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		ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda			DATE RECEIVED	AMOUNT	-
Cable Syste					<u>coplicsoa@loc.gov</u>
				\$	For additional information, contact the U.S. Copyright
General instru			08/28/2020		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this work	book	00/20/2020	ALLOCATION NUMBER	- Tel. (202) 707-8150
Α					
	ACCOUNT	ING PERIOD COVERED I	BY THIS STATEMENT: (YY	Y Y/(Period))	
			1		
	2020/	/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting			-		
Period					
		ctions:	o cable system. If the owner is a subsi	diary of another corporation, give the full co	rporato titlo
B		subsidiary, not that of the parent co		diary of another corporation, give the full co	porate title
Owner	List an	y other name or names under which	n the owner conducts the business of th	ne cable system.	
	If there	e were different owners during the	accounting period, only the owner on t	he last day of the accounting period should s	submit a
			e payment covering the entire account		
	Check	here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	60246
	LEG	AL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Conse	olidated Communications Ente	erprise Services, Inc. (fka: Quality	one Technologies Inc)	
	BUSI	NESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	Conse	olidated Communications			
	MAILI	ING ADDRESS OF OWNER OF	CABLE SYSTEM		
		S 17th Street er, street, rural route, apartment, or suite n	umber)		
		toon, IL 61938			
		own, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System		IFICATION OF CABLE SYSTEM:			
	MAILI	NG ADDRESS OF CABLE SYSTEM	:		
	2 (Numbe	er, street, rural route, apartment, or suite n	umber)		
	(City to	own, state, zip code)			
<u> </u>	(Oity, 10	, stato, zip 60007			
Privacy Act Notic	e: Section 111 of	title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 1/ of the United States Code autionizes 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 fiing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Consolidated Communications Enterprise Services, Inc. (fka: Qu	iali 60246
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Columbus Grove	ОН
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID	
Name	Consolidated Communications Enterprise Services, Inc. (fka: Quality One Tech								6024	
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in s	•		-		•				
	system, that is, the retransmission									
Secondary Transmission	about other services (including p	, , ,	,		,		those exist	ing on the		
Service: Sub-	last day of the accounting period Number of Subscribers: Both						able system	broken		
scribers and	down by categories of secondar	•								
Rates	each category by counting the n	umber of billing	gs in that	category (the	number o	f persons or or	ganizations	charged		
	separately for the particular serv									
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•						
	category, but do not include disc	• •	,		iy stanua		is wiulin a j			
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servio	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					<b>U</b> .				
	first set" and would be counted of									
	Block 2: If your cable system					service that an	e different f	rom those		
	printed in block 1 (for example, t	iers of services	s that incl	ude one or mo	ore secon	dary transmissi	ions), list th	em, together		
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A tw	o- or thre	e-word descrip	tion of the s	service is		
	sufficient. BLC	DCK 1		П			BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТЕ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODOCIAD			0/(12		INICE	CODOCIADEIRO	TUTT	
	Service to first set		11	35.75	Tier 2			3	42.5	
	Service to additional set(s)					rd Analog		80	79.5	
	• FM radio (if separate rate)					Standard		176	86.9	
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC			IONS: RATES	3				I	
F	In General: Space F calls for ra	•	,		•	• •				
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.		-		-		0		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting p listed in block 1 and for which a separate charge was made or established. List these other serv									
	brief (two- or three-word) description				Sileu. List	these other se	ervices in the form of a			
		BLO				DATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services:	RATE		DRY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE	
	• Pay cable			I, hotel	acritiai		Starz/E	ncore	10.0	
	Pay cable—add'l channel			mercial			HBO		15.7	
	Fire protection		• Pay o				Cinema	Y	10.0	
	•Burglar protection			cable-add'l cha	annel		Showti		13.7	
	Installation: Residential			protection				e Movie Pack	43.5	
	First set	75.00		lar protection			Similar			
	Additional set(s)	70.00	Other se							
						20.00				
	• FM radio (if separate rate)		• Racc	nnect						
	• FM radio (if separate rate)			onnect		30.00				
	<ul><li>FM radio (if separate rate)</li><li>Converter</li></ul>		• Disco	onnect						
	, , ,		• Disco • Outle			25.00 25.00				

				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 60246
	Consolidated Commu	nications Enterprise Services	, Inc. (fka: Quality One Techi	1 00270
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC 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 informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tin 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, 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 he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTLW (IND)	4	I	Lima, OH
	WLIO (NBC)	5	N	
				Lima, OH
vs as Necessary	WBGU (PBS)	6	E	Lima, OH Bowling Green, OH
s as Necessary				
as Necessary	WBGU (PBS)	6	E	Bowling Green, OH
as Necessary	WBGU (PBS) WOHL (ABC)	6 7	E	Bowling Green, OH Lima, OH
s as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX)	6 7 8	E N I	Bowling Green, OH Lima, OH Lima, OH
s as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX) WOHL (CBS) WBOH3 (CW)	6 7 8 9	E N I	Bowling Green, OH Lima, OH Lima, OH Lima, OH Lima, OH
as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX) WOHL (CBS) WBOH3 (CW) WTOL (CBS)	6 7 8 9 10	E N I N I	Bowling Green, OH Lima, OH Lima, OH Lima, OH Lima, OH Toledo, OH
s as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX) WOHL (CBS) WBOH3 (CW) WTOL (CBS) WNWO (NBC)	6 7 8 9 10 11	E N I N I N	Bowling Green, OH Lima, OH Lima, OH Lima, OH Lima, OH Toledo, OH Toledo, OH
s as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX) WOHL (CBS) WBOH3 (CW) WTOL (CBS)	6 7 8 9 10 11 12	E N I N I N N	Bowling Green, OH Lima, OH Lima, OH Lima, OH Lima, OH Toledo, OH
vs as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX) WOHL (CBS) WBOH3 (CW) WTOL (CBS) WNWO (NBC)	6 7 8 9 10 11 12	E N I N I N N	Bowling Green, OH Lima, OH Lima, OH Lima, OH Lima, OH Toledo, OH Toledo, OH
vs as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX) WOHL (CBS) WBOH3 (CW) WTOL (CBS) WNWO (NBC)	6 7 8 9 10 11 12	E N I N I N N	Bowling Green, OH Lima, OH Lima, OH Lima, OH Lima, OH Toledo, OH Toledo, OH
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ws as Necessary	WBGU (PBS) WOHL (ABC) WLIO (FOX) WOHL (CBS) WBOH3 (CW) WTOL (CBS) WNWO (NBC)	6 7 8 9 10 11 12	E N I N I N N	Bowling Green, OH Lima, OH Lima, OH Lima, OH Lima, OH Toledo, OH Toledo, OH
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Consolidate	OWNER OF O		ns Enterprise Services,	Inc. (fka: Qu	ality One T	echno	logies Inc)	SYSTEM I 602
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C tem 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 < mark in the "S/D" column.	t the system's he system's FM ante his point, see pa his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Can	adian stations	s, if any,	on (the community to which th the community with which the	station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
				 		·		

Accounting Perio	od: 2020/1							FORM	/I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	Consolidated Commu	nications	Enterprise	Services, Inc. (fka: Q	uality One	Techno	logie	es Inc)	60246
	SUBSTITUTE CARRIAG				00				
I		-	-						
l I	In General: In space I, ident								
	substitute basis during the a explanation of the programm								
Substitute					ne general in	SILUCIONS		paper 3/	A 1-2 10111.
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network te	elevisi	on progr	ram
	broadcast by a distant sta	ation?						YES	× NO
	NI-1-15 (A)				<b>(</b> ) <b>(</b> )			_	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must com	plete t	the prog	Iram
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subs				s wherever p	ossible, if	their I	meaning	g is
	clear. If you need more spa								
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.			etball. Elot speeline progre		sxampie,	LOW	c Lucy	
			dcast live, ent	er "Yes." Otherwise enter	"No."				
				asting the substitute prog					
				the community to which th			the F	FCC or, i	in
	the case of Mexican or Car								
			when your sy	stem carried the substitute	e program. U	se numera	als, wi	ith the m	nonth
	first. Example: for May 7 gi		4:4 4						- <b>t</b> - I
	to the nearest five minutes.			ogram was carried by you					ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.0	1. 15 p.m. to c	.20.30 p.i	n. sno		
			P. C. L		romming the	t vour eve	tem w	ias requ	ired
	Column 7: Enter the left	ter "R" if the	e listed brodrar	n was substituted for prod	танинно ша				
	Column 7: Enter the lett to delete under FCC rules								ogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulat	ions in effect d	uring the accounting period	od; enter the	etter "P" i	f the li	isted pro	ogram
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting period	od; enter the	etter "P" i	f the li	isted pro	ogram
	to delete under FCC rules a was substituted for program	and regulat	ions in effect d	uring the accounting period	od; enter the l der FCC rules	etter "P" i and regu	f the li Ilation	isted pro is in	ogram
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat mming that <u>;</u> ;	ions in effect d your system w	luring the accounting period as permitted to delete und	bd; enter the der FCC rules	N SUBST	f the li Ilation	isted pro is in E	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulat mming that ; 	ions in effect d your system w E PROGRAM	luring the accounting period as permitted to delete und	bd; enter the der FCC rules WHE CARRI	N SUBS	f the li ilation FITUT CURF	isted pro is in TE RED	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	und regulat mming that ; UBSTITUT 2. LIVE?	ions in effect d your system w E PROGRAM 3. STATION'S	luring the accounting period as permitted to delete und	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	f the li ilation FITUT <u>CURF</u> TIMES	isted pro ns in TE RED S	
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Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc. (fka: Q	uality O	ne Technolo		YSTEM ID# 60246
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 sy (as identified 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	ystem's se n of how t	condary transm o compute this a	ission service amount, see	8,031.09 oss receipts)
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that oformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	, 100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin.	as 1 and C			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula			,	
				-	
	2. Enter amount of gross receipts from space K		148,031.09	-	
	3. Subtract line 2 from line 1			<u>-</u> 	
	4. Enter the amount of gross receipts from space K			148,031.09	
	5. Enter the amount from line 3			115,768.91	
	6. Subtract line 5 from line 4		\$	32,262.18	
	7. Multiply line 6 by .005 (enter figure here)			\$	161.31
	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		\$	161.31
	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			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DUE	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		-	161.31	
	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	181.31
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc. (fka: Quality One Technologies Inc)	SYSTEM ID# 60246
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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	10 139
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Jana Manterola Telephone	509-962-0272
Information	Address 305 N Ruby Street (Number, street, rural route, apartment, or suite number) Ellensburg, WA 98926	
	(City, town, state, zip) Email jana.manterola@consolidated.com Fax (optional) 509-933-745	3
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	system as identified mer of the cable system
	X       /s/ Mike Shultz         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Mike Shultz         Title:       Vice President Legislative and Regulatory         (Title of official position held in corporation or partnership)	
	Date: 8/28/2020	

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.

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
solidated Communications Enterprise Services, Inc. (fka: Quality One Techr	602
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.	P Special Statemer Concerning Gros Receipts Exclusio
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.       \$	
Name     Name       Mailing Address     Mailing Address	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	
······	
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$ - (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please	
Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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