ble systen	n, broken	
scribers and	down by categories of secondar	•	-	•	•			
Rates	each category by counting the n separately for the particular service			•	•		s charged	
	Rate: Give the standard rate of						ge 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. Not							
	categories, that person or entity		-		-			
	subscriber who pays extra for ca					nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system					different	from those	
	printed in block 1 (for example, t	-		•				
	with the number of subscribers a							
	sufficient.							
	BLO	DCK 1 NO. OF				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:							
	Service to first set		970 34	.99				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		54 45	.95				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: F	ATES				
F	In General: Space F calls for ra	•	,		• •			
ſ	not covered in space E, that is, t service for a single fee. There a				,	,		
Services	furnished at cost or (2) services		,	0		0 (	/	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the							
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							
Rates	listed in block 1 and for which a	• •		-	-			
	brief (two- or three-word) descrip	otion and includ	le the rate for eac	ch.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF	SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation: Nor	n-residential				
		17.00	<ul> <li>Motel, hotel</li> </ul>					
	• Pay cable		<ul> <li>Commercial</li> </ul>					
	• Pay cable • Pay cable—add'l channel	19.00	Commercial					
	Pay cable—add'l channel     Fire protection		• Pay cable					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		<ul><li>Pay cable</li><li>Pay cable-ad</li></ul>					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	19.00	<ul> <li>Pay cable</li> <li>Pay cable-ad</li> <li>Fire protection</li> </ul>	n				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	19.00 99.00	<ul> <li>Pay cable</li> <li>Pay cable-ad</li> <li>Fire protectio</li> <li>Burglar prote</li> </ul>	n				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	19.00 99.00	Pay cable     Pay cable-ad     Fire protectio     Burglar prote Other services:	n				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	19.00 99.00	<ul> <li>Pay cable</li> <li>Pay cable-ad</li> <li>Fire protectio</li> <li>Burglar prote</li> <li>Other services:</li> <li>Reconnect</li> </ul>	n	40.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	19.00 99.00	<ul> <li>Pay cable</li> <li>Pay cable-ad</li> <li>Fire protectio</li> <li>Burglar prote</li> </ul> Other services: <ul> <li>Reconnect</li> <li>Disconnect</li> </ul>	n ction				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	19.00 99.00	<ul> <li>Pay cable</li> <li>Pay cable-ad</li> <li>Fire protectio</li> <li>Burglar prote</li> <li>Other services:</li> <li>Reconnect</li> </ul>	n ction iion	40.00 25.00 99.00			

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		025311
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide 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 th 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	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast).
	FCC. For Mexican or Canac	lian stations, if any, give the name of t	he community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCLG-1	32	l	NEOSHO, MO
	KFJX-1	14	<b>I</b>	PITTSBURG, KS
dd Rows as Necessary	KFJX-2	14.2	I-M	PITTSBURG, KS
	KFJX-HD1	14	I-M	PITTSBURG, KS
	KFJX-HD2	14.2	I-M	PITTSBURG, KS
	KJPX-1	47	<b>I</b>	JOPLIN, MO
	KOAM-1	7	Ν	PITTSBURG, KS
	KOAM-HD1	7	N-M	PITTSBURG, KS
	KODE-1	12	N	JOPLIN, MO
	KODE-HD1	12	N-M	JOPLIN, MO
	KOZJ-1	26	E	JOPLIN, MO
	KSNF-1	16	Ν	JOPLIN, MO
	KSNF-HD1	16	N-M	JOPLIN, MO

EGAL NAME OF								SYSTEM 0253
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's I system's FM ar this point, see p sed by the cable ne station is lice	neadend, and (2 htenna, during c bage (v) of the c e system as a se nsed by the FC	2) it can ærtain st general in 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		S/D	LOCATION OF STATION	
CALL SIGN		5/D	LOCATION OF STATION	CALL SIGN	ANIOTIN	5/D	LOCATION OF STATION	
						<b> </b>		
						<u> </u>		
						<u> </u>		
						l		

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					025311
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	tion, that vo	our cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in:	structions in	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank lf vour answer i		must comm	-	
	-	, leave life	rest of this pa	ige blatik. It your answer t	s res, your	nusi comp	iele lile pioù	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Liet op come progr		skampio, i	Love Lucy	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which the			the FCC or,	IN
				stem carried the substitut			ls. with the r	nonth
	first. Example: for May 7 gi		······				,	
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program	nming that y						0
	effect on October 19, 1976							
						N SUBST		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							. <u> </u>	
							_	
							-	
							_	
							_	
							_	
						<b> </b>	-	

Accounting Period:	2020/1			FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Hume	CEQUEL COMMUNICATIONS LLC				025311
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's ation of how	secondary trans v to compute this	mission servio s amount, se \$26	
_	COPYRIGHT ROYALTY FEE				
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,10</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,80</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more</li> </ul>	0 but less t	han \$527,60(	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	this six-month	
	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 I	lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	
	1. Base amount under statutory formula	. \$	263,800.00	<u>.</u>	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	267,737.98		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	3,937.98	<u>.</u>	
	4. Multiply line 3 by .01		\$	39.38	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	1,358.38
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and			•		
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,358.38	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,378.38
	EFT Trace # or TRANSACTION ID #			Ι	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 025311
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	s . 13 . 267
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 RODNEY HASKINS Telephor	ne <b>(903) 579-3152</b>
	Address       3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)         TYLER, TX 75701 (City, town, state, zip)         Email       RODNEY.HASKINS@ALTICEUSA.COM         Fax (optional)         CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <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</li> </ul>	ce B; or
	<ul> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as 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 her 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)]</li> </ul>	owner of the cable system
	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:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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unting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0253
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	•
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	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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
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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