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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form)			
General instructions are located in the first tab of this workbook.	02/01/2022		For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
		ALLOCATION NUMBER	_

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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
		Sand Creek Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		Po Box 66 (Number, street, rural route, apartment, or suite number)
		Sand Creek, MI 49279 (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:
		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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Sand Creek Telephone Company	0
D	Instructions: List each separate community served by the cable system. A "commun "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 list as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Sand Creek	MI
Community	Adrian	MI
	Jasper	MI
Add Rows as Necessary	Village of Fairfield	MI
	Village of Seneca Village of Dover	MI MI
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Name	Sand Creek Telephone	Company							
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND R	ATES				
E	In General: The information in s		-	-	-	y transmission se	ervice of th	ie cable	
	system, that is, the retransmission	on of television	and rad	io broadcasts	by your sy	stem to subscrib	ers. Give i	nformation	
Secondary	about other services (including p						nose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la evetam	broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variations	within a p	articular rate	
	Block 1: In the left-hand block				ries of sec	ondarv transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					in the count und	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tv	vo- or thre	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Service to first set		18	25.99	Expand	hod		72	72.9
	Service to additional set(s)		10	25.99	Premiu			85	82.9
	()				Fielillu			03	02.3
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
_	In General: Space F calls for rate		,		•	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		5 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				Sheu. List	these other serv		Ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable		• Mot	el, hotel					
	• Pay cable—add'l channel		• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l cl	nannel				
	Installation: Residential			protection					
	• First set			glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter		• 1 /IS/	connect					
	• Converter			connect					
	• Converter		• Out	connect let relocation ve to new addr	-PSS				

				OVOTEMID
ime	LEGAL NAME OF OWNER OF			SYSTEM ID
	Sand Creek Telephon PRIMARY TRANSMITTERS:			
G nary nitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1 : List each statior multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel of license. For example, WF Column 3 : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4 : Give the location	Ilso in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain statistical arried by your cable system on a sub- me Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepe or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTOL	11	N	
		13		
essan	WTVG	13	N	TOLEDO, OH
essary	WTVG WNWO	24	N N	TOLEDO, OH TOLEDO, OH
essary	WTVG WNWO WPGU	24 26	N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH
essary	WTVG WNWO WPGU WGTE	24 26 30	N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
sary	WTVG WNWO WPGU	24 26	N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH
ecessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
s Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH
s Necessary	WTVG WNWO WPGU WGTE WUPW	24 26 30 36	N N N N N	TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH TOLEDO, OH

EGAL NAME OI Sand Creek								SYSTEM
PRIMARY TRA								
n General: List	t every radio s	station c	arried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of	it is carried b monitoring, to	y the sy be rece	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the	at the system's e system's FM a	headend, and ntenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
aper SA1-2 for Column 1: lo	rm. lentify the cal	l sign of	opyright Office regulations on each station carried. on is AM or FM.	i this point, see p	age (v) of the	general	instructions in the.	
Column 3: If ignal, indicate	the radio stat this by placing	tion's sig g a cheo	gnal was electronically proces ck mark in the "S/D" column. tion (the community to which					
			, the community with which th			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
							·	
					1	1		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Sand Creek Telephone	e Compan	У					0
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the are explanation of the programm 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No, log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spat Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call states of	E: SPECIA fy every nor ccounting pe ing that mus r CONCER iod, did your tion? " leave the E PROGRA itute progra ce, please a of every nor distant stati gulations, or ies like "mor Bulls." n was broac sign of the s	AL STATEMEI anetwork televis eriod, under spe it be included in RNING SUBST r cable system rest of this pag MS m on a separa add additional r network televi on and that you r authorizations vies" or "baske least live, enter station broadca	ion program, broadcast by cific present and former FC this log, see page (v) of the TIUTE CARRIAGE carry, on a substitute basis e blank. If your answer is the line. Use abbreviations ows to the tables. sion program ("substitute ar cable system substitute s. See page (v) of the gene	a <i>distant</i> stat C rules, regul <u>a general instr</u> s, any nonne 'Yes," you mu wherever pos program") tha d for the prog pral instruction n titles, for exa lo." m.	ations, or a uctions in t twork telev ust comple sible, if the t, during th ramming c ns for furth ample, "I L	A the paper SA1- rision program YES te the program eir meaning is the accounting of another statt er information ove Lucy" or	m carried on a For a further 2 form.
	the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	adian statio th and day 'e "5/7." es when the Example: a er "R" if the ind regulatio ming that y UBSTITUT	ns, if any, the o when your syst substitute prog program carrie listed program ons in effect du our system wa	community with which the em carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period s permitted to delete unde	station is ider program. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let r FCC rules a WHE CARR	tified). List the til 8:30 p.m. our systen ter "P" if th nd regulat N SUBST	, with the mon mes accuratel should be n was <i>required</i> ie listed progra ions in TITUTE CURRED	y d
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	
						1		
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	Sand Creek Telephone Company		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail 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	,385.25 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 \$137,100 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 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 \$ 263,800.00		
	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		
	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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.
Name		F OWNER OF CABLE SYSTEM: Telephone Company	SYSTEM ID# 0
M Channels	to its subscrib 1. Enter the to system carrie 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	7 322
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further Information	Name	Teresa Sadler Telephone 517-4	436-3130
	Address	Po Box 66 (Number, street, rural route, apartment, or suite number) Sand Creek MI 49279 (City, town, state, zip)	
	Email	tsadler@sc-telco.com	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	In the statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, but only one, of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lefe, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/Harvey F Souders Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name:	
		Title: Vice President (Title of official position held in corporation or partnership)	
		Date: 2-1-22	

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ounting Period: 2021/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
d Creek Telephone Company		
 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 b lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sha scribers and amounts collected from subscribers receiving secondary transmissions pursuant for more information on when to exclude these amounts, see the note on page (vii) of the general instructed in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners? NO 	n for the basic all not include sub- to section 119." tructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions located in the pa		Q
	per SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the page	per SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the page Line 1 Enter the amount of late payment or underpayment	per SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the page Line 1 Enter the amount of late payment or underpayment	per SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the page Line 1 Enter the amount of late payment or underpayment	per SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the page Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. days days x 0.00274 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the page Line 1 Enter the amount of late payment or underpayment	er SA1-2 form. days days x 0.00274 	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the page Line 1 Enter the amount of late payment or underpayment	per SA1-2 form.	Q Interest Assessme
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