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

STATEMI	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ms (Short Form)	8/30/21	\$	For additional information, contact the U.S. Copyright
-	ctions are located	0/00/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	-
Α				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		-		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
		Barcode Data Filing Period (optiona	I - see instructions)	
	20211			
Accounting Period				
	Instructions:			
В			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	accounting pariod only the owner or	the last day of the accounting period should	ld cubmit a
	single statement of account and royalty		the last day of the accounting period shoul nting period.	u submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	004254
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ	
	CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER O	E CABLE SYSTEM (IE DIEFEREN	т)	
			• ,	
	SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF			
	3027 S SE LOOP 323	CABLE STOTEM		
	(Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip)			
<u> </u>	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	2, give the mailing address of t	he system, if different from the addre	ess given in space B
System	IDENTIFICATION OF CABLE SYSTEM:			
	SEYMOUR, TX	•		
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 (Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip code)			
	(org, com, care, zip oodo)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 00425
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	y" is the same as a "community unit" as defined in FCC rules munities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	SEYMOUR	TX
dd Rows as Necessary		

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						TEM ID
	CEQUEL COMMUNICAT	TIONS LLC						00425
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBEF	S AND RATES				
E	In General: The information in s			-	•			
Cocondom	system, that is, the retransmission							
Secondary Transmission	about other services (including p last day of the accounting period					e those exis	ung on the	
Service: Sub-	Number of Subscribers: Both					able system	n, broken	
scribers and	down by categories of secondary	y transmission	service. In g	eneral, you can c	compute the num	ber of subso	ribers in	
Rates	each category by counting the n		,	0) (0	s charged	
	separately for the particular serv Rate: Give the standard rate c				•	,	ae 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. 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	-		•				
	printed in block 1 (for example, t with the number of subscribers a					,.		
	sufficient.		e nynt-nanu	DIOCK. A IWO- OF I	inee-word descri		Service is	
	BLC	DCK 1				BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB			ATEGORY OF S	FRVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIAD					CODOCINIDENCO	
	Service to first set		67	34.99				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		16	45.95				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES				
F	In General: Space F calls for rat	•		-	•	•		
•	not covered in space E, that is, t service for a single fee. There ar				,	,		
Services	furnished at cost or (2) services	•	-	0		0 (,	
Other Than	amount of the charge and the ur		usually bille	d. If any rates are	e charged on a va	ariable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aabla ay	town for each of th	ha annliaghla agu	vices listed		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that		-				t were not	
nutoo	listed in block 1 and for which a							
	brief (two- or three-word) descrip	otion and inclue	de the rate fo	or each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			: Non-residentia	al 🛛			
	• Pay cable	17.00	• Motel, h					
	 Pay cable—add'l channel 	19.00	 Comme 					
			 Pay cab 					
	Fire protection		_					
	 Fire protection Burglar protection 		-	le-add'l channel				
	Fire protection Burglar protection Installation: Residential		• Fire pro	tection				
	 Fire protection Burglar protection Installation: Residential First set 	99.00	• Fire pro • Burglar	tection protection				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	99.00 25.00	• Fire pro • Burglar Other serv	tection protection ces:				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Fire pro Burglar Other serv Reconn 	tection protection ces: ect	40.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire pro • Burglar Other serv • Reconn • Disconr	tection protection ces: ect ect				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		 Fire pro Burglar Other serv Reconn Disconr Outlet re 	tection protection ces: ect ect	40.00 25.00 99.00			

ounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		004254
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	TELEVISION ntify every television station (including n 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 les, regulations, or authorizations: a in space G—but do list it in space I (t	<i>t</i> (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul	ime basis under ams [sections tions carried on a ostitute program
	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, With Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination I with a station according to its over-the	d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati actions in the paper SA1-2 form. t the community to which the station	o on some other ions. PN, etc. Identify each ort multistream the air in its community 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
	KAUZ-1	6	N	WICHITA FALLS, TX
	KAUZ-2	6.2	I-M	WICHITA FALLS, TX
Rows as Necessary	KFDX-1	3	Ν	WICHITA FALLS, TX
	KJBO-1	3		WICHITA FALLS, TX
	KJTL-1	18		WICHITA FALLS, TX
	KRMA-1	6	E	DENVER, CO
	KSWO-1	7	N	LAWTON, OK

CEQUEL CO	F OWNER OF (SYSTEM I 0042
	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 a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive 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 C stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In 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 ant this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can ertain st leneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	ANA =	0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						 		
						 		
						<u> </u>		
						 		
						 		
						<u> </u>		
						1		

Accounting Perio								FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF								SYSTEM ID# 004254
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME		106				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every nonne	etwork televis	sion program, broadcas ecific present and forme	t by a <i>distant</i> er FCC rules,	regulations,	or aut	thorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				er ale genera			o paper e	
Special	During the accounting per				basis, any n	onnetwork t	elevis	sion prog	ram
Statement and Program Log	broadcast by a distant sta	-	,					YES	× NO
• •	Note: If your answer is "No		et of this na	ge blank. If your answe	arie "Vae " w	u must con		-	
	log in block 2.		31 01 1113 pa	ge blank. If your answe	2113 103, y		ipicic		grann
	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 mon first. Example: for May 7 gi Column 6: State the tim	a distant station egulations, or a ries like "movie . Bulls." m was broadca sign of the stat adcast station's nadian stations nth and day wh ive "5/7."	n and that yo authorizatior es" or "basko ast live, ente tition broadc s location (t s, if any, the nen your sys ubstitute pro	our cable system subsi ns. See page (v) of the etball." List specific pro er "Yes." Otherwise ent asting the substitute pr he community to which community with which stem carried the substi	ituted for the general instr gram titles, f er "No." ogram. In the station is the station is tute program rour cable sy	programmi uctions for f or example, s licensed b s identified). Use nume stem. List th	ng of furthe "I Lo by the rals, w	another r informa ve Lucy" FCC or, with the r	station ation. or in nonth ately
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the list and regulations mming that you	ted program s in effect d	n was substituted for pr uring the accounting po	· ogramming t eriod; enter tl	hat your sys	stem if the	was <i>requ</i> listed pr	uired
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the list and regulations mming that you	ted program s in effect d ir system wa	n was substituted for pr uring the accounting pr as permitted to delete r	rogramming f eriod; enter tl under FCC ru	hat your system the letter "P" iles and reg	if the ulatic	was <i>requ</i> listed pr ons in ITE	uired ogram
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the list and regulations nming that you UBSTITUTE P	ted program s in effect d ir system wa	n was substituted for pr uring the accounting pr as permitted to delete r	rogramming f eriod; enter tl under FCC ru	hat your sys ne letter "P" iles and reg HEN SUBS RRIAGE OC	if the ulatic	was <i>requ</i> listed pr ons in ITE RRED	uired ogram
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the list and regulations nming that you UBSTITUTE P 2. LIVE? 3.	ted program s in effect d ur system wa	n was substituted for pr uring the accounting pr as permitted to delete r	rogramming t eriod; enter ti under FCC ru W CAF 5. MON	hat your sys ne letter "P" iles and reg HEN SUBS RIAGE OC	stem if the ulatic TITU	was <i>requ</i> listed pr ons in ITE RRED	uired ogram 7. REASON FOI
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the list and regulations nming that you UBSTITUTE P 2. LIVE? 3.	ted progran s in effect d ur system wa	n was substituted for pr uring the accounting pr as permitted to delete r	rogramming t eriod; enter ti under FCC ru W CAF 5. MON	hat your sys ne letter "P" iles and reg HEN SUBS RIAGE OC	stem if the ulatic TITU	was <i>requ</i> listed pr ons in ITE RRED ES	uired ogram 7. REASON FOI
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	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the list and regulations nming that you UBSTITUTE P 2. LIVE? 3.	ted progran s in effect d ur system wa	n was substituted for pr uring the accounting pr as permitted to delete r	rogramming t eriod; enter ti under FCC ru W CAF 5. MON	hat your sys ne letter "P" iles and reg HEN SUBS RIAGE OC	stem if the ulatic TITU	was <i>requ</i> listed pr ons in ITE RRED ES	uired ogram 7. REASON FOF
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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 004254
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
	o. Interest charge. Enter the amount from line 4, space Q, page 6
	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
	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# 004254
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 and nonbroadcast services	7 58
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 Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	(903) 579-3152
	TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. 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)] 	system as identified /ner of the cable system
	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: ALAN DANNENBAUM 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 OW	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	00425
The Satellite H lowing sentence "In dete service scribers For more inform	ermining 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- 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	P Special Statement Concerning Gross Receipts Exclusion
During the acc	paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
X NO		
YES. Ente	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must com	ASSESSMENT plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
		U U
	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	LINTEREST ASSESSME
Line 1 Enter t	the amount of late payment or underpayment	Landerest Assessmen
Line 1 Enter t	the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply	the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in spac	the amount of late payment or underpayment	L
Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter t Line 2 Multiply Line 3 Multiply in spac * To view th contact th ** This is th NOTE: If you a	the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter t Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	the amount of late payment or underpayment	LA Interest Assessme

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