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 by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

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.

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))		
		Period 1 = January 1 - June 30 Period 2 = July 1 - Dece	mber 31	
		20201 Barcode Data Filing Period (optional - see instructions)		
Accounting Period				
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, of the subsidiary, not that of the parent corporation.	give the full corporate ti	itle
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 single statement of account and royalty fee payment covering the entire accounting period.	period should submit a	
	_	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Divis	sion.	62814
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
		City of Barnesville Cable TV		
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
		PO Box 550 (Number, street, rural route, apartment, or suite number)		
		Barnesville, MN 56514 (City, town, state, zip)		
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and o	peration of the syste	em unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different fro		
System	1	IDENTIFICATION OF CABLE SYSTEM:		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	(Number, street, rural route, apartment, or suite number)		
		(City, town, state, zip code)		

FOR COPYRIGHT OFFICE USE ONLY

8/18/2020

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	City of Barnesville Cable TV	62814
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hour identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Barnesville	MN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							-2E. PAGE
Name	City of Barnesville Cable							010	6281
	City of Barriesville Cable	5 I V							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in sp			-	•				
Secondary	system, that is, the retransmissio about other services (including pa								
Transmission	last day of the accounting period							Jon the	
Service: Sub-	Number of Subscribers: Both						e system, b	roken	
scribers and	down by categories of secondary	transmission s	service.	In general, you	can comp	oute the number	of subscrib	ers in	
Rates	each category by counting the nu							narged	
	separately for the particular service Rate: Give the standard rate ch							and the	
	unit in which it is generally billed.	-	-	-			-		
	category, but do not include disco				y standard		within a pai		
	Block 1: In the left-hand block	in space E, the	form lis	sts the categori					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity s			-		-			
	subscriber who pays extra for cal								
	first set" and would be counted or								
	Block 2: If your cable system h					ervice that are o	lifferent fror	n those	
	printed in block 1 (for example, tie								
	with the number of subscribers an sufficient.	nd rates, in the	right-ha	and block. A two	o- or three	-word descriptio	n of the ser	vice is	
		DCK 1					BLOCK	2	
	_	NO. OF			_			NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		200	05.05	Ductory	ad Deela		207	07
	Service to first set		396	25.95	Preferr	ed Basic		297	87.4
	Service to additional set(s)		255	4.95					
	• FM radio (if separate rate)		4	4A					
	Motel, hotel		1 2	558.46					
	Commercial		2	747.30					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO	ONDARY TRAI	NSMISS	SIONS: RATES					
F	In General: Space F calls for rate					your cable syste	em's service	es that were	
F	not covered in space E, that is, th					,	,		
Somiono	service for a single fee. There are			•	,		0()		
Services Other Than	furnished at cost or (2) services of amount of the charge and the uni								
Secondary	enter only the letters "PP" in the r					ingen en a rana.	510 PO. P. 02	, and Ducie,	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that				-				
	listed in block 1 and for which a s brief (two- or three-word) descript				ned. List tr	nese other servi	ces in the to	orm of a	
				le loi each.					
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			CAILO		
	Pay cable			tel, hotel	aonaa	49.95	нво		16.0
	• Pay cable—add'l channel			mmercial		49.95			
	Fire protection			y cable			HBO/Ci	nemax	24.5
	•Burglar protection		-	y cable-add'l ch	annel		Starz/E		7.9
	Installation: Residential		-	e protection			Remote		12.9
	• First set	49.95		glar protection				, nal Outlet	15.0
	Additional set(s)	-0.00		services:			Service		19.9
	• FM radio (if separate rate)			connect		19.99			
	Converter			connect					
				tlet relocation		19.95			
			J			13.33			
			• Mo	ve to new addre	ess	19.95			

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
-	City of Barnesville Ca			62814
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	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 c iles, 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-the	ot (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Lo ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (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 is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	N	FARGO, ND
	WDAY	6	N	FARGO, ND
s as Necessary	KVRR	10	N	FARGO, ND
	KVLY	11	N	FARGO, ND
	KFME	13	E	FARGO, ND

City of Barn	F OWNER OF C		/STEM:					SYSTEM 628
	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 fo Column 1: lo Column 2: S Column 3: lf cignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein to the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under (item whenever it is received a ved at the headend, with the pyright 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 ant this point, see pa sed by the cable ne station is licer	eadend, and (enna, during o age (v) of the o system as a s used by the FC	2) it can certain st general i eparate	be expected, tated 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	
					·			

Accounting Perio	od: 2020/1						FC	DRM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	City of Barnesville Cal	ble TV						62814
l Outorite de	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> stati CC rules, regula	ations, or au	thorization	s. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				e general matri			AT-2 10111.
Special					ia any pappat	work tolovi	ion progr	- m
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	is, any nonner			
Program Log	broadcast by a distant sta	lion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	st complete	the progr	am
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning	IS
				sion program ("substitute j	program") tha	t, during the	accounti	ng
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the prog	ramming of	another s	tation
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	toall." List specific program	n titles, for exa	ampie, "I Lo	ve Lucy" c	br
	Column 2: If the program	n was broad	lcast live, enter	"Yes." Otherwise enter "N	No."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	ım.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, i	n
				tem carried the substitute			with the m	onth
	first. Example: for May 7 giv				p g 0			
				gram was carried by your o				tely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:28	8:30 p.m. sl	nould be	
	stated as "0.00 0.00 is in "					ourovotom	was requi	ired
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	ammind that vi	JUL SVSIEIL		
				was substituted for progra ring the accounting period				
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulation nming that y	ons in effect du	ring the accounting period	l; enter the lett	er "P" if the	listed pro	
	Column 7: Enter the lett to delete under FCC rules a	and regulation nming that y	ons in effect du	ring the accounting period	l; enter the lett	er "P" if the	listed pro	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulation nming that y	ons in effect du	ring the accounting period	l; enter the lett r FCC rules a	er "P" if the nd regulatio	listed pro	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	ons in effect du	ring the accounting period s permitted to delete under	l; enter the letter FCC rules a	er "P" if the	listed pro	gram 7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that yes	ons in effect du our system wa	ring the accounting period s permitted to delete under	l; enter the lett rr FCC rules a WHE CARRI	er "P" if the nd regulation N SUBSTI AGE OCC 6. 1	listed pro ons in TUTE URRED	gram 7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram 7. REASON FOR
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram 7. REASON FOR
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram 7. REASON FOR
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram 7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram 7. REASON FOR
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram 7. REASON FOR
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT 2. LIVE?	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting period s permitted to delete under	I; enter the lett rr FCC rules a WHE CARRI 5. MONTH	er "P" if the nd regulatio N SUBSTI AGE OCC 6. 1	TUTE URRED	gram 7. REASON FOR
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Accounting Period:	2020/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Barnesville Cable TV	S	YSTEM ID# 62814
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	1,233.00 ss 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 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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 fee that you must pay for th accounting period is \$52.00	is six-montl	
	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	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: esville Cable TV			SYSTEM ID# 62814
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	bers, and (2) the cable system's otal number of channels on whi ied television broadcast station otal number of activated channe e cable system carried televisio	total number of ch the cable s els n broadcast stati	vhich the cable system carried television broadcast stat activated channels during the accounting period.	ions 5
N Individual to Be Contacted	we can conta	TO BE CONTACTED IF FURT ct about this statement of acco Roxi Hacker		FION IS NEEDED (Identify an individual to whom	none 320-212-3427
for Further Information	Name Address	130 Birch Avenue V	Vest		JUIE <u>320-212-3421</u>
		(Number, street, rural route, apa Hector, MN 55342 (City, town, state, zip)	irtment, or suite num	ber)	
	Email	roxih@intersta	atetelcom.com	Fax (optional)	
O Certification	(Ow X (Ag Official (Official Content) • I have examinare true, comp	ent of owner other than corpor in line 1 of space B and that the fficer or partner) I am an officer in line 1 of space B. ned the statement of account and	partnership) I an ration or partners owner is not a co (if a corporation) d hereby declare of	the owner of the cable system as identified in line 1 of spanning of the cable system as identified in line 1 of spanning ship) I am the duly authorized agent of the owner of the cable ship) I am the duly authorized agent of the spanning ship ship ship ship ship ship ship ship	ble system as identified s owner of the cable system
			X /s/	Guy A Swenson	
				onic signature on the line above to certify this statement. using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	Enter signature		
		Title:	Enter signature ad name: Gu TEC Mana	using an "/s/ signature" (e.g., /s/ John Smith) y Swenson	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

ounting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
/ of Barnesville Cable TV	628
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 fol- lowing 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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gross
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.	Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	s
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	
	t –
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	nt. Q
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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	Interest Assessme
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