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	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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	31345
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915	
		(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 un is 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:	
		Zito Media - Freeman Spur MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE STSTEM:	
	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#
	Zito Midwest LLC Instructions: List each separate community served by the cable system. A "commu	31345
D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
-	CITY OR TOWN	STATE IL
First Community	Freeman Spur Orient	нь Ц
····,	Cedar Grove	
ld Rows as Necessary	Franklin County	
,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.						FORM SA1	TEM IC
Name	Zito Midwest LLC							0.0	3134
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	pace E should on of television hay cable) in sp I (June 30 or Do blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed	cover all cat and radio br ace F, not h ecember 31, ce E call for service. In g s in that cat ndicated—n n category o 0/mth"). Sur for advance	egories of se oadcasts by ere. All the fa as the case the number of eneral, you of egory (the number of the number f service. Incon marize any payment.	econdary your sy acts you may be of subsc can com umber of set of sets clude bo standar	stem to subscri state must be t ). ribers to the cal pute the number persons or org s receiving serv th the amount or d rate variation	bers. Give those exist ble system er of subsci janizations rice). of the charg s within a p	information ing on the , broken ribers in charged ge and the particular rate	
	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 or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	e to their subsci e: Where an inc should be cour ble service to a once again und has rate catego iers of services and rates, in the	ribers. Give dividual or ou ted as a sul additional se er "Service t pries for seco that include	the number of ganization is oscriber in ea ts would be i o additional ondary transpondery transpondery transponders.	of subsc s receivin ach appl included set(s)." mission e second	ribers and rate ng service that icable category in the count ur service that are lary transmission	for each lis falls under . Example: der "Servio different fi ons), list the ion of the s	eted category different a residential ce to the rom those em, together service is	
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		27	57.40					
	Service to additional set(s)     FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential     Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furm- it in which it is rate column. e charged by th your cable sys separate charg ottion and includ	er) informati hat are not of ns: you do n ished to nor usually bille ne cable sys item furnishe e was made e the rate for	on with resp offered in cor ot need to gi subscribers. d. If any rate tem for each ed or offered or establish	mbinatio ve rate i . Rate in s are ch of the a during t	n with any secconformation con- formation shoul arged on a vari- applicable servion he accounting p	ondary tran cerning (1) ld include t able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not e form of a	
	CATEGORY OF SERVICE	BLO0 RATE		OF SERVI	CF	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
				: Non-reside			S, TEO		1.0.(1
	Continuing Services:								
	• Pay cable	17.50	• Motel, h						
	Pay cable     Pay cable—add'l channel	17.50	• Comme	rcial					
	Pay cable     Pay cable—add'l channel     Fire protection	17.50	• Comme • Pay cab	rcial le	nel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	17.50	• Comme • Pay cab • Pay cab	rcial le le-add'l char	nnel				
	Pay cable     Pay cable—add'l channel     Fire protection	17.50	• Comme • Pay cab • Pay cab • Fire pro	rcial le le-add'l char	nnel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Comme • Pay cab • Pay cab • Fire pro	rcial le le-add'l char tection protection	nnel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Comme • Pay cab • Pay cab • Fire pro • Burglar • Reconn	rcial le le-add'l char tection protection <b>ces:</b> ect	nnel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Comme • Pay cab • Pay cab • Fire pro • Burglar Other servi	rcial le le-add'l char tection protection <b>ces:</b> ect ect	nnel	30.00			

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			313
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a	entify every television station (including am 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. a: With respect to any distant stations ca	t (1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a
	Do not list the station her station was carried only or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI	o on some other ions. PN, etc. Identify each
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of th	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station he community with which the station	a noncommercial endent), "I-M" onal multicast). is licensed by the t is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	Ν	Cape Girardeau MO
	WPSD	6.1	N	Paducah KY
	WSIU	8.1	E	Carbondale IL
	wтст	27.1	I	Marion IL
	WSIL	3.1	N	Harrisburgh IL
	KFVS	12.1	Ν	Cape Girardeau MO
	WDKA	49.1	l	Paducah KY
	WQWQ	12.2	I	Paducah KY
ws as Necessary				
ows as Necessary				
ows as Necessary				
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ccounting Period:	2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:
Name	Zito Midwest LLC			3134
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	also in space I, if the station was carrie on concerning substitute basis stations of s call sign. <i>Do not</i> report origination of with a station according to its over-th	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. 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

Accounting P			/STEM-					I SA1-2E. PAGE
Zito Midwes		ADLE 91	GTEWI.					SYSTEM I 313
								313
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static cion's sign g a chech n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can sertain si general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/D				0/0		
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						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							31345
	SUBSTITUTE CARRIAGI				<u>^</u>			
I I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					e general mot			2 101111.
Special	1. SPECIAL STATEMEN					huank talawisia		
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	is, any nonne			
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne progran	n
	log in block 2.			· ·	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa							
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."				<b>1 1 1 1</b>		
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv					,,		
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our evetors w	ne roquiro	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.					-		
						IN SUBSTITU		
	S		E PROGRAM			AGE OCCUP		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. TIM FROM —	ES TO	-
		100 01 110	OF LEE OF OF				10	
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1								

Accounting Period:	2017/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	*YSTEM ID 31345
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 servic s amount, see	of e <b>0,747.18</b>
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 \$ 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	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 Zito Midwest	F OWNER OF CABLE SYSTEM: LLC	SYSTEM ID 31345
<b>M</b> Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	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	8 60
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814	I-260-0434
	Address	PO Box 665	
		(Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersig     (Own     (Age     X     (Off     I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, 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 B; or ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or Ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of 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. ction 1001(1986)] X /s/James Rigas 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: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 02/28/2018	

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unting Period: 2017/2					FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE	SYSTEM:				SYSTEM
Midwest LLC					313
The Satellite Home Viewer A lowing sentence: "In determining the to service of providing s scribers and amounts	CONCERNING GROSS REC ct of 1988 amended Title 17, section and number of subscribers and the gr econdary transmissions of primary b collected from subscribers receiving n to exclude these amounts, see the	n 111(d)(1)(A), of th ross amounts paid to roadcast transmitte g secondary transm	e Copyright Act by addi to the cable system for t ers, the system shall not hissions pursuant to sect	he basic include sub- tion 119."	P Special Stateme Concerning Gros Receipts Exclusio
During the accounting period made by satellite carriers to s	, did the cable system exclude any a	amounts of gross re	eceipts for secondary tra	Insmissions	
X NO	and list the satellite carrier(s) below	V	\$		
			••••		
Name		Name			
Mailing Address		Mailing Address			
INTEREST ASSESSME	sheet for those royalty payments su	bmitted as a result	of a late newmont or un	de un es une e ut	
	sheet for those royalty payments su				
For an explanation of interest	assessment, see page (viii) of the g				Q
		general instructions	located in the paper SA		Q
·	t assessment, see page (viii) of the or ate payment or underpayment	general instructions	located in the paper SA		Q
·		general instructions	located in the paper SA		Q Interest Assessm
Line 1 Enter the amount of		general instructions	located in the paper SA	A1-2 form.	<b>Q</b> Interest Assessm
Line 1 Enter the amount of	ate payment or underpayment	general instructions	x	1-2 form. 1% -	Q Interest Assessm
Line 1 Enter the amount of Line 2 Multiply line 1 by the	ate payment or underpayment	general instructions	xx	1-2 form. 1% -	Q Interest Assessm
Line 1 Enter the amount of Line 2 Multiply line 1 by the	ate payment or underpayment	general instructions	x	A1-2 form. 1% - days -	Q Interest Assessm
Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the	ate payment or underpayment interest rate* and enter the sum her number of days late and enter the s	general instructions	x	1-2 form. 1% -	Q Interest Assessm
Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0	ate payment or underpayment interest rate* and enter the sum her number of days late and enter the s 0274** and enter here	general instructions	located in the paper SA          x	A1-2 form. 1% - days -	Q Interest Assessm
Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.0	ate payment or underpayment interest rate* and enter the sum her number of days late and enter the s	general instructions	located in the paper SA    x    x    x    x    x    x    x    x    x    x	A1-2 form. 1% - days -	Q Interest Assessm
Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00 in space L, (page 6) b	ate payment or underpayment interest rate* and enter the sum her number of days late and enter the s 0274** and enter here block 1, line 2, or block 2 line 8, or bl	general instructions	xxxxx 0.	11-2 form. 1% - days - 00274 - st charge)	Q Interest Assessm
Line 1 Enter the amount of 1 Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00 in space L, (page 6) to * To view the interest rate	ate payment or underpayment interest rate* and enter the sum her number of days late and enter the s 0274** and enter here	general instructions	xxxxx 0.	11-2 form. 1% - days - 00274 - st charge)	Q Interest Assessm
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