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 COPYRIGE	IT 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	2/29/24	Ş	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20232 Barcode Data Filing Period (optional - see instructions)	
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.	062402
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	063482
		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 unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM: CAMBRIDGE DEV CENTER	
		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.

Accounting Period		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063482
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future film	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
		STATE
First Community	CAMBRIDGE (CAMBRIDGE DEV CENTER)	ОН
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							06348
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	v transmission se	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, r	not here. All the	facts you	state must be th			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n								
nutoo	separately for the particular serv							onargou	
	Rate: Give the standard rate of								
	unit in which it is generally billed				ny standai	rd rate variations	within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmiss	ion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count und	ler "Servio	ce to the	
	first set" and would be counted of 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								
	sufficient.				r				
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SER	VICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		16	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat	te (not subscrib	er) info	rmation with res	spect to al	I your cable syst	em's servi	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		actually	billed. It ally ta		arged on a varia	bio por pr	ogram baolo,	
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) description				sileu. Lisi	linese oliner servi		i lonni ol a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mot	tel, hotel					
	• Pay cable—add'l channel	-	• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		,	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	First set	-		glar protection					
	 Additional set(s) 	-		services:					
	• FM radio (if separate rate)		• Red	connect		-			
	• Converter			connect					1 0 00000000000000000000000000000000000
				let relocation		_			
				ve to new addr	ess	_			

ting Period:	2023/2			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		063482
G rimary ismitters: levision	carried by your cable system 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	entify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried	t (1) stations carried only on a part-tin ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also	me basis under ms [sections ions carried on a stitute program og)—if the on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe 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 locatio	In concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rrms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of the stations of the station is a network	program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education actions in the paper SA1-2 form.	N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCMH-1	4	N	COLUMBUS, OH
	WCMH-1 WSYX-1	4	N N	
as Necessary				COLUMBUS, OH
s as Necessary	WSYX-1	6	N	COLUMBUS, OH COLUMBUS, OH
; as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
: Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
s Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
s Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
s as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
is as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
vs as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
ws as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
vs as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
vs as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
vs as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
ws as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
ws as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH
ws as Necessary	WSYX-1 WTTE-1	6 28	N	COLUMBUS, OH COLUMBUS, OH COLUMBUS, OH

PNMARY TRANSMITTERS: RADIO In Genera: List every ratio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting pariod. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable 1 (1) its carried by the system whenever it is received at the system's headend, and the system's Manadend, with the system's Manadend, with the system's Manadend, with the system's Manadend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's Manadend, with the system's Manadend	H Primary Transmitter Radio
 The control of the system whenever it is received at the system's headend, and (2) it can be expected, for the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 	Transmitter
Mexican or Canadian stations, if any, the community with which the station is identified).	
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION Image: Sign Sign Sign Sign Sign Sign Sign Sign	
Image: Section of the section of th	
Image: And the second secon	
Image: section of the section of th	
Image: section of the section of th	
Image: Section of the section of th	
Image: series of the series	
Image: Second	
Image: Section of the section of th	
Image: Section of the section of th	
Image: Section of the section of th	
Image: series of the series	
Image: Section of the section of th	
Image: Section of the section of th	
Image: Second	

Accounting Perio	od: 2023/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063482
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv nor	nnetwork televis	ion program. broadcast b	v a <i>distant</i> stat	tion. that vou	r cable svste	m carried on a
	substitute basis during the ad	counting pe	eriod, under spe	cific present and former F	CC rules, regul	lations, or au	thorizations.	For a further
Substitute	explanation of the programm				ne general instr	ructions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute ba	sis, any nonne	twork televis	sion program	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	r meaning is	
	clear. If you need more space Column 1: Give the title				program") the	at during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg							1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baskel	ball." List specific progra	m titles, for ex	ample, "I Lov	ve Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progr	am.			
	Column 4: Give the broat the case of Mexican or Can						FCC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals, v	with the mor	ith
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	o by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. sr	ioula pe	
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system was	s permitted to delete und	er FCC rules a	and regulatio	ns in	
	s	UBSTITUT	E PROGRAM			EN SUBSTI		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. T FROM -	IMES — TO	DELETION
			+					
			+				 	
						-	_	
							_	
			+					
			+					
							_	
			†					
			+					
							_	
			†					
			+					
							_	

Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name		SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063482
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Eni all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	.,085.00 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	263,800.	
	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.	inis six-mon	
	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		02.00
	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	0.00	
	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:	2023/2		FORM SA1-2E. PAGE 7.
Name		FOWNER OF CABLE SYSTEM: MMUNICATIONS LLC	SYSTEM ID# 063482
M Channels	to its subscribe 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. tal number of channels on which the cable ed television broadcast stations	4
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual t about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone	<u>(903) 579-3152</u>
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email	RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O	I, the undersig (Ow (Age X (Off I have examinare true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) Ined, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I Int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or Ricer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] Image: Market and the experiment of signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM	3; or system as identified ner of the cable system
		Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
		Date: 2/27/2024	

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 the 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 telephoi 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 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 t 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 lav

unting Period: 2023/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0634
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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
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 or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	•
	Q
	L 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
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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	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 Assessm
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Landerest Assessm
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
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 constanta de la constanta d

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 th 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.