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 workbook 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
Δ			

Α	ACCO	DUNTING 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.	63596
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BellSouth Telecommunications, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1010 N. St. Mary's Street, Room 13-59-B (Number, street, rural route, apartment, or suite number)	
		San Antonio, TX 78215-2109 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or sulte 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	BellSouth Telecommunications, LLC	63596
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	as the "first community." Please use it as the first community on all future filings.	·
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
Contra		
	CITY OR TOWN	STATE
First	Panama City	FL
Community	Bay Unincorporated County	FL
	Callaway	FL
dd Rows as Necessary	Lynn Haven	FL
	Panama City Beach	FL
	Parker	FL
	Springfield	FL

	LEGAL NAME OF OWNER OF O		٨.					FORM SA1	
Name								515	6359
	BellSouth Telecommur	lications, L	LC						0333
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including j last day of the accounting perior Number of Subscribers: Bot down by categories of secondar each category by counting the r separately for the particular sen Rate: Give the standard rate of unit in which it is generally billed category, but do not include dist Block 1: In the left-hand block systems most commonly provid that applies to your system. Not categories, that person or entity subscriber who pays extra for c first set" and would be counted Block 2: If your cable system printed in block 1 (for example, with the number of subscribers a	space E should on of televisior bay cable) in s d (June 30 or I h blocks in spa y transmission number of billin vice at the rate charged for eaa d. (Example: "\$ counts allowed ( in space E, th e to their subsc e: Where an ir should be cou able service to has rate catego tiers of service	d cover a n and ra pace F, Decemb ace E ca a services gs in tha indicate ch catego indicate ch catego i20/mth" I for adv ne form cribers. ndividua inted as additior der "Ser pories fo s that in	all categories of dio broadcasts not here. All tt er 31, as the c all for the numb . In general, y at category (th ad—not the nu ory of service ance paymeni lists the catego Give the numb or organization a subscriber i nal sets would vice to addition r secondary tr clude one or r	of second s by your he facts y case may beer of sub ou can c e number mber of . Include any stan : : on is rece n each a be include nal set(s ansmissioner sec	system to subsc you state must be becribers to the compute the number of persons or on sets receiving set both the amount dard rate variation secondary transme bscribers and rate aving service that ipplicable categor ded in the count u ).' on service that ar ondary transmiss	ribers. Give those exist able syster oper of subs (ganization rvice) of the cha ns within a ission serv of for each l t falls unde y. Example under "Serv re different ions), list t	e information sting on the n, broker cribers in s charger rge and the particular rate ice that cable isted categon r different e: a residentia rice to the from those hem, togethe	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF		<b>D</b> · <b>-</b>	_			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CA	TEGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Service to first set		372	\$19	HD Te	ech Fee		331	\$10.0 \$0-
	Service to additional set(s)				Set-T	ор Вох		373	
	• FM radio (if separate rate)				Broad	dcast TV Surc	harge	372	\$5.99
	Motel, hotel		-	¢00					
	Commercial Converter		1	\$20					
	Residential								<u>+</u>
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	Non-residential     SERVICES OTHER THAN SEC     In General: Space F calls for ra     not covered in space E, that is,     service for a single fee. There a     furnished at cost or (2) services     amount of the charge and the u     enter only the letters "PP" in the     Block 1: Give the standard ra     Block 2: List any services tha     listed in block 1 and for which a     brief (two- or three-word) descri	te (not subscri those services re two exception or facilities fur nit in which it is rate column. te charged by t your cable sy separate char	ber) info that are ons: you nished to s usually the cable vstem fu ge was	ormation with i e not offered ir do not need to nonsubscrib v billed. If any e system for e rnished or offer made or estat	espect to a combinato give rato pers. Rato rates are each of the ered durin	ation with any set the information co e information sho e charged on a va the applicable serving the accounting	condary tra ncerning (' uld include riable per-  rices listed   period tha	nsmissior I) service: both the program basis it were no	
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	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
ime	BellSouth Telecommu	unications, LLC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G nary nitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channer of license. For example, WH <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I 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 indepu- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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
	WECP-LD/WECPLH	18/1018	N	Panama City, FL
	WECPL2/WECPH2	18/1018	l	Panama City, FL
	WFSG/WFSGHD	56/1056	E	Panama City, FL
ows as Necessary				r anama ony, r E
Necessary	WJHG/WJHGHD	7/1007	N	Panama City, FL
lecessary		7/1007 7/1007	N I	
ecessary	WJHG/WJHGHD		N I N	Panama City, FL
ecessary	WJHG/WJHGHD WJHGD2/WJHGH2	7/1007	<u>l</u>	Panama City, FL Panama City, FL
lecessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD	7/1007 13/1013	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL
Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
, Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
s Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
5 Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
5 Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
s Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
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as Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
as Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
as Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
as Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
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as Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL
as Necessary	WJHG/WJHGHD WJHGD2/WJHGH2 WMBB/WMBBHD WPCT/WPCTHD	7/1007 13/1013 47/1047	<u>l</u>	Panama City, FL Panama City, FL Panama City, FL Panama City, FL

Accounting F	Period: 2017	/2					FORM	I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
BellSouth Te	elecommul	nicatio	ns, LLC					63596
	t every radio	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recei at the Co I sign of e the static ion's sig g a check n's locati	I-Band FM Carriage: Under of the whenever it is received a wed 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 he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
		0/5			AN4 514	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	I		I	<b>_</b>			I	

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	BellSouth Telecommu	nications	, LLC					63596
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	· cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incurning io	
	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 categor	gulations, o ies like "mo	r authorization: vies" or "baske	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program		ampic, TEO	C LUCY OI	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			<b>FOO</b> in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL	JRRED	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. TI FROM –	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
							_	
						-		
						-	_	
						-	_	
						-	_	
							_	
						-		
						-	_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC	S	*STEM ID# 63596
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 transs (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 <b>6,405.09</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		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		F OWNER OF CABLE SYSTEM: elecommunications, LLC				SYSTEM ID# 63596
M 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>		total number of a th the cable the cable	ons		603
N Individual to Be Contacted		TO BE CONTACTED IF FURTI ct about this statement of accou		TON IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name	Diane Bellinger			Telephone	210-351-4805
	Address	1010 N. St. Mary's S (Number, street, rural route, apar San Antonio, TX 782 (City, town, state, zip)	rtment, or suite numb			
	Email	dg7796@att.co	om		Fax (optional) 210-246-81	99
O	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, complete	gned, hereby certify that (Check of mer other than corporation or p ent of owner other than corpora- in line 1 of space B and that the of ficer or partner) I am an officer ( in line 1 of space B. hed the statement of account and lete, and correct to the best of my ction 1001(1986)] Figure Corporation Typed or printer Title:	ane, but only one, partnership) I am ation or partnersi owner is not a corr (if a corporation) o hereby declare ur y knowledge, inforr X /s/N Enter an electro Enter signature of d name: Mik Assistant V	the owner of the cable system as	identified in line 1 of space E nt of the owner of the cable s e legal entity identified as own ents of fact contained herein in good faith.	ystem as identified
		Date:			February 23, 2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2017/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
South Telecommunications, LLC		6359
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), lowing sentence: "In determining the total number of subscribers and the gross amounts p service of providing secondary transmissions of primary broadcast transmis scribers and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmis For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners? NO	of the Copyright Act by adding the fol- aid to the cable system for the basic nitters, the system shall not include sub- nsmissions pursuant to section 119." (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	<b>\$</b>	
Name Mailing Address Mailing Address	s	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a re For an explanation of interest assessment, see page (viii) of the general instruct		Q
	ons located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruct	ons located in the paper SA1-2 form.              x	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruct Line 1 Enter the amount of late payment or underpayment	ons located in the paper SA1-2 form.          x         x            x         days	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruct Line 1 Enter the amount of late payment or underpayment	ons located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruct         Line 1       Enter the amount of late payment or underpayment	ons located in the paper SA1-2 form.  x x x days  x 0.00274  (interest charge)	Q Interest Assessment 
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instruct</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ons located in the paper SA1-2 form.	Q Interest Assessment
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instruct</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ons located in the paper SA1-2 form.          x <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instruct</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ons located in the paper SA1-2 form.          x <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instruct</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ons located in the paper SA1-2 form.          x <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme
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<ul> <li>For an explanation of interest assessment, see page (viii) of the general instruct.</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	ons located in the paper SA1-2 form.          x <t< td=""><td>Q Interest Assessme</td></t<>	Q Interest Assessme

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