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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## 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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		<b>Instructions:</b> 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
		Berkshire Cable Corp
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Consolidated Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 121 S 17th Street
		(Number, street, rural route, apartment, or suite number)
		Mattoon, IL 61938 (City, town, state, zip)
С		<b>CUCTIONS:</b> 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	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	•	
Privacy Act Notice	e: Sectior	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-26-21

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Berkshire Cable Corp	4022
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know ys.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Kinderhok Village	NY
Community	Stuyvesant	NY
	Stuyvesant Falls	NY
Add Rows as Necessary		NY
	Niverville	NY

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1-	TEM II
Name	Berkshire Cable Corp								4022
					ATEO				
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmissi					•			
Secondary	about other services (including p		-				those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetan	broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n	•				•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate of unit in which it is generally billed	•						•	
	category, but do not include disc	· ·		,	•		is within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ission serv	ice that cable	
	systems most commonly provid							• •	
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, the support of support					•			
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-i	nanu biock. A		ee-word descrip	tion of the	Service is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		29	39.95	Tier 1			84	78.
	<ul> <li>Service to additional set(s)</li> </ul>				Digital Standard			240	91.
	• FM radio (if separate rate)				Digital	Tier 2		10	###
	Motel, hotel				Basic [	Digital		3	35.
	Commercial				Standa	rd Digital		-	72.
	Converter				Select			17	###
	• Residential				Expand	ded Digital		8	###
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•			•	• •			
•	not covered in space E, that is, service for a single fee. There a					•	•		
Services	furnished at cost or (2) services		-		-			-	
Other Than	amount of the charge and the u		usually	/ billed. If any ı	ates are c	harged on a vai	riable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra		ho oob	la avetam for a	ach of the	applicable conv	ioon lintod		
ransmissions: Rates	Block 2: List any services that			•					
	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and includ	de the r	ate for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
				ation: Non-res	sidential				
	Continuing Services:			tel, hotel			Digital		5.
	• Pay cable			mmercial			Digital	НВО	17.
	• Pay cable • Pay cable—add'l channel						I naital		
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>		• Pa	y cable	•			Showtime	16.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pay • Pay	y cable y cable-add'l cl	hannel		Digital	Cinemax	16. 10.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay • Pay • Fire	y cable y cable-add'l cl e protection			Digital Starz/E	Cinemax ncore Digital S	16. 10. 10.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	56.00	• Pay • Pay • Fire • Bui	y cable y cable-add'l cl e protection rglar protectior			Digital Starz/E HBO/C	Cinemax ncore Digital S nemax	16. 10. 10. 23.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	56.00	• Pay • Pay • Fire • Bui Other	y cable y cable-add'l cl e protection rglar protectior <b>services:</b>			Digital Starz/E HBO/Ci Movie F	Cinemax ncore Digital S nemax Pak	16. 10. 10. 23. 22.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	56.00	• Pay • Pay • Fire • Bui • Bui • Ree	y cable y cable-add'l cl e protection rglar protectior <b>services:</b> connect		30.00	Digital Starz/E HBO/Ci Movie F	Cinemax ncore Digital S nemax	16. 10. 10. 23.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	56.00	• Pay • Pay • Fire • Bui • Bui • Re • Dis	y cable y cable-add'l cl e protection rglar protectior <b>services:</b> connect connect		30.00	Digital Starz/E HBO/Ci Movie F	Cinemax ncore Digital S nemax Pak	16. 10. 10. 23. 22.
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	56.00	• Pay • Pay • Fire • Bui • Bui • Re • Dis • Ou	y cable y cable-add'l cl e protection rglar protectior <b>services:</b> connect	1	30.00	Digital Starz/E HBO/Ci Movie F	Cinemax ncore Digital S nemax Pak	16 10 10 23 22

ounting Period:				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 40226
	Berkshire Cable Corp			40220
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, at <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 information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	entify every television station (includin m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations illes, regulations, or authorizations: e in space G—but do list it in space I a substitute basis. also in space I, if the station was carri on concerning substitute basis stations of with a station according to its over-the form. el number the FCC assigned to the te RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst		ne 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 ndent), "I-M" onal multicast).
			st the community to which the station i the community with which the station i <b>3. TYPE OF STATION</b>	•
	WMHT (PBS)	5	Е	Schenectady, NY
	WRBG (CBS)	6	N	Albany, NY
	WXXA (FOX)	8	I	Albany, NY
Rows as Necessary		9		Schenectady, NY
			N	
		10	I	Albany, NY
				Pittsfield, MA
	WNYT (NBC)	13	Ν	Albany, NY

Berkshire C	F OWNER OF	CABLE 3						SYSTEM I 402
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can sertain 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	
		<b>-</b>				·		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Perio	od: 2020/2					FOR	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Berkshire Cable Corp						40226
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	sion program, broadcast b	y a <i>distant</i> sta	tion, that your cable sys	stem carried on a
	substitute basis during the a	• •		•	-		
Substitute	explanation of the programm	-			ne general ins	tructions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN					- Averala Artan Satan ana -	
Statement and	During the accounting per		ur cable syster	n carry, on a substitute ba	asis, any nonr		
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	nust complete the pro	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Lise abbreviation	s wherever p	ossible, if their meanir	og is
	clear. If you need more spa		•		s wherever p		ig is
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitut			-
	period, was broadcast by a under certain FCC rules, re		•	-		•	
	Do not use general catego	•					
	"NBA Basketball: 76ers vs.				// <b>.</b>		
				er "Yes." Otherwise enter asting the substitute prog			
		-		the community to which th		censed by the FCC or	, in
	the case of Mexican or Car						
	first. Example: for May 7 give		when your system	stem carried the substitute	e program. Us	se numerais, with the	month
	Column 6: State the tim	es when th		ogram was carried by you			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m. should be	9
		er "R" if the	e listed progran	n was substituted for prog	ramming that	t your system was <i>req</i>	uired
	to delete under FCC rules a	and regulat	ions in effect d	uring the accounting period	od; enter the l	etter "P" if the listed p	
	was substituted for programe for programe for the substituted for program effect on October 19, 1976	•	your system w	as permitted to delete uno	der FCC rules	s and regulations in	
		-					
	S		E PROGRAM	1		AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
						_	
					·- <b></b>		
						_	
					]		
						_	
						_	

ccounting Period:					SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Berkshire Cable Corp				4022
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (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	ystem's see n of how to	condary transm compute this a	ission service amount, see \$ 23	
				(Amount of g	
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 k</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 k</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more in</li> </ul>	out less tha	in \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	nis six-month	
	Line 1. Royalty fee for accounting period				
	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 lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	,	<b>263,800.00</b>	100)	
	2. Enter amount of gross receipts from space K		235,457.89		
	3. Subtract line 2 from line 1		28,342.11		
	4. Enter the amount of gross receipts from space K	-		235,457.89	
	5. Enter the amount from line 3			28,342.11	
	6. Subtract line 5 from line 4			207,115.78	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,035.58
	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		\$	1,035.58
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess 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 DU	E			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,035.58	
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			\$	1,055.58
	Important: Your remittance must be in the form of an electronic payn	nent payab	ole to the Regis	ter of Copyri	ghts!
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Berkshire Cab	le Corp	40226
M Channels		ou 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.	
		I number of channels on which the cable television broadcast stations	7
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	68
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	Jana Manterola Telephone 50	9-962-0272
	Address 	305 N Ruby Street         (Number, street, rural route, apartment, or suite number)         Ellensburg, WA 98926         (City, town, state, zip)         iana manterola@consolidated com         Eax (optional) 509-933-7453	
O Certification	I, the undersigned     (Owned)     (Agentic in I     X     (Offic in I     I)     I have examined	jana.manterola@consolidated.com       Fax (optional) 509-933-7453         (This statement of account must be certified and signed in accordance with Copyright Office regulations)         ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in a corporation or partnership; or         ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of line 1 of space B.         d 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)]	em as identified

	X /s/ Mike Shultz
	inter an electronic signature on the line above to certify this statement. Inter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed n	name: Mike Shultz
	Vice President Legislative and Regulatory
Date:	2/25/21

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.

	2020/2	FORM SA1-2E. PAGE
AL NAME OF OW	/NER OF CABLE SYSTEM:	SYSTEM II
kshire Cable	e Corp	4022
The Satellite H lowing sentend "In dete service scriber For more infor	<b>TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusior
During the acc	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEDEST	ASSESSMENT	
You must com	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
You must com For an explana	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
You must com For an explana		<b>Q</b> Interest Assessmer
You must com For an explana Line 1 Enter	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmer
You must com For an explana Line 1 Enter	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmer
You must com For an explana Line 1 Enter Line 2 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
You must com For an explana Line 1 Enter Line 2 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
You must com For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   the amount of late payment or underpayment	Q Interest Assessme
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You must com For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the o	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessme
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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.