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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	ctions are located of this workbook	03/02/20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
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
		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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CableSouth Media III, LLC	6361
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Bogalusa	MS
Community	Franklinton	MS
dd Rows as Necessary		

	· · · · · · ·							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM IC 6361
	CableSouth Media III, LI	LC							0301
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s					ry transmission	service of	the cable	
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							rge and the	
	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			•		•			
	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	has rate categ	ories fo	r secondary tra	nsmissior				
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e right-r	iand Diock. A tv	NO- or thre	e-wora descrip	tion of the	service is	
		DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	OODOOND			OAT		(TIOL	OODOORIDERO	
	Service to first set		298	31.35					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
								•	-
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,	hose services	that are	not offered in	combinati	on with any sec	ondary tra	nsmission	
Comisso	service for a single fee. There a	•	-		-		•	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		deddify	Sillou. Il ulty le		nargea en a va		orogram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip		-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	-		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-resi	idential				
	• Pay cable		• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Cor	nmercial					
	Fire protection		• Pay	v cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	39.99		glar protection					
	Additional set(s) EM radio (if concrete rate)			services:		40.00			
	• FM radio (if separate rate)	5.00		connect connect		49.99	••••••		
	• Converter	5.00		connect let relocation					
	1		ı •∪ul						
				ve to new addre	200	39.99			

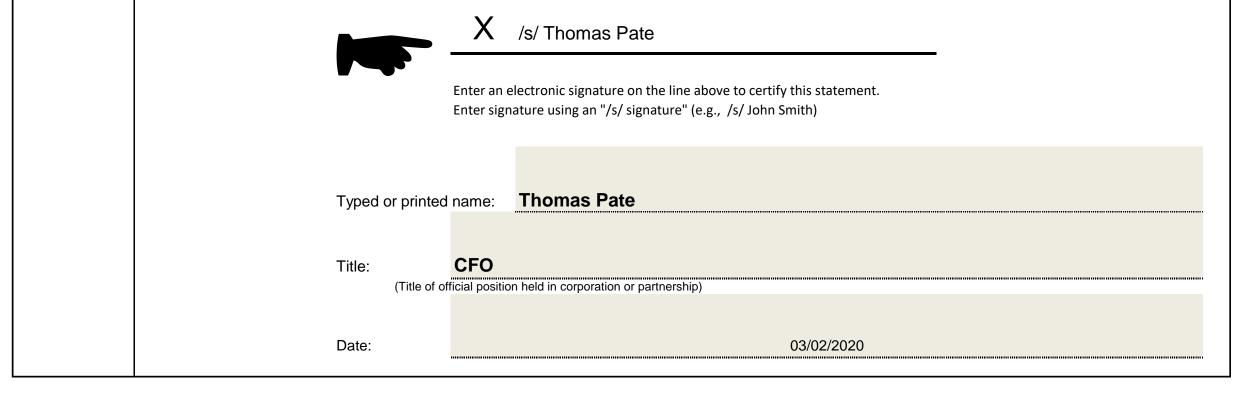
unting Period:				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 6361
	CableSouth Media III, PRIMARY TRANSMITTERS:			····
G Primary ransmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	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 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 (f 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 I d with a station according to its over-th	et (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a sub- the Special Statement and Program ed both on a substitute basis and also s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a abstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" ional multicast).
		dian stations, if any, give the name of t	-	-
	WDSU	6	N	Greenville, LA
	WBRZ	2	<u>N</u>	Baton Rouge, LA
Rows as Necessary	WVLA	13	<u>N</u>	Baton Rouge, LA
	WVUE	8	I	New Orleans, LA
	WAFB	9	<u>N</u>	Baton Rouge, LA
	WYES	12	E	New Orleans, LA
	WNOL	20	N	Baton Rouge, LA
	WGN	18		
				Chicago, IL
	WGNO	11	N	Chicago, IL
	WWL	4	Ν	Chicago, IL New Orleans, LA
				Chicago, IL
	WWL	4	Ν	Chicago, IL New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA
	WWL WHNO	4	N N	Chicago, IL New Orleans, LA New Orleans, LA

EGAL NAME OF								SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under O stem whenever it is received a ived 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	at 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 pertain st peneral i 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	
SALE OIGH		0,0		UNEL OIGH		0,0		

0	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Neme	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						63610
	SUBSTITUTE CARRIAGE				2			
						tion that wa		tom corriad on a
•	In General: In space I, ident substitute basis during the a	• •				•	•	
Substitute	explanation of the programm	• •						
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 				sis, any nonn	etwork tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta	•	,]	YES	NO
Frogram Log				na blank l f rann an ann i	"X"	L		
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you n	nust comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	s wherever no	ossible if t	heir meanin	n is
	clear. If you need more spa		•			5551510, 11 (9 10
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute				
	period, was broadcast by a		•	•	•	•		
	under certain FCC rules, re Do not use general categor	•						
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter "				
		•		asting the substitute progr the community to which the		sensed by	the ECC or	in
	the case of Mexican or Car		,			•		
	Column 5: Give the mor	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 give					1.1.1.1		
	to the nearest five minutes.			ogram was carried by your				ately
	stated as "6:00–6:30 p.m."		a program can		. 15 p.m. to 0	.20.30 p.n		
	Column 7: Enter the lett			n was substituted for progr	•			
	to delete under FCC rules a	0		0	,			ogram
	was substituted for program effect on October 19, 1976	• •	your system w	as permitted to delete und	er FCC rules	and regul	ations in	
		•						
						N SUBST		
	S			1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC 6.		

Accounting Period:	2019/2 FORM	1 SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 63610
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 total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	ice
	COPYRIGHT ROYALTY FEE	
L 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 \$263,800 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. 	
	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 six-mont accounting period is \$52.00	th
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	_
	5. Enter the amount from line 3	_
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	_
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 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	<u> </u>
	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) FALSE	_
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	15.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigh See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informati	

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name			SYSTEM ID#
M Channels	to its subscribers 1. Enter the total system carried	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	63610
		able system carried television broadcast stations	323
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Cristy Workman Telephone	731-723-9913
	Address 	1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip) Fax (optional)	
O Certification	 I, the undersigned (Owned) (Agentation in labeled) (Officient) I have examined 	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ad, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own line 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	ystem as identified



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ccounting Period: 2019/2		FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
bleSouth Media III, LLC		6361
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLU The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmitte scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (viewed)	he Copyright Act by adding the fol- to the cable system for the basic ters, the system shall not include sub- missions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
located in the paper SA1-2 form.		
During the accounting period, did the cable system exclude any amounts of gross i made by satellite carriers to satellite dish owners?	receipts for secondary transmissions	
NO		
YES. Enter the total here and list the satellite carrier(s) below.	¢	
	··· \$	-
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a resul		Q
You must complete this worksheet for those royalty payments submitted as a resul For an explanation of interest assessment, see page (viii) of the general instruction		Q
	s located in the paper SA1-2 form.	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general instruction	s located in the paper SA1-2 form.	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruction	x	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x days	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessment
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	x	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.