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

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))	
Accounting Period	2020/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 I - see instructions)	
В			liary of another corporation, give the full corpo	orate title of
Owner	the subsidiary, not that of the parent corpo		e cable system	
Owner		ccounting period, only the owner on th	ne last day of the accounting period should sub	mit a single
	Check here if this is the system's first filing.	. If not, enter the system's ID number a	ssigned by the Licensing Division.	063273
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			

		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		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	1	IDENTIFICATION OF CABLE SYSTEM:
		LOVELOCK CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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 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.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	063273
D	separate and distinct community or municipal entity (including unincorporated community or municipal entity (including unincorporated community." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	LOVELOCK	NV
Community	(LOVELOCK CORR)	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name									06327
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission v	service of	the cable	
—	system, that is, the retransmission			-		-			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					,	,	
Rates	each category by counting the n			•		•			
	separately for the particular serv	ice at the rate in	ndicate	d-not the numb	er of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				Stanual		s within a		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categorie					
	systems most commonly provide							0,	
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of							<b>.</b>	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,	-	
	sufficient.		0			•			
	BLC	DCK 1 NO. OF					BLOC	(2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		54	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	SIONS: RATES					
F	In General: Space F calls for rat	<b>`</b>	,			, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rate	s are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat		o ooble	a system for each	a of the r	applicable convi	oog ligtod		
Fransmissions: Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.			-		
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside	ential				
	Pay cable     Add'l channel	-		el, hotel					
	Pay cable—add'l channel     Eire protection	-		nmercial					
	Fire protection     Burglar protection			<sup>,</sup> cable <sup>,</sup> cable-add'l char	nel				
	Installation: Residential			protection					
	• First set	_		glar protection					
	Additional set(s)	•••••		services:					
	• FM radio (if separate rate)			connect		-			
	,			-					
	Converter		• DIS0	connect					
	Converter			connect let relocation		-			
	• Converter		• Out		6				

Internet         CEQUEL COMMUNICATIONS LLC         0632           CEQUEL COMMUNICATIONS LLC         PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (including translator stations carried orly on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.           • Do nof list the station here, in space G – but of 0 list ti in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.         • Do nof list the station here, and also in space I, if the station was carried by our cable system on a substitute program basis. For further information concerning substitute basis stations, see page (v) of the general instructions.           Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream 'WETA-2' as the same on the form.           Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M' (for network multicast), "r' (for independent), 'I-M'' (for independent multicast), "E' (for noncommercial educational), or "E-M' (for noncommercial educational station, by entering the letter 'N' (for network), station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network multicast), "r' (for independent), 'I-M'' (for independent multicast), "E' (for noncommercial	nting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Control         Control           An Alexandrian         PRIMARY TRANSITTERS: TELEVISION           In General: In space G, Identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on apt-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of carrian network programs [Sections 76,59(d)(2) and (4), 76,61(e)(2) and (4), 76,63 (refering to 76,61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.           Substitute Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.           • List the station here in space G—but do list it in space I (the station scenaring orgam services such as HBO, ESPN, etc. Identify each multicast statem associated with a station according to tis over-the-air designation. For example, report multistream "WETA-2" as the same on the form.           Column 1: List each staten's call sign. D ond report origination program services such as HBO, ESPN, etc. Identify each multicast statem associated with a station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network, multicast), 'T (for independent), 'LM'           Column 3: Indicate meach case whether the station is a network station, an independent station is incensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community	Name				SYSTEM ID
A General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FC for Cules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76, 59(d)(2) and (4), 76, 61(e)(2) and (4), or 76, 63 (referring to 76, 61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.         Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:       • Do not list the station here in space G—but do list it is space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis station as substitute basis and also on some other basis. For further information concorning substitute basis station, For example, report multistream "WETA-2" as the same on the form.         Column 2: List each station is call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.         Column 3: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.         Column 4: Give the location of each station. For U.S. stations, list the community of which the station is licensed by the FCC. For Mexican or Canadian stations, for U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with		-			063273
I. CALL SIGN     2. B'CAST CHANNEL NUMBER     3. TYPE OF STATION     4. LOCATION OF STATION       KNPB-1     5     E     RENO, NV       KOLO-1     8     N     RENO, NV       KREN-1     27     I     RENO, NV       KRNS-1     46     I     RENO, NV       KRNV-1     4     N     RENO, NV       KRXI-1     11     I     RENO, NV	G Primary ansmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here station was carried only or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including to m during the accounting period, <i>except</i> of in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. lel number the FCC assigned to the telev. VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), oi erms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list i	(1) stations carried only on a part-til e carriage of certain network progra I(e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indepur r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	levision stations) me 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 noncommercial endent), "I-M" onal multicast). is licensed by the
As Necessary KOLO-1 8 N RENO, NV As Necessary KREN-1 27 I RENO, NV KRNS-1 46 I RENO, NV KRNV-1 4 N RENO, NV KRXI-1 11 I RENO, NV				·	
As Necessary KOLO-1 8 N RENO, NV As Necessary KREN-1 27 I RENO, NV KRNS-1 46 I RENO, NV KRNV-1 4 N RENO, NV KRXI-1 11 I RENO, NV		KNPB-1	5	Е	RENO. NV
As Necessary KREN-1 27 I RENO, NV KRNS-1 46 I RENO, NV KRNV-1 4 N RENO, NV KRXI-1 11 I RENO, NV					
KRNS-1         46         I         RENO, NV           KRNV-1         4         N         RENO, NV           KRXI-1         11         I         RENO, NV	vs as Necessary			I	
KRXI-1 11 I RENO, NV		KRNS-1	46	<u> </u>	
		KRNV-1	4	N	RENO, NV
KTVN-1       2       N       RENO, NV         Image: Sector Secto		KRXI-1	11	<u> </u>	RENO, NV
Image: Section of the section of th		KTVN-1	2	N	RENO, NV

EGAL NAME OF								SYSTEM I 0632
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under O tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's hea system's FM ante this point, see pag	adend, and (2 nna, during ce ge (v) of the ge	) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
ignal, indicate <b>Column 4:</b> G	this by placing ive the statior	g a checl n's locati	K mark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 063273
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every non	network televisi	<i>ion program,</i> broadcast by a				
Substitute Carriage: Special Statement and Program Log	<ul> <li>explanation of the programmi</li> <li><b>1.</b> SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat</li> <li><b>Note:</b> If your answer is "No" log in block 2.</li> <li><b>2.</b> LOG OF SUBSTITUTE</li> <li>In General: List each substiclear. If you need more spate Column 1: Give the title period, was broadcast by a under certain FCC rules, report on tuse general categori</li> <li>"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call state case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."</li> </ul>	ng that mus CONCER od, did you ion? ', leave the <b>PROGRA</b> itute progra ce, please a of every nor distant stati gulations, o es like "mo" Bulls." n was broad sign of the s dcast static adian statio th and day 'e "5/7." as when the Example: a	t be included in NING SUBSTI r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske dcast live, enter station broadca in's location (th ns, if any, the c when your syst substitute program carrie	this log, see page (v) of the <b>ITUTE CARRIAGE</b> carry, on a substitute basis the blank. If your answer is te line. Use abbreviations ows to the tables. asion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N usting the substitute program r e community to which the community with which the tem carried the substitute program gram was carried by your ed by a system from 6:01:	general instru s, any nonne 'Yes," you mu wherever pos program") that d for the prog eral instruction n titles, for ex lo." m. station is lice station is lice station is lice station is lice station s lice	uctions in the twork televis ust complete ssible, if thei at, during the ramming of ns for furthe ample, "I Lc ensed by the tified). e numerals, . List the tim 28:30 p.m. s	e paper SA1- sion program YES e the program r meaning is e accounting another sta or information we Lucy" or FCC or, in with the more the accurate hould be	2 form. n X NO m s tion n. hth
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation in the second se	ons in effect du	s permitted to delete unde	; enter the let r FCC rules a	ter "P" if the	listed progrons in	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
							_	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 063273
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 mount, see	<b>5,092.05</b> 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. 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 the		
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 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 \$137,1		52.00
	1. Base amount under statutory formula       \$       263,800.00         2. Enter amount of gross receipts from space K		
	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		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K       \$       263,800.00         2. Base amount under statutory formula       \$       263,800.00         3. Subtract line 2 from line 1	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		
	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)	52.00	
	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 Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063273
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's to I number of channels on which	otal num n the cab	Is on which the cable system carried telev ber of activated channels during the acco le	punting period.	7
		cable system carried television dcast services		ast stations		20
<b>N</b> Individual to Be Contacted		BE CONTACTED IF FURTHI about this statement of accoun		DRMATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name Address	RODNEY HASKINS 3027 S SE LOOP 323			Telephone	(903) 579-3152
		(Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nent, or su	te number)		
	Email	RODNEY.HASKI	INS@A	LTICEUSA.COM	Fax (optional	
O Certification	I, the undersigne     (Owne     (Agent	d, hereby certify that (Check one r other than corporation or par of owner other than corporati in line 1 of space B and that the	e, <i>but on</i> artnershi tion or p e owner is	tified and signed in accordance with Copy <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as id <b>artnership)</b> I am the duly authorized agent of a not a corporation or partnership; or ation) or a partner (if a partnership) of the le	lentified in line 1 of space E of the owner of the cable s	ystem as identified
	• I have examined	te, and correct to the best of my	-	clare under penalty of law that all statement ge, information, and belief, and are made in		
				/s/ Alan Dannenbaum electronic signature on the line above to certi nature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed r	name:	ALAN DANNENBAUM		
				PROGRAMMING position held in corporation or partnership)		
		Date:			2/25/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063273
<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:         <ul> <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> </ul> </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     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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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