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

Return completed workbook by email to:

## coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Diffice Licensing Division at: Fel: (202) 707-8150

STATEMENT OF ACCOUNT
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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/22/23	\$
	ALLOCATION NUMBER

Α	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	[	2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	[	20231 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.	29576
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CHESTER TELEPHONE COMPANY 029576	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. BOX 160	
		(Number, street, rural route, apartment, or suite number) CHESTER, SC 29706	
		(City, town, state, zip)	
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TRUVISTA	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	-	(יישוושפו, או פפו, ושומו וישנופ, מעמושות שו אשונים)	
		(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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 11 SYSTEM ID:
Name	CHESTER TELEPHONE COMPANY 029576	29576
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil 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.	
		07475
Fired	CITY OR TOWN CHESTER	STATE SC
First Community	GREAT FALLS	SC SC
Community	PORTIONS OF CHESTER COUNTY	
		SC SC
Add Rows as Necessary	RICHBURG	SC

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CHESTER TELEPHONE	COMPANY	02957	6					2957
-	SECONDARY TRANSMISSION								
E	In General: The information in sp								
<b>.</b> .	system, that is, the retransmissio								
Secondary Transmission	about other services (including plast day of the accounting period						iose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le svstem.	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu							charged	
	separately for the particular servi							a and the	
	<b>Rate:</b> Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc	· · ·	,		ny standar		within a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor					
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity s subscriber who pays extra for ca						•		
	first set" and would be counted o					In the count unc			
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti					,	,,	, 0	
	with the number of subscribers a	nd rates, in the	right-h	and block. A tv	vo- or three	e-word description	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	<i>K</i> 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEP	RVICE	SUBSCRIBERS	RATE
	Residential:		4 005	40.00					
	Service to first set		1,235	40.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		9	5.95*/mth					
	Commercial								
	Converter				± 8	11 14			
	Residential				*Avg po				
	Non-residential				516 un	Its			
	SERVICES OTHER THAN SECO	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rate								
Г	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of				•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the I	ate column.		-		-			
Fransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s				-				
	brief (two- or three-word) descrip				SHEU. LISU			Ionn or a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			CAILO	ORT OF SERVICE	
	Pay cable	12.99		tel, hotel					
				mmercial					
	Pay cable—add'l channel			y cable					
	Pay cable—add'l channel     Fire protection		יומי	,					
	Fire protection			v cable-add'l ol	hannel				
	Fire protection     Burglar protection		• Pa	y cable-add'l cl	hannel				
	Fire protection     Burglar protection Installation: Residential	30.00	• Pay • Fire	e protection					
	Fire protection     Burglar protection Installation: Residential     First set	39.99	• Pay • Fire • Bui	e protection rglar protection					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	<u>39.99</u> 19.99	• Pay • Fire • Bui Other	e protection rglar protection <b>services:</b>		30.00			
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Fire • Bui • Bui • Re	e protection rglar protection <b>services:</b> connect		30.00			
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay • Fire • Bui • Bui • Re • Dis	e protection rglar protection <b>services:</b> connect connect					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Fire • Bui • Bui • Re • Dis • Ou	e protection rglar protection <b>services:</b> connect	1	30.00 95.00 49.99			

Name	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
	CHESTER TELEPHON	NE COMPANY 029576		29
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	1) stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub special Statement and Program L both on a substitute basis and also ee page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indepe "E-M" (for noncommercial education tions in the paper SA1-2 form. ne community to which the station	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wis	10	N	COLUMBIA, SC
	WBTV	23	N	CHARLOTTE, NC
Rows as Necessary	WBTV-2	23.1	N-M	CHARLOTTE, NC
	WCCB	18	I	CHARLOTTE, NC
	WCCB-2	18.1	I-M	CHARLOTTE, NC
	WCNC	24	N	CHARLOTTE, NC
	WCNC-2	24.1	N-M	CHARLOTTE, NC
	WJZY	25	I	BELMONT, NC
	WJZY	25	I	······
	WJZY WMYT		l I E	ROCK HILL, SC
	WJZY WMYT WNSC	25 25	I I E N	ROCK HILL, SC ROCK HILL, SC
	WJZY WMYT WNSC WSOC	25 25 34 19	N	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC
	WJZY WMYT WNSC WSOC WSOC-2	25 25 34 19 19.1	N N-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2	25 25 34 19 19.1 25.1	N N-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2 WJZY-2	25 25 34 19 19.1 25.1 25.1	N N-M I-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC BELMONT, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2	25 25 34 19 19.1 25.1	N N-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2 WJZY-2	25 25 34 19 19.1 25.1 25.1	N N-M I-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC BELMONT, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2 WJZY-2	25 25 34 19 19.1 25.1 25.1	N N-M I-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC BELMONT, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2 WJZY-2	25 25 34 19 19.1 25.1 25.1	N N-M I-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC BELMONT, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2 WJZY-2	25 25 34 19 19.1 25.1 25.1	N N-M I-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC BELMONT, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2 WJZY-2	25 25 34 19 19.1 25.1 25.1	N N-M I-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC BELMONT, NC
	WJZY WMYT WNSC WSOC WSOC-2 WMYT-2 WJZY-2	25 25 34 19 19.1 25.1 25.1	N N-M I-M I-M	ROCK HILL, SC ROCK HILL, SC CHARLOTTE, NC CHARLOTTE, NC ROCK HILL, NC BELMONT, NC

Accounting Peri	iod: 2023/ <sup>,</sup>	1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF O								SYSTEM ID# 29576
	very radio st	tation ca	rried on a separate and discr nerally receivable by your cab					Н
Special Instruction receivable if (1) it is on the basis of mo For detailed inform paper SA1-2 form.	ons Concer is carried by onitoring, to nation about ntify the call	ning All the sys be receiv the Co sign of e	<b>-Band FM Carriage:</b> Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried.	Copyright Office re t the system's he system's FM ante	egulations, an adend, and (2 nna, during c	FM sigr 2) it can ertain st	nal is generally be expected, ated intervals.	Primary Transmitters: Radio
signal, indicate this <b>Column 4:</b> Give	s by placing e the station	a check 's locatio	nal was electronically process a 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 A	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period						FOI	RM SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CHESTER TELEPHON	E COMPA	NY 029576				29576
	SUBSTITUTE CARRIAGE						
	In General: In space I, identi					on that your cable syste	m carried on a
-	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable system	i carry, on a substitute bas	sis, any nonne	etwork tele <u>visio</u> n progr	am
Program Log	broadcast by a distant stat	ion?				YES	× NO
110910111209	<b>Note:</b> If your answer is "No	" loovo tho	rost of this pay	no blank. If your answer is	"Voc " vou m	_	
	-	, leave the	rest of this pag	je blalik. Il your aliswel is	res, you m	usi complete the progr	am
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subs			ate line. Use abbreviations	wherever po	ssible, if their meaning	is
	clear. If you need more spa	ace, please	add additional	rows to the tables.		-	
				ision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ries like "mo	vies" or "baske	etball." List specific progra	m titles, for ex	ample, "I Love Lucy"	or.
	"NBA Basketball: 76ers vs.	Bulls."					
				r "Yes." Otherwise enter "			
				asting the substitute progra ne community to which the		ensed by the ECC or i	n
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is ide	ntified).	
			when your sys	tem carried the substitute	program. Use	e numerals, with the m	onth
	first. Example: for May 7 giv		e substitute pro	gram was carried by your	cable system	List the times accura	telv
	to the nearest five minutes.						lery
	stated as "6:00–6:30 p.m."					·	
	to delete under FCC rules a			was substituted for progr			
	was substituted for program						gram
	effect on October 19, 1976		, ,	·		5	
							1
	S	UBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	ANDDAT	FROM - 10	
						_	
						_	
						_	

Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CHESTER TELEPHONE COMPANY 029576				SYSTEM ID# 29576
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanati 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	system's se on of how t	condary transm o compute this a	ission service amount, see \$29	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	must pay for this	s six-month	
	Line 1. Royalty fee for accounting period				
	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 line	es 1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore 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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	296,400.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	32,600.00		
	4. Multiply line 3 by .01		\$	326.00	
	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		¢	1,645.00
				_ <b>•</b>	.,
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,645.00	
Due	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			\$	1,665.00
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ELEPHONE COMPANY 029	9576		SYSTEM ID# 29576
<b>M</b> Channels	to its subscrit 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system's otal number of channels on whi rried television broadcast statio otal number of activated chann ne cable system carried televisi	's total number of activated channels nich the cable ons		15 128
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco	THER INFORMATION IS NEEDED	Identify an individual to whom	
for Further Information	Name	AUTUMN CASTLES		Telephone	803-581-9148
	Address	P.O. BOX 160			
		(Number, street, rural route, apa CHESTER, SC 29700 (City, town, state, zip)			
	Email	ACASTLES@	TRUVISTA.BIZ	Fax (optional	
O	I, the undersig     (Ow     (Age     X     (Off     I have examin are true, comp	ned, hereby certify that (Check o ner other than corporation or p ent of owner other than corpor- in line 1 of space B and that th ficer or partner) I am an officer ( in line 1 of space B. ed the statement of account and	partnership) I am the owner of the call ration or partnership) I am the duly an the owner is not a corporation or partner (if a corporation) or a partner (if a partner (if a corporation) or a partner (if a partner hereby declare under penalty of law th ny knowledge, information, and belief, a <u>X</u> /s/ Eric Ramey Enter an electronic signature on the Enter signature using an "/s/ signature	nership) of the legal entity identified as owne at all statements of fact contained herein and are made in good faith. line above to certify this statement.	stem as identified
		Typed or printe	ed name: Eric Ramey		
		Title:		tration & Regulartory Affairs	

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: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ESTER TELEPHONE COMPANY 029576	295
<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>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statemen Concerning Gross Receipts Exclusio
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 or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	LA Interest Assessme

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