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:

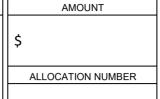
STATEMENT OF ACCOUNT

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 8/28/2024



coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (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
		Barcode Data Filing Period (optional - see instructions)
Accounting 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
		MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY
		(Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
	INIOTE	
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:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	123 WARE DRIVE
	_	(Number, street, rural route, apartment, or suite number)
		HUNTSVILLE, AL 35811 (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.

Name MEDIACOM SOUTHEAST LLC (HUNTLAND, TN) Implementation Intrustions: Lut each separate community served by the cable system. A community in the same as a "community in the" as defined interpreter and served in a same directed in an accommunity in the same as and include. Area Interpreters such as the first community or all future liftings. Marine Served Interpreters such as the first community or all future liftings. Marine Served Interpreters such as bettel, apartments, condominums, or mobile home parts should be reported in parentheses belicity. Area Interpreters such as bettel, apartments, condominums, or mobile home parts should be reported in parentheses belicity. Area Interpreters such as bettel, apartments, condominums, or mobile home parts should be reported in parentheses belicity. Area Interpreters such as bettel, apartments, condominums, or mobile home parts should be reported in parentheses belicity. Area Interpreters such as bettel, apartments, condominums, or mobile home parts should be reported in parentheses belicity. Area Interpreters such as bettel, apartments, condominums, or mobile home parts should be reported in parentheses belicity. Area Interpreters such as bettel, apartments, condominums, or mobile home parts should be reported in parentheses belicity. Area Interpreters such as bettel, apartments, condominums, or mobile home parts. Area </th <th></th> <th>LEGAL NAME OF OWNER OF CABLE SYSTEM:</th> <th>FORM SA1-2E. PAGE 11 SYSTEM ID:</th>		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 11 SYSTEM ID:
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined i separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includin unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses bel city. First CITY OR TOWN STATE HUNTLAND TN	Name		2033
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below First Community CITY OR TOWN STATE	D	Instructions: List each separate community served by the cable system. A "conseparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	ommunity" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discret
Served City. First City OR TOWN State Community	Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	mobile home parks should be reported in parentheses below the identifie
First HUNTLAND TN Community		city.	
Community			
		HUNILAND	IN
different Network	-		
Image: state in the state in	Add Rows as Necessary		
Image: Section of the			
Image: set of the			
Image: state of the state of			

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 2033
	MEDIACOM SOUTHEAS	T LLC (HUN	ITLAN	ND, TN)					2000
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	IBERS AND RA	TES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, , ,	'		,				
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	all for the numbe	er of subso	cribers to the ca			
scribers and	down by categories of secondary	,		0 / 1					
Rates	each category by counting the n separately for the particular serv							scharged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·		,	ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc				ine of oor			as that askis	
	Block 1: In the left-hand block systems most commonly provide	•		0					
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-	hand block. A tv	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.				1		D I 0.01	<u> </u>	
	BLC	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:								
	 Service to first set 		15	29.95-52.04					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-52.04					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rate	te (not subscrit	per) info	ormation with re	spect to a	all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					,			
Services	service for a single fee. There an furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Rates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	tion and includ	le the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	otel, hotel			Family	TV	####
	 Pay cable—add'l channel 	PP	• Co	ommercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 		•Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	• First set	109.99		rglar protection					
	 Additional set(s) 	49.00		services:					
	• FM radio (if separate rate)			connect		49.00			
	Converter	9.99		sconnect					
			• 01	Itlet relocation		49.00			
				ove to new addr		43.00			

Name	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:		SYSTEM					
	MEDIACOM SOUTHEAST	LLC (HUNTLAND, TN)		20					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under								
0	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
Television	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
	station was carried only on a substitute basis.								
		n space I, if the station was carried bo ncerning substitute basis stations, see							
		Il sign. Do not report origination progr							
	"WETA-2" as the same on the fo								
	Column 2: Give the channel nur of license. For example, WRC is	nber the FCC assigned to the television of	on station for broadcasting over the	air in its community					
	Column 3: Indicate in each case	whether the station is a network stati	•						
		he letter "N" (for network), "N-M" (for i for noncommercial educational), or "E							
	For the meaning of these terms,	see page (iv) of the general instructio	ns in the paper SA1-2 form.						
		each station. For U.S. stations, list the stations, if any, give the name of the c	-	-					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WAAY/WAAY (HD) ABC	32	N	HUNTSVILLE, AL					
	WAAY-DT3 DABL	32.3	I-M	HUNTSVILLE, AL					
	WAAY-DT6 HD The Grio	33.6	I-M	HUNTSVILLE, AL					
	WAAY-DT7 Catchy Come	33.7	I-M	HUNTSVILLE, AL					
	WAFF/WAFF (HD) NBC	48	Ν	HUNTSVILLE, AL					
	WAFF-DT2 Bounce TV	48.2	I-M	HUNTSVILLE, AL					
	WAFF-DT3 The365	48.3	I-M	HUNTSVILLE, AL					
	WAFF-DT4 Laff	48.4	I-M	HUNTSVILLE, AL					
	WAFF-DT5 Grit	48.5	I-M	HUNTSVILLE, AL					
Rows as Necessary	WHDF/WHDF (HD) CW	14	I	FLORENCE, AL					
	WHDF-DT2 Court TV	14.2	I-M	FLORENCE, AL					
	WHIQ/WHIQ (HD) PBS	24	E	HUNTSVILLE, AL					
	WHIQ-DT2 PBS KIDS	24.2	E-M	HUNTSVILLE, AL					
	WHIQ-DT3 Create	24.3	E-M	HUNTSVILLE, AL					
	WHIQ-DT4 PBS WORLD	24.4	E-M	HUNTSVILLE, AL					
	WHNT/WHNT (HD) CBS	 19	N	HUNTSVILLE, AL					
	WHNT-DT3 Antenna TV	19.3	I-M	HUNTSVILLE, AL					
		10	N	NASHVILLE, TN					
	WTHV/WTHV HD Telemu	29	<u> </u>	HUNTSVILLE, AL					
	WTHV/WTHV HD Telemu WTZT Cozi TV	29 27	 	NASHVILLE, TN					
	WTHV/WTHV HD Telemu WTZT Cozi TV WZDK/WZDX (HD) FOX	29	 	NASHVILLE, TN HUNTSVILLE, AL					
	WTHV/WTHV HD Telemu WTZT Cozi TV	29 27	I I I-M	NASHVILLE, TN					
	WTHV/WTHV HD Telemu WTZT Cozi TV WZDK/WZDX (HD) FOX	29 27 41	I I I I-M I-M	NASHVILLE, TN HUNTSVILLE, AL					
	WTHV/WTHV HD Telemu WTZT Cozi TV WZDK/WZDX (HD) FOX WZDK-DT2 MyNet	29 27 41 41.2		NASHVILLE, TN HUNTSVILLE, AL HUNTSVILLE, AL					
	WTHV/WTHV HD Telemu WTZT Cozi TV WZDK/WZDX (HD) FOX WZDK-DT2 MyNet	29 27 41 41.2		NASHVILLE, TN HUNTSVILLE, AL HUNTSVILLE, AL					

			YSTEM: C (HUNTLAND, TN)					SYSTEM ID
	SCOTILA		(IIONTEAND, IN)					2033
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to mation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the	the system's he system's FM anten his point, see par ed by the cable s e station is licens	adend, and (2) inna, during ce ge (v) of the ge ystem as a sep sed by the FCC	it can b rtain sta eneral in: parate a	e expected, ted intervals. structions 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	
		5,0		C. ILL DIGIN		3,0		
					1	 		

Accounting Perio	d: 2024/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (I	HUNTLAND,	TN)			20339
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG			
Substitute	In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi priod, under spe	on program, broadcast by a cific present and former FC	C rules, regula	ations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			gonoral moure		
Special	During the accounting period					twork television program	n
Statement and	• • •		r cable system	carry, on a substitute basi	s, any nonne		X
Program Log	broadcast by a distant stat	1011 ?				YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations	wherever nos	sible if their meaning is	
	clear. If you need more spa				wherever pos	soble, il triell'ritearining is	>
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categori						
	"NBA Basketball: 76ers vs.			p p		······	
				"Yes." Otherwise enter "N			
				sting the substitute progra e community to which the		ensed by the FCC or in	
	the case of Mexican or Can						
			when your syst	em carried the substitute	orogram. Use	e numerals, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system	List the times accurate	
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	" D " : ()		1. 11. 1. 1.			
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						am
	effect on October 19, 1976.						
	s	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	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
		100 01 110	CHEE CHOIL			_	
						_	
						_	
		L					

Accounting Period:	2024/1	FORM SA	1-2E. PAGE 6.
Name		SI	(STEM ID#
	MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)		20339
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transme (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	,448.38 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.	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 th accounting period is \$52.00	nis six-month	
	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,	100)	
	1. Base amount under statutory formula	_	
	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	7,600)	
	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	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ts!

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (HUNTLAND, TN)	SYSTEM ID# 20339
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	30
	on which the cable system carried television broadcast stations and nonbroadcast services	57
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Kenneth J. Kohrs Telephone	845-443-2762
	Address One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)	
	Email Copyrights@mediacomcc.com 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.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space F X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 own in line 1 of 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)] 	ystem as identified
	X /s/ Kenneth J. Kohrs 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: Kenneth J. Kohrs Title: Group Vice President, Financial Reporting (Title of official position held in corporation or partnership)	
	Date: 8/8/2024	

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unting Period: 2024/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
DIACOM SOUTHEAST LLC (HUNTLAND, TN)	2033
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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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