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		OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>
			8/30/21	\$	For additional information, contact the U.S. Copyright
General instru			0/00/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	or this	WORKDOOK		ALLOCATION NUMBER	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			T		
		20211	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:	he cable system. If the owner is a subs	sidiary of another corporation, give the full o	cornorate
B		title of the subsidiary, not that of the pare			
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.	
		-		the last day of the accounting period should	d submit a
		single statement of account and royalty fe			061707
		Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Г)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite no	umber)		
		TYLER, TX 75701			
	INST	(City, town, state, zip)	ass or trade names used to ide	ntify the business and operation of th	he system unless these
С				ne system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		SCI PHOENIX MAILING ADDRESS OF CABLE SYSTEM			
	_		• •		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	06170
D	"a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all futur	y that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
First	CITY OR TOWN GRATERFORD	STATE PA
Community	(SCI PHOENIX)	PA
dd Rows as Necessary		

	T							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	TIONS LLC							06170
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			-		•			
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						those exis	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble svstem	n, 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					ird rate variation	s within a	particular rate	
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subse	cribers and rate	for each li	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count ur	ider Servi	ice to the	
	Block 2: If your cable system	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	nand block. A t	NO- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1			T		BLOCK	()	
		NO. OF					DLOOF	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		834	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra	te (not subscril	per) info	ormation with re	espect to a	all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			0		0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	2		in gou on a ran	anio hei h	egium sucie,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) description				ished. List	these other ser	vices in th	e form of a	
	blief (two- of tillee-word) descrip								
			CK 1				OATEO	BLOCK 2	DATE
		-					CATEG	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER		RATE			
	Continuing Services:	-	CATEC Installa	ation: Non-res		RATE			
	Continuing Services: • Pay cable	-	CATEC Installa • Mo	ation: Non-res tel, hotel		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	-	CATEO Installa • Mo • Cor	ation: Non-res tel, hotel mmercial		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	-	CATEC Installa • Mo • Col • Pay	ation: Non-res tel, hotel mmercial / cable	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	-	CATEC Installa • Mo • Col • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l cł	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	-	CATEC Installa • Mo • Col • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	<b>idential</b> nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	-	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection	<b>idential</b> nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	-	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	<b>idential</b> nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	-	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other •	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	<b>idential</b> nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	-	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur • Rea • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect connect	<b>idential</b> nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	-	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Dis • Out	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential nannel	RATE			

unting Period: 2	2021/1			F	ORM SA1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC			061707
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(d substitute program basis, a <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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie	t (1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program	-time basis under rams [sections ations carried on a ubstitute program u Log)—if the	
	basis. For further information Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruc program services such as HBO, ES	tions. iPN, etc. Identify each	
	"WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter	d with a station according to its over-the the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o	vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep	r the air in its community a noncommercial pendent), "I-M"	
	For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Cana	erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	ictions in the paper SA1-2 form. the community to which the station he community with which the station	n is licensed by the n is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION
	KYW-1	3	Ν	PHILADELPHIA, PA	
	WCAU-1	10	N	PHILADELPHIA, PA	
ows as Necessary	WHYY-1	12	E	WILMINGTON, DE	
	WPSG-1	57	l	PHILADELPHIA, PA	
	WPVI-1	6	Ν	PHILADELPHIA, PA	
				· · · · · · · · · · · · · · · · · · ·	
	WTXF-1	29	I	PHILADELPHIA, PA	
	WTXF-1	29	I		
	WTXF-1	29	I		
	WTXF-1	29	l		
	WTXF-1	29	I		
	WTXF-1	29	I		
	WTXF-1	29	I		
	WTXF-1	29	I		
	WTXF-1	29			
	WTXF-1	29			
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	WTXF-1	29			
	WTXF-1	29			
	WTXF-1	29			
		29			
		29			

CEQUEL CO	MMUNICA	TIONS	LLC					0617
	every radio s	tation 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 abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st 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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		30	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio						1011	/I SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 061707
							001101
I	In General: In space I, ident substitute basis during the a	tify every nonnetwork accounting period, und	EMENT AND PROGRAM L elevision program, broadcast er specific present and former	by a <i>distant</i> sta FCC rules, reg	julations, or a	uthorizatior	ns. For a further
Substitute Carriage:			ded in this log, see page (v) o	r the general in	structions in tr	ne paper S	A1-2 form.
Special	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting period</li> </ol>		ystem carry, on a substitute t	asis any non	network telev	ision nroa	ram
Statement and Program Log	broadcast by a distant sta						NO
Frogram Log	, , , , , , , , , , , , , , , , , , ,		is page blank. If your answer	is "Vos " vou		-	
	log in block 2.		is page blank. If your answer	is res, your		le lile piog	Jian
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the time	a distant station and t egulations, or authori ries like "movies" or " . Bulls." m was broadcast live sign of the station br adcast station's locat nadian stations, if any nth and day when yo ive "5/7."	television program ("substitu- nat your cable system substitu- cations. See page (v) of the g basketball." List specific prog , enter "Yes." Otherwise enter badcasting the substitute pro- ion (the community to which i ur system carried the substitu- tur system carried the substitu- te program was carried by you o carried by a system from 6:1	uted for the pro- peneral instruct ram titles, for e r "No." gram. the station is li he station is id the program. U our cable syste	ogramming o tions for furth example, "I Lo censed by the lentified). se numerals, m. List the tir	f another s er informa ove Lucy" e FCC or, with the n nes accura	station tion. or in nonth
	<b>Column 7:</b> Enter the lett to delete under FCC rules	and regulations in eff	gram was substituted for pro ect during the accounting per m was permitted to delete u	riod; enter the	letter "P" if th	e listed pro	
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulations in eff mming that your syste	ect during the accounting per m was permitted to delete un	iod; enter the oder FCC rules	letter "P" if thes and regulati	e listed pro ions in UTE	ogram
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulations in eff mming that your syste UBSTITUTE PROG	ect during the accounting per m was permitted to delete un RAM	iod; enter the nder FCC rules WHE CARRI 5. MONTH	Ietter "P" if th s and regulati N SUBSTITI AGE OCCU	e listed pro ions in UTE RRED MES	
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Accounting Period:	2021/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC		061707
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ei         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	2,303.43
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>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 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	3263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	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 lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		
	1. Base amount under statutory formula         \$         263,800.00		
	2. Enter amount of gross receipts from space K \$ 212,303.43		
	3. Subtract line 2 from line 1		
		12 202 42	
		12,303.43	
		51,496.57	
	6. Subtract line 5 from line 4	60,806.86	
	7. Multiply line 6 by .005 (enter figure here)	\$	804.03
	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	\$	804.03
	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	0.00	
	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)	804.03	
But	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	\$	824.03
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061707
<b>M</b> 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	6 44
<b>N</b> 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	(903) 579-3152
	(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 (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 hereir 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
	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.

unting Period: 20	021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMU	JNICATIONS LLC	06170
The Satellite Ho lowing sentence "In detern service o scribers a	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: mining 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
located in the pa	aper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanati	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessme
For an explanati	elete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>Q</b> Interest Assessme
For an explanati	elete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>Q</b> Interest Assessme
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For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the	elete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         ne amount of late payment or underpayment         x	Q Interest Assessme
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For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the own Owner Address	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion 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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