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	IT 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	08/23/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	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
		Westfield Community Antenna Association, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		121 Strang Street (Number, street, rural route, apartment, or suite number)
		Westfield, PA 16950 (City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a laready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
ł		

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#
	Westfield Community Antenna Association, Inc.	0
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated 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.	communities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Served	identified city.	
_	CITY OR TOWN	STATE
First Community	Westfield Borough Westfield TWP	PA PA
Community	Sabinsville	PA
dd Rows as Necessary	Knoxville	PA
au nows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	Westfield Community A	ntenna Asso	ciatio	n, Inc.					
_	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRIB	ERS AND RA	TES				
E	In General: The information in s			-	-	rtransmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ola evetam	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				y stanuar		s within a p		
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subscri	bers. Gi	ve the number	of subsc	ribers and rate	for each list	ted category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					in the count un			
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that incl	ude one or mor	re second	lary transmissio	ons), list the	em, together	
	with the number of subscribers a	and rates, in the	right-ha	nd block. A two	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		DATE	0 A T			NO. OF	DATE
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
					Extend	ed Basic		587	65.0
	Service to first set Service to additional act/a)				Basic	eu Dasic		28	36.5
	Service to additional set(s)				HBO			20	16.5
	• FM radio (if separate rate)		1	10.00	пво			24	10.5
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	IONS: RATES					
F	In General: Space F calls for rat	•	,			• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		J	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip				ieu. List			IOTTI OF A	
	CATEGORY OF SERVICE	BLOC RATE		DRY OF SERV		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ion: Non-resid		NATE	CATEG	DRT OF SERVICE	NATE
	Pay cable			I, hotel	lennar		27		58.00
	Pay cable—add'l channel			mercial					
	Fire protection		• Pay						
	•Burglar protection			cable-add'l cha	nnel				
	Installation: Residential			protection					
	First set			lar protection					
	Additional set(s)		Other se						
	• FM radio (if separate rate)			onnect					
	Converter			onnect					
			- DISC						
			• • • • •	t rolocation					
				et relocation e to new addre					

me	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYST
me	Westfield Community	y Antenna Association, Inc.		
	PRIMARY TRANSMITTERS:	TELEVISION		
nary nitters: <i>r</i> ision	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 <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann 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	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	of (1) stations carried only on a part-tin he carriage of certain network progra 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, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for 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 i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WPSU	3	E	Clearfield, PA
	WKBW	7	N	Buffalo, NY
		- L	• =	
is Necessary	WETM	18	Ν	Elmira, NY
s Necessary	WETM WYDC	18 48	N N	
s Necessary				Elmira, NY
s Necessary	WYDC	48	N	Elmira, NY Corning, NY
ıs Necessary	WYDC WNEP	48 16	N N	Elmira, NY Corning, NY Scranton, PA
is Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
is Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY
ıs Necessary	WYDC WNEP WSKA	48 16 30	N N E	Elmira, NY Corning, NY Scranton, PA Corning, NY/Binghamton, NY

Accounting	Period: 2018	5/1						FORM	A SA1-2E. PAGE 4.
LEGAL NAME O									SYSTEM ID#
Westfield C	ommunity /	Antenn	a Association, Inc.						0
	st every radio s	station ca	arried on a separate and disc nerally receivable by your cal						н
	-	-	I-Band FM Carriage: Under						Primary
receivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: \$ Column 3: I signal, indicate Column 4: 0) it is carried b f monitoring, to formation abou- orm. Identify the cal State whether If the radio state this by placing Give the station	y the sys be recein at the Co l sign of the static tion's sig g a checl n's locati	estem whenever it is received a vived 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	at the system of the second se	he system's he stem's FM ant s point, see pa d by the cable station is licer	eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	2) it can ertain s eneral eparate	be expected, tated intervals. instructions in the. and discrete	Transmitters: Radio
								-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WMTQ	FM		Elmira, NY	v	VKPA	FM		Hornell, NY	
WTIO	FM		Bath, NY		VBNW	FM		Binghamton, NY	
WSQA	FM		Hornell, NY	V	WNKI	FM		Corning, Ny	
WCOV	FM		Friendship, NY	V	VCDW	FM		Binghamton, NY	
WSKG	FM		Binghamton, NY	V	VLIH	FM		Whitneyville, PA	
WCIH	FM		Elmira, NY	۷	VLKK	FM		Buffalo, NY	
WETD	FM		Alfred, NY						
WSQE	FM		Corning, NY	_					
WCKR	FM		Hornell, NY	_					
WOGA	FM		Mansfield, PA						
WENY	FM		Corning, NY						
W235CB	FM		Elmira, NY						
WBZD	FM		Munoy, PA						
WQRW	FM		Wellsville, NY						
WMRV	FM		Dansville, NY						
WLVY	FM		Elmira, NY						
WMTT	FM		Tioga, PA						
W236AK	FM		Corning, NY	-					
WFIZ	FM		Odessa, NY						
WPIG	FM		Olean, NY						
WPHD	FM		South Waverly, NY						
WTSA WPEL	FM FM		Jersey Shore, PA Montrose, PA						
	FM		Ridgebury, PA						
WVYS	FM		Canaseraga, NY						
WZHO	FM		Big Flats, NY						
WENI WVIN	FM		Bath, NY						
WGMM	FM		Corning, NY						
WAAL	FM		Binghamton, NY						
WQKN	FM		Elmira, NY						
WCOG	FM		Galeton, PA	1-					
W267GJ	FM		Horseheads, NY						
WPKC	FM		Covington, PA	1 -					
WZKZ	FM		Alfred, NY	1 -					
WTSS	FM		Buffalo, NY	1 -					
WKSB	FM		Williamsport, PA	1 -					
WCIK	FM		Avoca, NY	1 -					
WJQK	FM		Wellsville, NY	1 -					
WQNY	FM		Ithaca, NY	1 -					
WNBT	FM		Wellsboro, PA	1 -					
WNGZ	FM		Elmira, NY	1 -					
WILQ	FM		Williamsport, PA	1 [-					
	1	1		1 [-		1		1	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Westfield Community	Antenna	Association	Inc.				0
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi					ion. that vou	r cable syste	em 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 th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televi	<u>sion</u> progran	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	leave the	rest of this nad	e blank. If your answer is '	Yee " vou mi	et complete	-	
	-	, leave life	rest of this pag	e blank. Il your answer is	res, you mu		e the program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible. if thei	r meaning is	3
	clear. If you need more spa					,	J	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori	es like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample. "I Lo	ve Lucv" or	
	"NBA Basketball: 76ers vs.						,	
				"Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		neod by the	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
				gram was carried by your o				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	noula be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	ed
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	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. 1 FROM	TIMES — TO	DELETION
		163 01 110	CALL SIGN	4. STATION S LOCATION		TROM	_ 10	
								"
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Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Westfield Community Antenna Association, Inc.			ę	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the system the dentified in space E) during the accounting period. For a further explanation 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	stem's son of how	econdary trans to compute this	mission servi s amount, sec \$ 23	се
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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period	,			
	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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS		ore than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		235,689.00		
	3. Subtract line 2 from line 1		28,111.00		
	4. Enter the amount of gross receipts from space K	<u>.</u>	\$ 2	35,689.00	
	5. Enter the amount from line 3	<u>.</u>	\$	28,111.00	
	6. Subtract line 5 from line 4	_	\$ 2	207,578.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,037.89
	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 an	nd 8		\$	1,037.89
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess than \$527	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	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)		\$	1,037.89	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>.</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,057.89
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: community Antenna Associat	ion, Inc.	SYSTEM ID# 0
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations otal number of activated channels a cable system carried television	5	12 57
N Individual to Be Contacted	we can contac	ct about this statement of accour		044.007.5400
for Further Information	Name Address	Julie Whitesell 121 Strang Street (Number, street, rural route, aparts)		814-367-5190
	Email	Westfield, PA 16950 (City, town, state, zip) wcaa1@verizor	n.net Fax (optional) <u>814-367-558</u>	6
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check or mer other than corporation or pa- ent of owner other than corpora in line 1 of space B and that the o ficer or partner) I am an officer (if in line 1 of space B. hed the statement of account and I	ust be certified and signed in accordance with Copyright Office regulations) he, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space B; tion or partnership) I am the duly authorized agent of the owner of the cable sy wher is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith. X /s/Ronald H Macknight Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
		Typed or printed Title: (Title of o	name: Ronald H Macknight President fficial position held in corporation or partnership)	
		Date:	August 16 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 law

Inting Period: 2018/1		FORM SA1-2E. PAC
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
tfield Community Antenna Association, Inc.		
service of providing secondary transmissions of prima	ection 111(d)(1)(A), of the Copyright Act by adding the fol- ne gross amounts paid to the cable system for the basic ary broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119." e the note on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) b	pelow	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payment		Q
You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (viii) of		Q
For an explanation of interest assessment, see page (viii) of	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of	the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment.	the general instructions located in the paper SA1-2 form. x -	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 form. x n here x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment.	the general instructions located in the paper SA1-2 form. x n here x a here x a here x - x - x - - x -	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 form. x n here x	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter t Line 4 Multiply line 3 by 0.00274** and enter here	the general instructions located in the paper SA1-2 form. x n here x days the sum here x	Q Interest Assessm
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