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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	9/1/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent	-	idiary of another corporation, give the full corp	porate title
Owner	List any other name or names under wh	ich the owner conducts the business of t	he cable system.	
		e accounting period, only the owner on t fee payment covering the entire account	the last day of the accounting period should su ting period.	ıbmit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	062163
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		

		TYLER, TX 75701 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	HENRY HILL CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
form in order to pro	ocess you	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this r statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone rou 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

CEQUEL COMMUNICATIONS LLC

SUDDENLINK COMMUNICATIONS

Number, street, rural route, apartment, or suite number)

3015 S SE LOOP 323

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	062163
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter knowr
	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	GALESBURG	IL
Community	(HENRY HILL CORR)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C								1-2E. PAGI STEM II
Name								51	06216
Е	SECONDARY TRANSMISSION					, transmission	onvice of t		
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Bot	•					-		
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv		,	0 , (chargeu	
	Rate: Give the standard rate of							je and the	
	unit in which it is generally billed	· · ·	,		ny standa	rd rate variation	s within a _l	particular rate	
	category, but do not include disc					a a da m i tua a a sais			
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca					l in the count ur	der "Servi	ce to the	
	first set" and would be counted o					convice that are	difforont f	rom those	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					-	,		
	sufficient.	,							
	BLC	OCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		76	40.71					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sve	tom's sorv	ices that were	
F	not covered in space E, that is, t								
	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	arged on a vari	able per-p	ogram basis,	
Secondary Transmissions:	Block 1: Give the standard rate		he cable	svstem for ea	ch of the	applicable servi	ces listed.		
	Block 2: List any services that							were not	
Rates		sonarato charc	je was m	ade or establis	hed. List	these other ser	vices in the	e form of a	
Rates	listed in block 1 and for which a								
Rates	listed in block 1 and for which a brief (two- or three-word) descrip		de the ra						
Rates								BLOCK 2	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and includ	CK 1 CATEG	te for each. ORY OF SER\		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	E RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	CK 1 CATEG Installa	te for each. ORY OF SER\ tion: Non-resi		RATE	CATEGO		E RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLO	CK 1 CATEG Installa • Mote	te for each. ORY OF SER\ tion: Non-resi el, hotel		RATE	CATEGO		E RATI
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and inclue BLO	CK 1 CATEG Installa • Mote • Com	te for each. ORY OF SER\ tion: Non-resi el, hotel mercial		RATE	CATEGO		E RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	CK 1 CATEG Installa • Mote • Com • Pay	te for each. ORY OF SER\ tion: Non-resi el, hotel nmercial cable	dential	RATE	CATEGO		E RATI
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	ption and inclue BLO	CK 1 CATEG Installa • Mote • Com • Pay • Pay	te for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable cable	dential	RATE	CATEGO		E RATI
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclue BLO	CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire	te for each. ORY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l chi protection	dential	RATE	CATEGO		E RATI
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	ption and inclue BLO	CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg	te for each. ORY OF SER\ tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection	dential	RATE	CATEGO		ERATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s	te for each. ORY OF SER\ tion: Non-resi el, hotel mmercial cable cable-add'l cha protection glar protection ervices:	dential	RATE	CATEGO		ERATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclue BLO	CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec	te for each. ORY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection glar protection ervices: onnect	dential	RATE	CATEGO		ERATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO	CK 1 CATEG Installa • Motu • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	te for each. ORY OF SERV tion: Non-resi el, hotel mmercial cable cable-add'l chi protection glar protection glar protection ervices: onnect	dential	RATE	CATEGO		
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and inclue BLO	CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc • Outl	te for each. ORY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l cha protection glar protection glar protection ervices: onnect	dential	RATE	CATEGO		

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		062163
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-tin he carriage of certain network program	me basis under ms [sections
ansmitters: elevision	substitute program basis, as Substitute Basis Stations:	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:		
	• Do not list the station here station was carried only on	in space G—but do list it in space I (t		
	basis. For further informatio Column 1: List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
		he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	he air in its community
	Column 3: Indicate in each educational station, by ente	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te Column 4: Give the location	rms, see page (iv) of the general instru- of each station. For U.S. stations, lis lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGCW-1	26	I	BURLINGTON, IA
	KLJB-1	18		DAVENPORT, IA
vs as Necessary	KQIN-1	36	E	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	Ν	ROCK ISLAND, IL
	WQAD-1	8	Ν	MOLINE, IL

LEGAL NAME OF								SYSTEM 062
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	II-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	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii 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	
0,122,01011	7 0. 1	0,5		0.122 0.011	7 01 1 111	0,0		

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					062163
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	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 6:01	:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							• <u>•</u>	
						_		
						_		
						_		
						_		
						_		
1	1	I	I	I	1			1

Accounting Period:	2020/1	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 06216
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,80(
	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 thi accounting period is \$52.00	s 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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10)	0)
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	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	
	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 \$527,6	00)
	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	1 319 00
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062163
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 on which the cable system carried television broadcast stations and nonbroadcast services	6 47
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 Telephone	(903) 579-3152
O Certification	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) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B.	B; or system as identified
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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)] <td< th=""><th>n</th></td<>	n
	Date: 8/14/2020	

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 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 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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06210
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those rovalty 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
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