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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	02/28/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	2019	2 Barcode Data Filing Period (optiona	II - see instructions)	
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under whi If there were different owners during the single statement of account and royalty	e accounting period, only the owner on	the last day of the accounting period should s	submit a
	Check here if this is the system's first filin	ng. If not, enter the system's ID number	assigned by the Licensing Division.	063458
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Г)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite TYLER, TX 75701 (City, town, state, zip)	number)		
С	INSTRUCTIONS: In line 1, give any busi			
System	names already appear in space B. In line			S given in space D.
	1 BENNER STATE CORREC	TIONAL INSTITUTION		
	MAILING ADDRESS OF CABLE SYSTE	М:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 1/ of the United States Code aution/zes 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CEQUEL COMMUNICATIONS LLC	063458
D	Instructions: List each separate community served by the cable system. A "commu "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, 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.	e home parks should be reported in parentheses below the
		07175
First	CITY OR TOWN BELLEFONTE	STATE PA
Community	(BENNER SCI)	
Rows as Necessary		

r									
LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					S	-	
CEQUEL COMMUNICAT	TIONS LLC							06	345
SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES					
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						ble system	, broken		
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				,					
	•		-		•				
					service that are	different f	rom those		
	and rates, in the	e right-h	and block. A t	vo- or thre	e-word descript	ion of the s	service is		
						BLOCK	(2		
	NO. OF		D.4.75				NO. OF		
	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBER	IS F	RATE
			-						
()		U	U						
, , ,									
		385	42.53						
Non-residential									
SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
In General: Space F calls for ra	te (not subscril	oer) info	rmation with re	espect to a	all your cable sys	stem's serv	vices that were		
•									
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-	• •			-	-				
		,		ished. List	these other ser	vices in the	e form of a		
brief (two- of three-word) descrip	puon and includ	le the ra	lle for each.						
	BLO(CK 1					BLOCK 2		
	BLO						2200.01		
CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	DRY OF SERVI	CE F	RATE
Continuing Services:	1	Installa	tion: Non-res		RATE	CATEGO			RATE
Continuing Services: • Pay cable	1	Installa • Mot	tion: Non-res		RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel	1	Installa • Mot • Con	tion: Non-res el, hotel nmercial		RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	Installa • Mot • Con	tion: Non-res		RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel	1	Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial	idential	RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	1	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential	RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	1	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	1	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	Installa • Mot • Con • Pay • Pay • Fire • Bury Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE	CATEGO			RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	1	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential	RATE				RATE
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There ar 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	CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SU In General: The information in space E should system, that is, the retransmission of television about other services (including pay cable) in splast day of the accounting period (June 30 or D Number of Subscribers: Both blocks in spat down by categories of secondary transmission each category by counting the number of billing separately for the particular service at the rate Rate: Give the standard rate charged for eac unit in which it is generally billed. (Example: "\$; category, but do not include discounts allowed Block 1: In the left-hand block in space E, th systems most commonly provide to their subscribat applies to your system. 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Include both the amount of the chargunt in which it is generally billed. (Example: "\$20/mth"). Summarze any standard rate variations within a category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service stated categories, that person or entity should be counted as a subscriber in each applicable category. Example subscribers who pays extra for cable service to additional set(s). Block 1: If your cable system has rate categories for secondary transmissions. Service that all sunder categories of secondary transmissions service that and efforter 1 printed in block 1 (for example, tiers of services that include on the med efforter 1 printed in block 1 (for example, tiers of services that include on the med efforter 1 printed in block 1 (for example, tiers of services that include on the med efforter 1 printed in block 1 (for example, tiers of services that and the chargund the service) for additional set(s)	LEGAL NAME OF OWNER OF CABLE SYSTEM: S CEQUEL COMMUNICATIONS LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, this is, the retransmission of telvision and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space E, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers in each category by counting the number of lings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of subscribers in each category by counting the charged of read-category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20mH"). Summarize any standard rate variations within a particular rate category, boto on the due bioscounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscriber would be included in the coult under "Service to the first set" and would be counted once again under "Service to additional set(s). In General: The information in page Service in additional set(s). Block 2: If your cable system to additional set(s). Block 2: If your cable system has rate categories for secondary transmissions, list them, together with the number of subscribers and rate site is under different from those printed in block 1 (for example, titers of services that incl	Decision Decision

counting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			063458
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, at Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e 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 d with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat 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, repo 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 in	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community 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
	WATM-1	23	N	ALTOONA, PA
	WATM-1 WJAC-1	6	N	JOHNSTOWN, PA
s as Necessary	WKBS-1	47	N I	ALTOONA, PA
Necessary	WPCW-1	19	· · · · · · · · · · · · · · · · · · ·	PITTSBURGH, PA
	WPSU-1	3	E	CLEARFIELD, PA
	WTAJ-1	10	N	ALTOONA, PA
	WWCP-1	8		JOHNSTOWN, PA

EGAL NAME OF								SYSTEM 063
	every radio s	tation ca	arried on a separate and discre 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: If ignal, indicate	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Cc sign of e he static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ved 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 th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during ca ge (v) of the g) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063458
	SUBSTITUTE CARRIAG)G			
	In General: In space I, ident	-	-			tion that ve	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	aa blank. If your anowar i	- "V " vouu		-	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, you	must comp	iete trie proç	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible ift	heir meanin	n is
	clear. If you need more spa				o wherever p	0001010, 11 0		9 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			leiball. List specific progra		example, i	LOVE LUCY	0
	_		dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or,	IN
				stem carried the substitute			ls. with the r	nonth
	first. Example: for May 7 gi				o program o			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	i. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976							
					WHF	N SUBST	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. 1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063458
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 transic (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 amount, se	,198.19
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 \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 t accounting period is \$52.00	his 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 \$137,1	00)	
	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)		<u> </u>
	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		
		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1 Rought Eas Doughlo for Accounting Desired (from Disal 4. 2, as 2, chous)	E2 00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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
	EFT Trace # or TRANSACTION ID #	[
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063458
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whe we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701	Telephone (903) 579-3121
	(City, town, state, zip)	nal)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office. I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fait [18 U.S.C., Section 1001(1986)] X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statener signature using an "/s/ signature" (e.g., /s/ John Smith)	a line 1 of space B; or ner of the cable system as identified / identified as owner of the cable system contained herein h.
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2	2020

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 OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06345
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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