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	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
	uctions are located	8/30/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
				1
				
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		_		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
	20211	Barcode Data Filing Period (optiona	I - see instructions)	
A an a sum time		1		
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period shoul nting period.	d submit a
	Check here if this is the system's first filir	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	021052
			0 / 0	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Τ)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite r TYLER, TX 75701 (City, town, state, zip)	lumber)		
	INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ide	entify the business and operation of t	he system unless these
С	names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEN	I:		
	2 (Number, street, rural route, apartment, or suite r	umber)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	ne personally identifying information (PII) reque	sted on this

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	CEQUEL COMMUNICATIONS LLC	0210
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	PADUCAH	ТХ
Community		
dd Rows as Necessary		

	T						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					
	CEQUEL COMMUNICAT	TIONS LLC						02105
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS AN	ID RATES				
E	In General: The information in s		-		•			
<u> </u>	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both					ble svstem	ı. broken	
scribers and	down by categories of secondary	•				•		
Rates	each category by counting the n		, ,	·		,	charged	
	separately for the particular serv				•	,	na and the	
	Rate: Give the standard rate c unit in which it is generally billed	-				-	-	
	category, but do not include disc	· ·	,			5 within a		
	Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system					different f	rom those	
	printed in block 1 (for example, t				•			
	with the number of subscribers a	and rates, in th	e right-hand block	. A two- or three	ee-word descript	ion of the s	service is	
	sufficient.	DCK 1				BLOCK	()	
		NO. OF				DLOON	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:							
	Service to first set		49 34	99				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		5 45.	95				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			ATES				
-	In General: Space F calls for rat				all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are not offere	d in combinati	ion with any seco	ondary trar	nsmission	
. .	service for a single fee. There ar	•	•	•		0.0	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually blice. If a	any rates are e	narged on a van		rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable system	or each of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a brief (two- or three-word) description				t these other ser	vices in the	e form of a	
	bhei (two- or three-word) descrip	buon and inclu	le the rate for eac	n.				
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	17.00	Installation: Nor	i-residential				
	• Pay cable	17.00	Motel, hotel					
	Pay cable—add'l channel Fire protection	19.00	Commercial					
	Fire protection		Pay cable Pay cable	d'I channel				
	•Burglar protection Installation: Residential		 Pay cable-ad Fire protection 					
	matanation. Residential	99.00	Fire protectio Burglar prote					
	First set		 Burglar prote 	GuUH				
	First set Additional set(s)		Other convisions:			1		
	 Additional set(s) 	25.00	• Reconnect		40.00			
	• Additional set(s) • FM radio (if separate rate)		Reconnect		40.00			
	 Additional set(s) 		Reconnect Disconnect	ion				
	• Additional set(s) • FM radio (if separate rate)		Reconnect		40.00 25.00 99.00			

ing Period:	2021/1				
lame	LEGAL NAME OF OWNER OF			SYSTE	
	CEQUEL COMMUNIC	ATIONS LLC		02	1052
	PRIMARY TRANSMITTERS:				
G imary smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(et 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	 (1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state rried by your cable system on a sume special Statement and Program Hooth on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, report vision station for broadcasting over 	ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community	
	Column 3: Indicate in each	case whether the station is a network s ring the letter "N" (for network), "N-M" (f	•		
	(for independent multicast),	"E" (for noncommercial educational), o	r "E-M" (for noncommercial educati	· · · · · · · · · · · · · · · · · · ·	
		erms, see page (iv) of the general instru n of each station. For U.S. stations, list		is licensed by the	
		dian stations, if any, give the name of th	-		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	A LOCATION OF STATION	
			0.11120.01/01	4. LOCATION OF STATION	
	KACV-1	2	E	AMARILLO, TX	
Necessary	KACV-1	2	E	AMARILLO, TX	
lecessary	KACV-1 KAMR-1	2	E N	AMARILLO, TX AMARILLO, TX	
ecessary	KACV-1 KAMR-1 KCIT-4	2 4 14.4	E N I	AMARILLO, TX AMARILLO, TX AMARILLO, TX	
Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
s Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
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as Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
as Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
as Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
as Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
s as Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	
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s as Necessary	KACV-1 KAMR-1 KCIT-4 KFDA-1	2 4 14.4 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX	

CEQUEL CO	MMUNICA	TIONS	LLC						021
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat						н
eceivable if (1) n the basis of r 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 abou rm. lentify the call tate whether t the radio stati this by placing tive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	att sy thi seo	the system's he rstem's FM ante is point, see pag d by the cable s station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se wed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	Η	GALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio							1 011	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID
	CEQUEL COMMUNICA	ATIONS LLC						021052
_	SUBSTITUTE CARRIAGI	E: SPECIAL STA	TEMENT AND	PROGRAM LO	G			
	In General: In space I, ident							
	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				ne general ins		the paper of	5A 1-2 101111.
Special	During the accounting per				isis. anv nonr	network tele	vision proc	aram
Statement and Program Log	broadcast by a distant sta	-			····, ··· , ····	Γ	YES	NO
	Note: If your answer is "No		this nade blank	If your answer is	e "Vee " vou r	– nust.compl	-	
	log in block 2.	, leave the rest of	this page blank.	ii your answer is	s res, your	nust compi	ete the pro	gram
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes.	distant station and egulations, or autho ries like "movies" of Bulls." m was broadcast liv sign of the station adcast station's loc nadian stations, if a nth and day when y ve "5/7." es when the substi	that your cable rizations. See pa "basketball." Lis e, enter "Yes." C proadcasting the ation (the communi our system carrie our system carrie	system substitut age (v) of the ge it specific progra Otherwise enter ' substitute progra unity to which the ty with which the ed the substitute s carried by you	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e station is id e program. Us r cable system	ogramming ions for furt example, "I censed by t entified). se numerals m. List the t	of another her informa Love Lucy' he FCC or, s, with the i imes accur	station ation. ' or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	and regulations in e	ffect during the a	accounting perio	od; enter the l	etter "P" if t	, he listed p	
	Column 7: Enter the lett	and regulations in e nming that your sys	ffect during the a	accounting perio	od; enter the l der FCC rules	etter "P" if t and regula	he listed pi tions in	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in end nming that your sys UBSTITUTE PRO	ffect during the a tem was permitt	accounting perio	od; enter the l der FCC rules WHE CARRI	etter "P" if t and regula N SUBSTI AGE OCCI	he listed pr tions in FUTE JRRED	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in e nming that your sys	ffect during the a tem was permitt	accounting perio	od; enter the l der FCC rules WHE	etter "P" if t and regula N SUBSTI AGE OCCI	he listed pr tions in	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulations in end nming that your sys UBSTITUTE PRO 2. LIVE? 3. STA	ffect during the a tem was permitt	accounting perioded to delete und	wher the left of t	etter "P" if t and regula N SUBSTI AGE OCCI	he listed pr tions in FUTE JRRED MES	7. REASON FO
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Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Hame	CEQUEL COMMUNICATIONS LLC 021052
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	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
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 021052
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	5
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. 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)] 	ystem as identified
	X /s/ Alan Dannenbaum 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:	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 7/22/2021	

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 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 fing, a determination that would be made by a court of law.

	2021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	02105
The Satellite He lowing sentence "In deter service of scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
	paper SA1-2 form. punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
-	te carriers to satellite dish owners?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
You must comp	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	•
For an explana	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
·	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L Interest Assessme
Line 1 Enter th	he amount of late payment or underpayment	L
Line 1 Enter th		L
Line 1 Enter th	he amount of late payment or underpayment	L Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply	he amount of late payment or underpayment	L
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply	he amount of late payment or underpayment	L
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	he amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	he amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	he amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	he amount of late payment or underpayment	LA Interest Assessme
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you at list below the or Owner	he amount of late payment or underpayment	L.
Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you at list below the or Owner Address	he amount of late payment or underpayment	Q Interest Assessme

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