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	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	- <u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	2/25/2021	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	Y THIS STATEMENT: (YYY	YY/(Period))	

	-	
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CABLE ONE, INC. d/b/a SPARKLIGHT
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E EARLL DRIVE
		(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012
		(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	1	IDENTIFICATION OF CABLE SYSTEM:
		CABLE ONE, INC. d/b/a SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	3000 N WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number)
		POLAR BLUFF, MO 63902
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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#
Humo	CABLE ONE, INC. d/b/a SPARKLIGHT	30004
D Area Served	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n city.	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	ARGENTA	
Community	OREANA MACON COUNTY	IL
dd Rows as Necessary		
,		

Name E Secondary Transmission	CABLE ONE, INC. d/b/a								
Secondary Transmission		SPARKLIG	HT						3000
	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including pu- last day of the accounting period	pace E should on of television ay cable) in spa	cover all and radic ace F, no	categories of se broadcasts by t here. All the fa	econdary your sys acts you	tem to subscrib state must be th	ers. Give ir	nformation	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	blocks in space transmission s umber of billing ce at the rate in harged for each (Example: "\$2 bounts allowed f in space E, the	ce E call f service. In s in that c ndicated- h categor 0/mth"). S for advan- e form list	for the number of n general, you of category (the nu- mot the number y of service. Inco Summarize any ce payment. s the categories	of subscr can comp imber of er of sets clude bott standarc s of seco	ibers to the cab oute the number persons or orga receiving servio n the amount of I rate variations ndary transmiss	of subscril nizations c ce). the charge within a pa	bers in charged and the articular rate a that cable	
	systems most commonly provide that applies to your system. Note categories, that person or entity s subscriber who pays extra for cal first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	Where an inc should be coun ble service to a nce again unde nas rate catego ers of services nd rates, in the	dividual o ated as a additional er "Servic pries for s a that inclu	r organization is subscriber in ea sets would be i e to additional econdary transi ude one or more	s receivin ach applio ncluded set(s)." mission s e second	g service that fa cable category. In the count und ervice that are o ary transmissior	alls under d Example: a er "Service different fro ns), list thei on of the se	lifferent a residential e to the om those m, together ervice is	
	BLC	CK 1 NO. OF					BLOCK	K 2 NO. OF	.
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		92	\$40.00					
	Service to additional set(s) FM radio (if separate rate) Motel, hotel								
	Commercial Converter • Residential		5	\$40.50					
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the r Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charge tion and includ	eer) inform that are non- ns: you do ished to non- usually bit the cable set tem furni- e was ma le the rate	ation with resp ot offered in cor- o not need to gi nonsubscribers lled. If any rate: system for each shed or offered ide or establish	mbinatior ve rate ir . Rate inf s are cha a of the a during th	with any secor formation conce ormation should rged on a varial oplicable service re accounting pe	idary transi erning (1) s l include bo ble per-prog es listed. eriod that w	mission services oth the gram basis, vere not form of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		DRY OF SERVI		RATE	CATEGO	ORY OF SERVICE	RAT
	• Pay cable	\$9-\$18.00		l, hotel			EXTEN	DED BASIC	48.
	Pay cable—add'l channel		• Com	mercial				L FAM PLUS	16.
	Fire protection		• Pay					SUPER PAK	19.
	•Burglar protection		1 1	cable-add'l cha	nnel				19.
	Installation: Residential			protection					27.
	• First set	\$40.00	'	lar protection			CINEM	AX	13.
	Additional set(s) EM radio (if separate rate)		Other se	onnect		\$25.00	HBO		19.
	 FM radio (if separate rate) Converter 		1	onnect		\$25.00			
			1	et relocation					
				e to new addres	s	\$25.00			+

Namo	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
Name	CABLE ONE, INC. d/	b/a SPARKLIGHT		30
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-f e carriage of certain network progr (e)(2) and (4))]; and (2) certain stat ried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND	17	N	DECATUR, IL
	WBUI	22	Ι	DECATUR, IL
ows as Necessary	WCIA	48	N	CHAMPAIGN, IL
			N	
	WCIX	11	19	SPRINGFIELD, IL
	WCIX WEIU	50	E	CHARLESTON, IL
				······
	WEIU	50	E	CHARLESTON, IL
	WEIU WICS WILL	50 42	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL
	WEIU WICS WILL	50 42 9	E N	CHARLESTON, IL SPRINGFIELD, IL URBANA, IL

EGAL NAME OF								SYSTEM II 3000
	every radio s	tation ca	rried on a separate and discre herally receivable by your cable				ied on an	Н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether the the radio stati this by placing vive the station	y the syst be receivent t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is license	dend, and (2) ina, during cer e (v) of the ge rstem as a sep ed by the FCC	it can b tain sta neral in: parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	-	the community with which the s	CALL SIGN	AM or FM	<u> </u>	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	

Name	d: 2020/2						FC	ORM SA1-2E. PAGE 5.
I Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
	CABLE ONE, INC. d/b/	a SPARKL	lght					30004
	SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOG	3			
l Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ify every non ccounting pe	network televisi priod, under spe	on program, broadcast by a cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorization	s. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				general motio			
Special	During the accounting per	-			is any nonne	twork tole	vision prog	ram
Statement and	broadcast by a distant stat	-	readic system	carry, on a substitute bas	is, any nonne			
Program Log	,						YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust compl	ete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	sible. if th	eir meanin	a is
	clear. If you need more spa				interer per			9.0
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
		n was broad		"Yes." Otherwise enter "N				
				sting the substitute progra				i
	the case of Mexican or Can			e community to which the community with which the			ine FCC or,	IN
	Column 5: Give the mor	nth and day		tem carried the substitute			s, with the r	nonth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ately
	stated as "6:00–6:30 p.m."		. p. eg. a ea			-0100 p	. enedia pe	
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.		,			5		
						N SUBS		
	s		E PROGRAM		CARRI	AGE OC	CURRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OC		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OC 6.	CURRED TIMES	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	S	YSTEM ID# 30004
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 amount, see	85516.44 ,761.61 ss receipts)
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 \$527,600 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 this	s six-month	
	accounting period is \$52.00 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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
Filing Fee and Total Remittance Due	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 Regist See page i of the general instructions in the paper SA1-2 form for more information		s!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: INC. d/b/a SPARKLIGHT			SYSTEM ID# 30004
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	ers, and (2) the cable system's tal number of channels on whi ied television broadcast statio tal number of activated chann e cable system carried televisi	ns	he accounting period.	8
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco	THER INFORMATION IS NEEDED (Identify ount.)	an individual to whom	
for Further Information	Name	EMERSON YEARWO	DOD	Telephone	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar			
		PHOENIX, AZ 85012 (City, town, state, zip)	2		
	Email	EMERSON.YE	ARWOOD@CABLEONE.BIZ	Fax (optional 602-364-602	13
	CERTIFICATION	(This statement of account n	nust be certified and signed in accordance w	ith Copyright Office regulations)	
O Certification	(Own	er other than corporation or p nt of owner other than corpora	ne, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable syster ation or partnership) I am the duly authorized ne owner is not a corporation or partnership; or		
	• I have examine are true, comple	in line 1 of space B. d the statement of account and	(if a corporation) or a partner (if a partnership) of hereby declare under penalty of law that all stated by knowledge, information, and belief, and are n	ements of fact contained herein	er of the cable system
			X /s/ RAYMOND STORCK Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,		-
		Typed or printed	d name: RAYMOND STORCK		
		Title:	VICE PRESIDENT itle of official position held in corporation or partnersh	p)	
		Date:		February 25, 2021	

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.

unting Period: 2020/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
BLE ONE, INC. d/b/a SPARKLIGHT	300
 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? X NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	ays
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	
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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	
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	

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 filing, a determination that would be made by a court of law.