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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located	7/25/2024	\$	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook.		ALLOCATION NUMBER	(202) 707-8150.

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2024/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	20241 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.
	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
	BELHAVEN CABLE TV, INC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 8
	(Number, street, rural route, apartment, or suite number) BELHAVEN NC 27810 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	BELHAVEN CABLE TV, INC	000180
D	Instructions: List each separate community served by the cable system. A " separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ated communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First Community	BELHAVEN	NORTH CAROLINA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C								A1-2E. PAGI
Name								51	00018
	BELHAVEN CABLE TV,	INC							00010
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES				
E	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period	, ,	,		,			g on the	
Service: Sub-	Number of Subscribers: Both	`		,	,	/	e system, ł	oroken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							harged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	ounts allowed f	or adva	nce payment.			•		
	Block 1: In the left-hand block	•		0					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,			
	first set" and would be counted o								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tv	vo- or three	e-word description	n of the sei	VICE IS	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RAT
	Residential:	SOBSCIUD			UAT		NICL	SOBSCIUEIUS	
	Service to first set		164	36.41	FAMILY	BUNDLE		14	4 62.
	 Service to additional set(s) 				LIFELINE			2	
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
E	In General: Space F calls for rat	•	,						
F	not covered in space E, that is, t					•			
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-			
renemiesioner	Block 1: Give the standard rat								
ransmissions:				nished or offer	ed durina f	he accounting pe			
Rates	Block 2: List any services that	oonarata ahara			-	booo othor oon i		onnora	
	listed in block 1 and for which a			nade or establi	-	hese other service	ces in the t		
	-	otion and includ	e the ra	nade or establi	-	hese other servio	ces in the t		
	listed in block 1 and for which a brief (two- or three-word) descrip	tion and includ	e the ra CK 1	nade or establi te for each.	shed. List t			BLOCK 2	
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ	e the ra CK 1 CATEG	hade or establis te for each. GORY OF SER	shed. List t	hese other servic		BLOCK 2 DRY OF SERVIC	E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOC	e the ra CK 1 CATEG Installa	ade or establi te for each. GORY OF SER ation: Non-res	shed. List t				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	tion and includ	e the ra CK 1 CATEC Installa • Mot	ade or establi te for each. GORY OF SER ation: Non-res tel, hotel	shed. List t				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC	e the ra CK 1 CATEG Installa • Mot • Cor	ade or establi te for each. GORY OF SER ation: Non-res tel, hotel mmercial	shed. List t				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC	e the ra CK 1 CATEG Installa • Mot • Cor • Pay	ade or establi te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	vice				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOC	e the ra CK 1 CATEG Installa • Mot • Cor • Pay	ade or establis te for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	vice				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	BLOC RATE 12.95	e the ra CK 1 CATEG Installa • Moi • Cor • Pay • Pay • Fire	ade or establis te for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection	VICE idential				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC	e the ra CK 1 CATEG Installa • Moi • Cor • Pay • Pay • Fire • Bur	ade or establi te for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable / cable-add'l cl protection glar protection	VICE idential				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 12.95	e the ra CK 1 CATEG Installa • Mor • Cor • Pay • Pay • Fire • Bur Other s	ade or establiste for each.	VICE idential	RATE			E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 12.95	e the ra CK 1 CATEG Installa • Moi • Cor • Pay • Pay • Fire • Bur • Bur • Rec	ade or establiste for each.	VICE idential				E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 12.95	e the ra CK 1 CATEG Installa • Moi • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	ade or establiste for each.	VICE idential	RATE			E RAT
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 12.95	e the ra CK 1 CATEG Installa • Moi • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis • Out	ade or establiste for each.	VICE idential	RATE			E RAT

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM ID
Name	BELHAVEN CABLE T			00018
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 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 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 location	also in space I, if the station was carrie n concerning substitute basis stations, r's call sign. <i>Do not</i> report origination p t with a station according to its over-the	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program d both on a substitute basis and als- see page (v) of the general instruct rogram services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial educati- icitions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WUND	2	E	COLUMBIA NC
	WITN	7	N	WASHINGTON NC
s as Necessary	WNCT	9	N	GREENVILLE NC
	wстı	12	N	NEW BERN NC
	WYDO	8	N	GREENVILLE NC

EGAL NAME OF			191EM:					SYSTEM I 0001
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) n the basis of 1 or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recei t the Cop sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM anten nis point, see pag ed by the cable s e station is licen	eadend, and (2) enna, during ce ge (v) of the ge system as a se sed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NONE								
					·			
					· · · · · · · · · · · · · · · · · · ·			

Accounting Perio	d: 2024/1					FOI	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	BELHAVEN CABLE TV	, INC					000180
	SUBSTITUTE CARRIAGE						
∎ Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	eriod, under spe	ecific present and former FC	CC rules, regu	lations, or authorization	s. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute basi	is, any nonne	twork television progra	im
Program Log	broadcast by a distant stati	on?				YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pao	e blank. If vour answer is '	"Yes." vou m		
	log in block 2.		1.5	, ,	, ,	1 1 3	
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each substiclear. If you need more space				wherever pos	ssible, if their meaning	is
				sion program ("substitute	program") tha	at, during the accountir	Ig
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the prog	gramming of another st	ation
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.	Bulls."					
	1 0		,	r "Yes." Otherwise enter "N sting the substitute progra			
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		1
	the case of Mexican or Can			community with which the em carried the substitute p			onth
	first. Example: for May 7 giv		when your syst		biogram. Ose		ла
				gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. snould be	
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a was substituted for program						gram
	effect on October 19, 1976.	ining that y					
	s	UBSTITUT	E PROGRAM			EN 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
						_	
						_	
						_	
						_	
						_	
						_	
						—	
						_	

Accounting Period:	2024/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Humo	BELHAVEN CABLE TV, INC 000180
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800. 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 this six-month 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
	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 \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8 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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
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 # 27GBIQAL
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BELHAVEN CABLE TV, INC	SYSTEM ID# 000180
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	5 27
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name CORKI LEVERETT Telephone 252-943	-3736
	Address 235 PAMLICO STREET (Number, street, rural route, apartment, or suite number)	
	BELHAVEN NC 27810 (City, town, state, zip) Email corki@beaufort-county.us Fax (optional	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the original for the space B. 	
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	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: CORKI LEVERETT	
	Title: PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 07/25/2024	

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Dunting Period: 2024/1	FORM SA1-2E. P
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTE
LHAVEN CABLE TV, INC	00
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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.	asic ude sub- Special Statem
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmi made by satellite carriers to satellite dish owners?	issions
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa	ayment.
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q 67.00 Interest Assess
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form.
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q 67.00 Interest Assess -
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for the amount of late payment or underpayment	form. Q form. Interest Assess 0% - 0 days -
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayed For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of late payment or underpayment	form. Q form. Interest Assess 0% - 0 days -
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for the amount of late payment or underpayment	form. Q 67.00 1nterest Assess 0% - 0 days - 74 -
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form. Q form. Q form. Interest Assess 0% - 0 days - 74 - harge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayed For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for the amount of late payment or underpayment	form. Q form. Q form. Interest Assess 0% - 0 days - 74 - harge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q form. Interest Assess 0% - 0 days - 74 - harge) please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of late payment or underpayment	form. Q form. Interest Assess 0% - 0 days - 74 - harge) please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-21 Line 1 Enter the amount of late payment or underpayment	form. Q form. Interest Assess 0% - 0 days - 74 - harge) please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q form. Interest Assess 0% - 0 days - 74 - harge) please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpare For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-21 Line 1 Enter the amount of late payment or underpayment	form. Q form. Interest Assess 0% - 0 days - 74 - harge) please

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