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	HT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
			→ 

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 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.	014656
		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	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
	INIOT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		IDABEL, OK	
		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 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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	014656
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	IDABEL	OK
Community	MCCURTAIN COUNTY	OK
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							01465
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						iose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary	r transmission s	service.	In general, yo	u can com	pute the numbe	r of subscri	ibers in	
Rates	each category by counting the nu							charged	
	separately for the particular servi Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.								
	category, but do not include disc				, otaniaa		,		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the categor					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h	nas rate catego	ries for	secondary trai	nsmission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	right-ha	and block. A tv	vo- or thre	e-word description	on of the se	ervice is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		229	27.45					
	<ul> <li>Service to additional set(s)</li> </ul>		315	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>		ľ						
	Motel, hotel								I
	Commercial		66	28.39					[
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There and furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate 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				Shea. List				
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	17.00	• Mot	el, hotel					
	• Pay cable—add'l channel	19.00		nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	40.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>			ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	• Converter			connect					
	-			let relocation		25.00			
				ve to new addr		40.00			

me	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		014656
G nary nitters: vision	PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here station was carried only on • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast; For the meaning of these t Column 4: Give the locatio	TELEVISION lentify every television station (including f em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6° as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ad with a station according to its over-the the form. nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (i ), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list	t (1) stations carried only on a part-t ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- pr "E-M" (for noncommercial educati- ictions in the paper SA1-2 form. the community to which the station	elevision stations) time basis under ams [sections tions carried on a bstitute program Log)—if the to 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
	FCC. For Mexican or Cana	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	a is identified. 4. LOCATION OF STATION
			0.1.1.2.0.0.1.1.	
	KMSS-TV	34		SHREVEPORT, I A
	KMSS-TV KOET	34		SHREVEPORT, LA
Necessary	KMSS-TV KOET KSLA-TV	34 31 17	EN	EUFAULA, OK
√ecessary	KOET	31	E	
lecessary	KOET KSLA-TV KTAL-TV	31 17 15	E N	EUFAULA, OK SHREVEPORT, LA TEXARKANA, TX
lecessary	KOET KSLA-TV	31 17	E N N	EUFAULA, OK SHREVEPORT, LA
Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
: Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
: Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
; Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
5 Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
: Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
is Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
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Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
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as Necessary	KOET	31	E	EUFAULA, OK
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	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA
as Necessary	KOET	31	E	EUFAULA, OK
	KSLA-TV	17	N	SHREVEPORT, LA
	KTAL-TV	15	N	TEXARKANA, TX
	KTBS-TV	28	N	SHREVEPORT, LA

EGAL NAME OI								SYSTEM II 0146
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
pecial Instruct eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	ctions Conce of it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio state this by placing Sive the station	rning Al y the sys be recein at the Co l sign of of the static cion's sig g a chech n's locati	I-Band FM Carriage: Under ( tem whenever it is received a wed at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can eertain st general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	T	1	· · ·	T		1	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					014656
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi				-	ion that your cal	hle svstei	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	per SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	<u>1</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' loovo tho	rest of this nad	e blank. If your answer is '			-	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	: piografi	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	aning is	
	clear. If you need more spa						5	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love L	ucv" or	1.
	"NBA Basketball: 76ers vs.	Bulls."						
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the EC	C or in	
	the case of Mexican or Can						0 01, 111	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute p	orogram. Use	numerals, with	the mon	ith
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i program came		5 p.m. to 0.2	0.00 p.m. snou	u be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations i	n	
						N SUBSTITUT		
	S		E PROGRAN			AGE OCCURF		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME: FROM —	s то	5222.000
						_		
						·		
						_		
						_		
						_		
						_		
						_		
						_		
1								

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name		S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		014656
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans         (as identified in space E) during the accounting period. For a further explanation of how to compute this         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.	mission service s amount, see	e 7,746.97
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 • 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 accounting period is \$52.00	this 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	(,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		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 014656
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 .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         and nonbroadcast services .	6 125
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 SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein</li> </ul>	vstem as identified
	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: MICHAEL SCHREIBER	
	Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	
	Date: 02/18/2018	

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unting Period: 2017/2		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
QUEL COMMUNICATIONS LLC		0146
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Cop lowing sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the or service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners?</li> </ul>	yright Act by adding the fol- cable system for the basic e system shall not include sub- s pursuant to section 119." general instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a la	ite payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate	ed in the paper SA1-2 form.	<b>Q</b> Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
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