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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	uctions are located o of this workbook	03/02/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	(YY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	I - see instructions)	
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under w	hich the owner conducts the business of th	ne cable system.	
	-	the accounting period, only the owner on t ty fee payment covering the entire account	he last day of the accounting period should s ing period.	submit a
	Check here if this is the system's first h	iling. If not, enter the system's ID number a	assigned by the Licensing Division.	10027

		single statement of account and royarty ree 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
		CableSouth Media III, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1056 Jones Blvd (Number, street, rural route, apartment, or suite number)
		Milan, TN 38358
		(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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	
		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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CableSouth Media III, LLC	1002
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
		OTATE
First	CITY OR TOWN Jena	STATE LA
Community	LaSalle Parrish	
-		
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM IC 1002
	CableSouth Media III, LI	LC							1002
	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	pace E should	l cover a	all categories of	seconda	•			
Coordon	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period				-		those exis	sting on the	
Service: Sub-	Number of Subscribers: Both						able syster	n, broken	
scribers and	down by categories of secondar	•		-		•			
Rates	each category by counting the n separately for the particular server		-	•••		•	-	s charged	
	Rate: Give the standard rate of	harged for eac	ch categ	ory of service.	Include b	oth the amount	of the chai		
	unit in which it is generally billed	• •			ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	condary transmi	ssion serv	ice that cable	
	systems most commonly provide	e to their subso	cribers.	Give the numbe	er of subs	cribers and rate	for each l	isted category	
	that applies to your system. Not			•		•			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t with the number of subscribers a					•			
	sufficient.		o ngin i						
	BLC	DCK 1					BLOCK		I
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		266	31.35					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	5				
F	In General: Space F calls for ra	•			•				
•	not covered in space E, that is, t service for a single fee. There a					•	•		
Services	furnished at cost or (2) services	•	•		-		. .	,	
Other Than	amount of the charge and the ur		s usually	billed. If any ra	ites are c	harged on a var	iable per-p	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cabl	e system for ea	ich of the	applicable serv	ices listed		
Rates	Block 2: List any services that			•					
	listed in block 1 and for which a		-		shed. List	these other se	rvices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable			ation: Non-resi tel, hotel	dential				
	• Pay cable—add'l channel		1	nmercial					
	Fire protection			/ cable					
	•Burglar protection		· ·	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	39.99	• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	• FM radio (if separate rate)		1	connect		49.99			
	Converter	5.00	Dise	connect					
	Converter	5.00							
	Converter	5.00	• Out	let relocation		39.99			

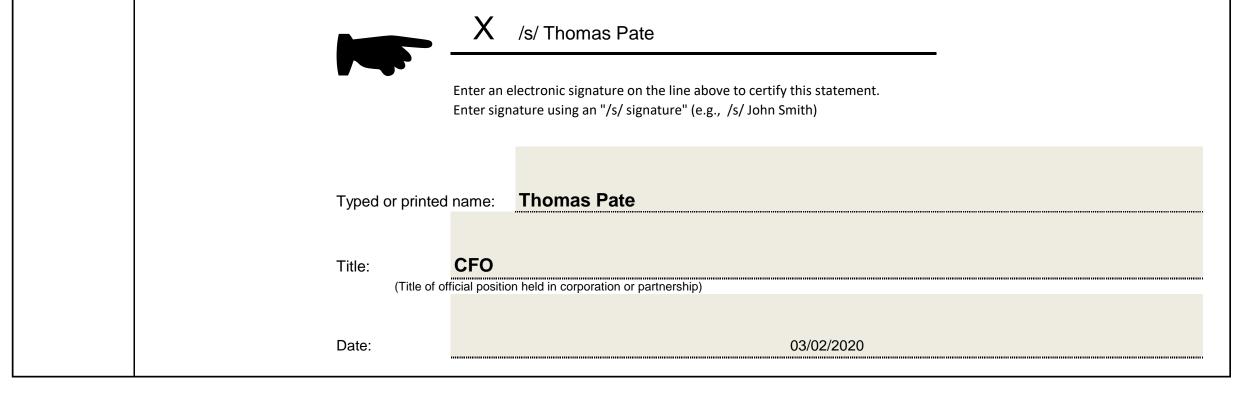
				SYSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLESOUTH MEDIA III.			10027
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • 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	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: the in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie 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	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 sul- the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct orogram 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- or "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 bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community a noncommercial endent), "I-M" onal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOE	6	N	Little Rock, AR
	KLAX	3	N	Little Rock, AR
ows as Necessary	KLTM	7	E	Little Rock, AR
· · · · · · · · · /				
	KALB	2	Ν	Little Rock, AR
	KALB KAQY	2 4	<u>N</u>	Little Rock, AR Little Rock, AR
		-		Little Rock, AR Little Rock, AR Little Rock, AR
	KAQY	4		Little Rock, AR Little Rock, AR
	KAQY KARD	4 5	N	Little Rock, AR Little Rock, AR El Dorado, AR
	KAQY KARD KLAX	4 5 12	N I N	Little Rock, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR
	KAQY KARD KLAX KNOE	4 5 12 9	N I N	Little Rock, AR Little Rock, AR El Dorado, AR Little Rock, AR

	Media III, L	LC						100
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recein t the Co sign of e he station ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				0,0		

0	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nomo	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						10027
					`			
	SUBSTITUTE CARRIAGE					tion that wa		to a convict on a
	In General: In space I, ident substitute basis during the a	• •				•	•	
Substitute	explanation of the programm	• •			-			
Carriage:	1. SPECIAL STATEMEN	-					• •	
Special	 During the accounting per 				sis, any nonn	etwork tele	evision prog	ram
Statement and	broadcast by a distant sta	•	,,	,	, ,	Γ	YES	NO
Program Log	-					L		
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you n	nust compl	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Lise abbreviations	wherever p	secible if the	ooir mooning	a ie
	clear. If you need more spa		•					y 15
				vision program ("substitute	e program") tł	nat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	•						
	"NBA Basketball: 76ers vs.			etball. Elst speelle progra		zampie, i	LOVE LUCY	0
				er "Yes." Otherwise enter "				
		•		asting the substitute progr				
	the case of Mexican or Car		,	the community to which the		•	ine FCC or,	IN
				stem carried the substitute			s, with the n	nonth
	first. Example: for May 7 giv	ve "5/7."						
				ogram was carried by your	•			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m	. should be	
		er "R" if the	listed program	n was substituted for progr	ramming that	your syste	m was <i>requ</i>	lired
	to delete under FCC rules a	and regulati	ions in effect d	uring the accounting perio	d; enter the l	etter "P" if t	the listed pro	
	was substituted for program	• •	your system w	as permitted to delete und	er FCC rules	and regula	ations in	
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT						
					CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION				
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. 1	TIMES	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 10027
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amounts (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.	ion service
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 \$263 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. 	,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 this accounting period is \$52.00	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) FALSE	
	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	15.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2019/2		FORM SA	1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	CableSouth Me	edia III, LLC		10027
M Channels		u must give (1) the number of channels on which the cable system carried televisi , and (2) the cable system's total number of activated channels during the accoun		
		number of channels on which the cable television broadcast stations	9	
	on which the ca	number of activated channels ble system carried television broadcast stations ast services	172	
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individu bout this statement of account.)	ial to whom	
for Further Information	Name	Cristy Workman	Telephone 731-723-9913	
	Address	1056 Jones Blvd (Number, street, rural route, apartment, or suite number)		
	Email	Milan, TN 38358 (City, town, state, zip) Fax	x (optional)	
O Certification		(This statement of account must be certified and signed in accordance with Copyri ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	ight Office regulations)	
	(Owne	r other than corporation or partnership) I am the owner of the cable system as ide	ntified in line 1 of space B; or	
		of owner other than corporation or partnership) I am the duly authorized agent of ine 1 of space B and that the owner is not a corporation or partnership; or	f the owner of the cable system as identified	
	in l	er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg ine 1 of space B.		
		the statement of account and hereby declare under penalty of law that all statements e, and correct to the best of my knowledge, information, and belief, and are made in go on 1001(1986)]		



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 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 Office'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.

ounting Period:	2019/2	FORM SA1-2E. PAGE
AL NAME OF OW	VNER OF CABLE SYSTEM:	SYSTEM I
esouth Me	dia III, LLC	1002
The Satellite H lowing sentence "In dete service scriber For more infor located in the During the acc	STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- rs and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." rmation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	P Special Statemen Concerning Gross Receipts Exclusio
NO	er the total here and list the satellite carrier(s) below.	
Name Mailing Address	Name Mailing Address	
For an explana	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter Line 2 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view to contact to	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is t	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is t	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is t NOTE: If you a list below the o	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme

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 Office'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.