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

STATEMENT OF ACCOUN	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/24/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD C	OVERED BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional - s	Period 2 = July 1 - December 31	J
Accounting			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))		
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optional - see instructions)		
Accounting Period				
		Instructions:		
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full co title of the subsidiary, not that of the parent corporation.	rporate	
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 s single statement of account and royalty fee payment covering the entire accounting period.	submit a	_
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.		1188
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
		Zito Media LP		
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)		
		Zito Media		
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
		PO Box 665 (Number, street, rural route, apartment, or suite number)		
		Coudersport, PA 16915		
		(City, town, state, zip)		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s already appear in space B. In line 2, give the mailing address of the system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:		
	· ·	Zito Media - Coudersport		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	(Number, street, rural route, apartment, or suite number)		
		(City, town, state, zip code)		

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		
	Zito Media LP	11
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comn	nunities within unincorporated areas and including singl
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Coudersport Borough	PA
Community	Annin Township	ΡΑ
	Austin Borough	PA
dd Rows as Necessary	Eulalia Township	PA
au nows as necessary	Liberty Township	PA
	Port Allegany Borough	PA
	Roulette Borough	PA
	Sweden Valley Township	PA
	Genesee Township	PA PA
	Hebron Township	
		PA
	Ulysses Borough	PA
	Harrison Valley	PA
	Westfield Borough	PA
	Mills	PA
	Emporium Borough	PA
	Emporium Surrounding Areas	PA
	Gibson Township	PA
	Lumber Township	PA
	Portage Township	PA

	LEGAL NAME OF OWNER OF C	ABLE SVSTEM						-2E. PAG
Name	Zito Media LP	ADLL STSTLM.					010	11
Е	SECONDARY TRANSMISSION							
	In General: The information in s system, that is, the retransmission	•	-					
Secondary	about other services (including p							
Transmission	last day of the accounting period	, , ,	,	,			ig on the	
Service: Sub-	Number of Subscribers: Both	•						
scribers and	down by categories of secondary	•	• •					
Rates	each category by counting the nu separately for the particular service						charged	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed.	-				-		
	category, but do not include disc							
	Block 1: In the left-hand block		•					
	systems most commonly provide that applies to your system. Note							
	categories, that person or entity		-		-			
	subscriber who pays extra for ca				0,	•		
	first set" and would be counted o	•		• • •				
	Block 2: If your cable system I	•	•					
	printed in block 1 (for example, ti with the number of subscribers a							
	sufficient.		nght hand block. A					
	BLC	OCK 1				BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIBE	ERS RATE	CAT	EGORT OF SER	(VICE	SUBSCRIBERS	RA
	Service to first set		1,702 16.78					
	Service to additional set(s)		1,702					
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES				
F	In General: Space F calls for rat	•	· ·	•	• •			
•	not covered in space E, that is, the service for a single fee. There are							
			ns. you do not need				301 11003	
Services	furnished at cost or (2) services	or facilities furn	ished to nonsubscrib				oth the	
Services Other Than	furnished at cost or (2) services of amount of the charge and the un			ers. Rate in	formation should	l include b		
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	iit in which it is rate column.	usually billed. If any	pers. Rate in rates are ch	formation should arged on a varia	l include b ble per-pro		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat	iit in which it is rate column. e charged by th	usually billed. If any he cable system for e	pers. Rate in rates are ch each of the a	formation should arged on a varia applicable servic	l include b ble per-pro	ogram basis,	
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	it in which it is rate column. te charged by th tyour cable sys	usually billed. If any he cable system for e stem furnished or offe	pers. Rate in rates are ch each of the a ered during t	formation should arged on a varia applicable servic he accounting p	l include b ble per-pro es listed. eriod that v	ogram basis, vere not	
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Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a s	it in which it is rate column. e charged by th your cable sys separate chargotion and includ	usually billed. If any he cable system for e stem furnished or offe e was made or estat le the rate for each.	pers. Rate in rates are ch each of the a ered during t	formation should arged on a varia applicable servic he accounting p	l include b ble per-pro es listed. eriod that v	ogram basis, vere not form of a	
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Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	it in which it is rate column. te charged by th your cable sys separate charg otion and includ BLO(RATE	usually billed. If any he cable system for e stem furnished or offf e was made or estat le the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial	ers. Rate in rates are ch each of the a ered during t blished. List f RVICE esidential	formation should arged on a varia applicable servic he accounting p these other serv	I include b ble per-pro es listed. eriod that v ices in the	ogram basis, were not form of a BLOCK 2	RA
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counting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:	-	SYSTEM ID#
	Zito Media LP			1188
	PRIMARY TRANSMITTERS:	TELEVISION		
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, an 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 information 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 Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the 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 is	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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	23.1	N	Johnstown, PA
	WATM	23.3	I-M	Johnstown, PA
Rows as Necessary	WATM	23.4	l	Johnstown, PA
	WGRZ	2	Ν	Buffalo, NY
	WIVB	4	Ν	Buffalo, NY
	WJAC	6	N	Johnstown, PA
	WKBS	47.1	I	Johnstown, PA
	WKBW	7.1	N	Buffalo, NY
	WNYB	26	l	Jamestown, NY
	WPCW	19.1	I	Jeannette, PA
	WPSU	3	E	State College, PA
	WTAJ	10	Ν	Johnstown, PA
	WWCP	8	N	Johnstown, PA

EGAL NAME OF Lito Media L		CABLE 5	YSTEM:					SYSTEM II 11
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locatio	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. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed 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	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or FM	e/n	LOCATION OF STATION		AM or EM	e/n		
CALL SIGN	AIVI OF FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:						SYSTEM ID		
Name	Zito Media LP	0,1022 0101							118		
	SUBSTITUTE CARRIAG	E: SPECIA			CG						
	In General: In space I, ident										
Substitute	substitute basis during the a explanation of the programm										
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBS	TITUTE CARRIAGE							
Special Statement and	 During the accounting per 	riod, did you	ır cable syster	n carry, on a substitute b	asis, any non	network te	levisi	on progr			
Program Log	broadcast by a distant sta	ation?						YES	NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2. 2. LOG OF SUBSTITUTE		MS								
	In General: List each subs	stitute progra	am on a separ		ns wherever p	ossible, if	their i	meaning	is		
	clear. If you need more spa Column 1: Give the title				te program") t	bat during	tho .	accounti	na		
	period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general categor "NBA Basketball: 76ers vs.		vies or bask	etball. List specific prog	am titles, for o	example,	I LOV	e Lucy d	Dr		
	Column 2: If the program	m was broad									
	Column 3: Give the call Column 4: Give the broa					censed by	the F	FCC or i	n		
	the case of Mexican or Car							00 01,1			
	Column 5: Give the mor		when your sy	stem carried the substitu	te program. U	se numera	als, w	ith the m	onth		
	first. Example: for May 7 gir Column 6: State the tim		e substitute pr	ogram was carried by vo	ur cable svste	m. List the	time	s accura	telv		
	to the nearest five minutes.	. Example: a							,		
	latated as "6:00 6:20 p m "										
	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program										
	Column 7: Enter the lett	ter "R" if the									
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the and regulatio mming that y	ons in effect d	uring the accounting per	od; enter the	letter "P" if	the l	isted pro			
	Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulatio mming that y	ons in effect d	uring the accounting per	od; enter the	letter "P" if	the l	isted pro			
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulatio mming that y 5.	ons in effect d our system w	luring the accounting per as permitted to delete un	od; enter the der FCC rules	letter "P" if s and regu	the l lation	isted pro ns in	ıgram		
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ens in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	the l lation	rE RED S	ıgram		
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulatic mming that y 5.	ons in effect d our system w	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI	letter "P" if s and regu N SUBST	TITUT	isted pro ns in FE RED	ngram 7. REASON F		
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. UBSTITUTE 2. LIVE?	ens in effect d your system w E PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if s and regu N SUBST AGE OCC	TITUT	rE RED S	ngram 7. REASON F		
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Accounting Period:	2020/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Media LP		ç	BYSTEM ID# 1188
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipting the statement in space P concerning the statement is provided to the statement in the space P concerning the statement is provided to the statement in space P concerning the statement in the space P	em's secondary trans f how to compute this	mission servi s amount, see \$ 33	се
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more infor	less than \$527,600	\$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 fe accounting period is \$52.00	e that you must pay fo	or this six-mon	itl
	Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (t	out 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	· · · · · · <u> </u>		
	5. Enter the amount from line 3	· · · · · · <u> </u>		
	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	d 8 8 .		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800) (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K	338,031.57		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	74,231.57		
	4. Multiply line 3 by .01	\$	742.32	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots	\$	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	\$	2,061.32
	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)	\$	2,061.32	
Due	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		\$	2,081.32
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo			ights!

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Media LF	OWNER OF CABLE SYSTEM:	:				SYSTEM ID# 1188
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	You must give (1) the number ers, and (2) the cable system's al number of channels on wh ed television broadcast station cal number of activated chann cable system carried television dcast services	s total num nich the cab ns nels on broadca	nber of activated cha	nnels during the	[13 135
N Individual to Be Contacted		O BE CONTACTED IF FUR t about this statement of acco		ORMATION IS NEE	DED (Identify an	individual to whom	
for Further Information	Name	Teri McMullen				Telephone 8	14-260-0434
	Address	PO Box 665 (Number, street, rural route, apa Coudersport PA 16 (City, town, state, zip)		uite number)			
	Email	teri.mcmullen	@zitomed	lia.com		Fax (optional)	
O Certification	I, the undersig (Owr (Age i X (Off i I have examinare true, completion	ned, hereby certify that (Check ner other than corporation or nt of owner other than corpo n line 1 of space B and that the icer or partner) I am an officer n line 1 of space B.	r one, <i>but on</i> partnershi oration or p owner is n r (if a corpor	nly one , of the boxes.) ip) I am the owner of partnership) I am the not a corporation or part ration) or a partner (if eclare under penalty of) duly authorized a artnership; or a partnership) of of law that all state	n Copyright Office regulations) as identified in line 1 of space B; gent of the owner of the cable sy the legal entity identified as owne ements of fact contained herein de in good faith.	rstem as identified
		Typed or printe	Enter sigi	/s/James Riga electronic signature o inature using an "/s/ si James Rigas	on the line above to	o certify this statement. / John Smith)	
		Title: (Title of	Presic f official posit	dent tion held in corporation o	r partnership)		
		Date:				02/26/2021	

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 th 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 telephon 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 i 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 th 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

			FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID
o Media LP			118
SPECIAL STATEMENT CONCERNING GROSS REAL The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the g service of providing secondary transmissions of primary to scribers and amounts collected from subscribers received For more information on when to exclude these amounts, see the located in the paper SA1-2 form.	n 111(d)(1)(A), of the Copyri ross amounts paid to the cat proadcast transmitters, the sy g secondary transmissions p	ble system for the basic ystem shall not include sub- oursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners?	amounts of gross receipts fo	r secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below	v\$		
Name Mailing Address	Name Mailing Address		-
	<u> </u>		
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the			Q
	general instructions located i	in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	general instructions located i		Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the	general instructions located i	in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	general instructions located i	n the paper SA1-2 form. x <u>1%</u> - x days -	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the sum	general instructions located i	n the paper SA1-2 form. x <u>1%</u> - x days	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	general instructions located i	x 1% x 1% x and ays x 0.00274	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her Line 3 Multiply line 2 by the number of days late and enter the sum Line 4 Multiply line 3 by 0.00274** and enter here	general instructions located i	x 1% x 1% x and a s x and a s a s x a s x	Q Interest Assessment
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