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	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Tr	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Syste General instru in the first tab	uctions	are located	2/2/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: ()	'YYY/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty for		n the last day of the accounting period shoul nting period.	d submit a
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	62458
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	Λ	
		Pioneer Telephone Cooperative, Inc	:		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	T)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 539 (Number, street, rural route, apartment, or suite n	umber)		
		Kingfisher, OK 73750			
С		RUCTIONS: In line 1, give any busir		entify the business and operation of t	
	name	IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of t	he system, if different from the addre	ss given in space B
System	1	IDENTIFICATION OF CABLE STSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	Number street rural route apartment or suite p	imber)		

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)

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Pioneer Telephone Cooperative, Inc	624
	Instructions: List each separate community served by the cable system. A "communi	ty" is the same as a "community unit" as defined in FCC rul
	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including singl st will serve as a form of system identification hereafter kn
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Temple	OK
Community	Chattanooga	OK
,	Comanche	OK
Add Rows as Necessary	Davidson	ОК
	Frederick	OK
	Grandfield	OK
	Hastings	ОК
	Loco	OK
	Manitou	OK
	Tipton	OK

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Pioneer Telephone Coo	perative, In	C						6245
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	RIBERS AND R	ATES				
E	In General: The information in s								
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the second particular	• • •			•		liiose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	,		0 / 1					
Rates	each category by counting the n separately for the particular serv		•	0,0			•	charged	
	Rate: Give the standard rate of							e 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					in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	0			( )	service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF		1			BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>	Basic		29.95-90.95	Essenti	ial 2nd		520	86.9
	<ul> <li>Service to additional set(s)</li> </ul>				Comple	ete 3rd		38	96.9
	• FM radio (if separate rate)								
	Motel, hotel		1	96.95					
	Commercial		14	96.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscri	ber) inf	ormation with re	spect to a	ll your cable sys	stem's serv	ices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There al 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 rate Block 2: List any services that	• •				• •		were not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable		• Mo	otel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	ommercial					
	<ul> <li>Fire protection</li> </ul>		•Pa	iy cable					
	<ul> <li>Burglar protection</li> </ul>			iy cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set			irglar protection					
	Additional set(s)	85.00		services:					
	• FM radio (if separate rate)			connect		15.00			
	Converter			sconnect 20.00	per rema				
	1		ι ∙Οι	utlet relocation		85.00			
			-	ove to new addr		0-245.00			

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name	Pioneer Telephone C			62
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> 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 informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a par e carriage of certain network prog l(e)(2) and (4))]; and (2) certain s rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru rogram services such as HBO, ES -air designation. For example, re vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inder r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFDX	28	N	Wichita Falls, TX
	KFOR	27	Ν	Oklahoma City, OK
Rows as Necessary	KAUZ	22	N	Wichita Falls, TX
	KAUZ-2	6.2	N-M	Wichita Falls, TX
	KETA	13	E	Oklahoma City, OK
	КОРХ	50	I	Oklahoma City, OK
	KJTL	15	I	Wichita Falls, TX
	KJTL KSWO	15 11	l N	Wichita Falls, TX Wichita Falls, TX
			I N I-M	
	KSWO	11		Wichita Falls, TX
	KSWO KJBO	11	I-M	Wichita Falls, TX Wichita Falls, TX
	KSWO KJBO KFDX-HD	11	I-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD	11	I-M N-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD	11	I-M N-M N-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD	11	I-M N-M N-M N-M E-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD	11	I-M N-M N-M N-M E-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD	11	I-M N-M N-M N-M E-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD	11	I-M N-M N-M N-M E-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD	11	I-M N-M N-M N-M E-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD	11	I-M N-M N-M N-M E-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD	11	I-M N-M N-M N-M E-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX
	KSWO KJBO KFDX-HD KFOR-HD KAUZ-HD KETA-HD KJTL-HD	11	I-M N-M N-M N-M E-M N-M	Wichita Falls, TX Wichita Falls, TX Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX Oklahoma City, OK Wichita Falls, TX

Pioneer Tele	F OWNER OF C							SYSTEM I 624
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, 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 it the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < 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 this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio		04515					FC	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF Pioneer Telephone Co							SYSTEM ID# 62458		
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G					
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi period, under sp	<i>ision program,</i> broadcast by becific present and former F	a distant sta CC rules, reg	ulations, c	or authoriza	ions. For a further		
Carriage:	1. SPECIAL STATEMEN				<u></u>					
Special				m carry, on a substitute ba	sis. anv nonr	network te	elevision pr	ogram		
Statement and Program Log	broadcast by a distant sta	•			, <b>,</b>		YES	-		
r rogram Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.			age blank. If your answer is	s res, your	nusi com	piete trie pi	ogram		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs <b>Column 2:</b> If the progra <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cal <b>Column 5:</b> Give the mo first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	a distant sta egulations, i ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7." ies when th . Example: ter "R" if the and regulat	tion and that y or authorization ovies" or "bask dcast live, entr station broadc ion's location (i ons, if any, the v when your sy e substitute pr a program carr e listed program ions in effect d	ns. See page (v) of the ger etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for progra	ted for the pro neral instruct am titles, for e 'No." e station is lid e station is lid e program. Us r cable systen 1:15 p.m. to 6 ramming that bd; enter the l	ogrammin ions for fu example, ' censed by entified). se numera m. List the :28:30 p.r : your sys etter "P" i	g of anothe arther inforr "I Love Luc y the FCC of als, with the e times acco m. should b tem was <i>re</i> f the listed	er station nation. y" or or, in e month urately re quired		
	effect on October 19, 1976	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
		+								
							_			
			+							
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					·					
					·					
					·					

Accounting Period:	<b>2020/2</b> FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	Pioneer Telephone Cooperative, Inc 62458
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
_	COPYRIGHT ROYALTY FEE
L 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 \$263,80( • 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.
	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 six-month 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
	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 \$137,100)
	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
	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         \$ 368,994.23
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,370.94
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2,370.94
	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 \$ 2,390.94
	EFT Trace # or TRANSACTION ID # 55960000
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: hone Cooperative, Inc			SYSTEM ID# 62458
<b>M</b> Channels	<ol> <li>to its subscribe</li> <li>1. Enter the tot system carrie</li> <li>2. Enter the tot on which the</li> </ol>	ou must give (1) the number of channels on w rs, and (2) the cable system's total number of a al number of channels on which the cable at television broadcast stations	nctivated channels during the acco	ounting period.	15 268
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMAT about this statement of account.)	ION IS NEEDED (Identify an indiv	ridual to whom	
for Further Information	Name	Debbie Parks		Telephone 405-	-375-0758
	Address	PO Box 539 (Number, street, rural route, apartment, or suite numb Kingfisher, OK 73750 (City, town, state, zip)	er)		
	Email	daparks@ptci.com		Fax (optional)	
O Certification	I, the undersig     (Own     (Age     i     X     (Off     i     i     I have examin     are true, compl	(This statement of account must be certified a ned, hereby certify that (Check one, <i>but only one</i> <b>er other than corporation or partnership)</b> I an <b>ht of owner other than corporation or partner</b> line 1 of space B and that the owner is not a co <b>cer or partner</b> ) I am an officer (if a corporation) line 1 of space B. d the statement of account and hereby declare te, and correct to the best of my knowledge, info ion 1001(1986)]	, of the boxes.) n the owner of the cable system as <b>ship)</b> I am the duly authorized ager rporation or partnership; or or a partner (if a partnership) of the under penalty of law that all stateme	identified in line 1 of space B; or nt of the owner of the cable system legal entity identified as owner of ents of fact contained herein	
		Enter an electro	Richard Ruhl nic signature on the line above to ce using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed name: Ric Title: General M (Title of official position held			
		Date:		01/29/2021	

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unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
eer Telephone Cooperative, Inc	624
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 fol- lowing 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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gross
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.	Receipts Exclusion
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?	5
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<sup>t.</sup> Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessment
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	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
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	Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	
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	Lange
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	Interest Assessme  days  se
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	Interest Assessme  days  se
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