This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	7/14/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	COUNTING PERIOD CO	OVERED BY THIS STATEMENT: (YYYY/(Period))	
	2023/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
	Instructions:		
В	•	he owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate nat of the parent corporation.	
Owner	List any other name or name	es under which the owner conducts the business of the cable system.	
		ers during the accounting period, only the owner on the last day of the accounting period should submit a and royalty fee payment covering the entire accounting period.	3
	Check here if this is the syste	em's first filing. If not, enter the system's ID number assigned by the Licensing Division.	33018
	LEGAL NAME OF OWN	IER/MAILING ADDRESS OF CABLE SYSTEM	
	Cunningham Communic	cations, Inc.	
	BUSINESS NAME(S) OF	OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF	OWNER OF CABLE SYSTEM	
	PO Box 108, 220 W (Number, street, rural route, apartr		
	Glen Elder, KS 67		
	(City, town, state, zip)		
С		re any business or trade names used to identify the business and operation of the systeme B. In line 2, give the mailing address of the system, if different from the address giver	
System	IDENTIFICATION OF CABLE	E SYSTEM:	
	MAILING ADDRESS OF CAE	BLE SYSTEM:	
	(Number, street, rural route, apartr	ment, or suite number)	
	(City, town, state, zip code)		

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Cunningham Communications, Inc.	33018
D	Instructions: List each separate community served by the cable system. A "communit "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 lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Belleville	KS
Community		
Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
	Cunningham Communi	cations, Inc	).						3301
Е	SECONDARY TRANSMISSION	SERVICE: SI	UBSCR	IBERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	• • •			-				
Service: Sub-	Number of Subscribers: Both	-					-		
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv		•	0,(		•	5	cnarged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc					ondon transmi		a that apple	
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity					υ.	•		
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	Ű							
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A tw	o- or thre	e-word descrip	tion of the s	service is	
	sufficient.	DCK 1					BLOCK	· •	
		NO. OF	-				BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		321	54.50					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential     Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES	3				
F	In General: Space F calls for ra		,						
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		the each	a avetara far aa	ab af tha	annliachta anni	ana lintad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•		• •		were not	
nutoo	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and inclu	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	10.25-51.75		tel, hotel				led Basic	####
	<ul> <li>Pay cable—add'l channel</li> </ul>			mmercial			Digital		14.9
	Fire protection			y cable			HD Plu		4.9
	•Burglar protection			y cable-add'l ch	annel		Out of	Market Tier	11.4
	Installation: Residential			e protection					
	• First set			rglar protection					
	Additional set(s)     EM radio (if concrete rate)			services: connect		25.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>					25.00			
	- Converter			connect		25.00			
				that ralacation					
				tlet relocation ve to new addre		25.00 25.00			

unting Period: 2	-	E CADLE OVOTEM.		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O			33 33
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r	lentify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations can rules, regulations, or authorizations:	<ol> <li>(1) stations carried only on a particle carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a s</li> </ol>	t-time basis under grams [sections tations carried on a ubstitute program
	station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	both on a substitute basis and al see page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rej	lso on some other ctions. SPN, etc. Identify each port multistream
	of license. For example, V Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of th	tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa tions in the paper SA1-2 form. he community to which the station e community with which the station	r a noncommercial ependent), "I-M" ational multicast). on is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	Ν	Superior, NE
	KSNC	2	N	Great Bend, KS
Rows as Necessary	KSNT	22	N	Topeka, KS
	KFXL	4	Ν	Superior, NE
	KSCW	33	Ν	Wichita, KS
	KAKE	10	N	Wichita, KS
	KBSH	7	N	Hays, KS
	WIBW	13	Ν	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	Ν	Lincoln, NE
	KHGI	13	Ν	Kearney, NE
	KAAS	18	Ν	Salina, KS
	KSHB	41	Ν	Kansas City, MO
	кмтw	35	Ν	Wichita, KS
	ктмј	43	Ν	Topeka, KS
		43 49	N N	Topeka, KS Topeka, KS
	KTMJ			
	KTMJ KTKA	49	N	Topeka, KS

eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transmi	LEGAL NAME OF								SYSTEM I 330
<ul> <li>Transmi Radii</li> <li>Transmi Is carried by the system whenever it is received at the system's headend, and (2) it can be expected, an the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.</li> <li>Tor detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>aper SA1-2 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is identified).</li> </ul>	n General: List	t every radio s	station ca	arried on a separate and discr					н
CALL SIGN         AM or FM         S/D         LOCATION OF STATION         CALL SIGN         AM or FM         S/D         LOCATION OF STATION           Image: Sign Sign Sign Sign Sign Sign Sign Sign	eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t 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	tem whenever it is received a ved at the headend, with the 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 th	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) 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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
Image: section of the section of th									
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Image: Section of the section of th									
Image: Participant state stat									
Image: Second									
				·					

Accounting Perio	od: 2023/1					FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER O	F CABLE SYSTEM:					SYSTEM ID#
Name	Cunningham Commu	nications, Inc.					33018
			ENT AND PROGRAM LC				
∎ Substitute	substitute basis during the	accounting period, under s	<i>vision program,</i> broadcast by pecific present and former F in this log, see page (v) of t	CC rules, reg	ulations, or a	authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN			5			
Special			m carry, on a substitute ba	asis anv nonr	etwork telev	vision proa	ram
Statement and	broadcast by a distant sta			,,			
Program Log	-				L	YES	NO
		o", leave the rest of this p	age blank. If your answer i	s "Yes," you r	nust comple	te the prog	gram
	log in block 2. 2. LOG OF SUBSTITUT						
	In General: List each sub		rate line. Use abbreviation	s wherever po	ossible, if th	eir meaning	q is
	clear. If you need more sp	ace, please add additiona	al rows to the tables.				-
			evision program ("substitute				
			your cable system substitu ons. See page (v) of the ge				
	Do not use general catego						
	"NBA Basketball: 76ers vs	s. Bulls."	ter "Yes." Otherwise enter		•	2	
			casting the substitute prog				
	Column 4: Give the bro	adcast station's location	(the community to which th	ne station is lio	,	ne FCC or,	in
	the case of Mexican or Ca		e community with which the ystem carried the substitute			with the n	nonth
	first. Example: for May 7 of			e program. Os		, with the f	nonun
		•	rogram was carried by you	ır cable syster	n. List the ti	mes accura	ately
	to the nearest five minutes		rried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m.	should be	
						n waa ragu	virad
	stated as "6:00–6:30 p.m."		m was substituted for prog	romming that			
	Column 7: Enter the let	tter "R" if the listed progra	m was substituted for prog during the accounting perio				
	<b>Column 7:</b> Enter the let to delete under FCC rules was substituted for progra	tter "R" if the listed progra and regulations in effect mming that your system v		od; enter the l	etter "P" if th	ne listed pr	
	Column 7: Enter the let to delete under FCC rules	tter "R" if the listed progra and regulations in effect mming that your system v	during the accounting perio	od; enter the l	etter "P" if th	ne listed pr	
	Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1970	tter "R" if the listed progra and regulations in effect mming that your system v 5.	during the accounting period vas permitted to delete und	d; enter the I der FCC rules	etter "P" if th and regula N SUBSTIT	tions in	ogram
	Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	tter "R" if the listed progra and regulations in effect mming that your system v	during the accounting period	d; enter the I der FCC rules	etter "P" if th and regula	TUTE	
	Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1970	tter "R" if the listed progra and regulations in effect mming that your system v 5. BUBSTITUTE PROGRAM	during the accounting period	od; enter the I der FCC rules WHE	etter "P" if th and regula N SUBSTIT AGE OCCL	UTE INRED	ogram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	tter "R" if the listed progra and regulations in effect mming that your system v 5. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S	during the accounting period vas permitted to delete und	bd; enter the I der FCC rules WHE CARRI, 5. MONTH	etter "P" if th and regula N SUBSTIT AGE OCCL 6. TI	UTE TURED MES	ogram 7. REASON FOR
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Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Cunningham Communications, Inc.		33018
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail 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 a 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.	ission service amount, see	2,012.00 ss receipts)
			<u> </u>
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		0.00
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
<b>_</b>			
Filing Fee and Total Remittance	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2023/1								FOR	RM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: mmunications, Inc.								SYSTEM ID# 33018
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu	must give (1) the number of and (2) the cable system's i umber of channels on whic evision broadcast stations umber of activated channel e system carried television	total numb ch the cable s	ber of activ	vated channels o	during the a	ccounting period.	st stations	17	
	and nonbroadcast	t services								
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of account		ORMATIO	N IS NEEDED (Id	dentify an ir	ndividual to whom			
for Further Information	Name E	Brent Cunningham						Telephone	785-545-3215	
		PO Box 108, 220 W. Number, street, rural route, apart								
		Glen Elder, KS 6744 Dity, town, state, zip)	46							
	Email	brent@ctctelep	phony.tv				Fax (optional)	785-545-327	7	
	CERTIFICATION (Tr	nis statement of account m	nust be cer	ertified and	signed in accore	dance with (	Copyright Office re	egulations)		
O Certification	• I, the undersigned,	hereby certify that (Check	one, <i>but on</i>	only one , of	the boxes.)					
	X (Owner o	ther than corporation or <b>p</b>	partnershi	<b>hip)</b> I am th	e owner of the ca	able system	as identified in line	e 1 of space I	3; or	
		f owner other than corpor e 1 of space B and that the o					gent of the owner	of the cable s	system as identified	
	(Officer	or partner) I am an officer				•	the legal entity ide	ntified as ow	ner of the cable system	
	• I have examined th	<ul> <li>1 of space B.</li> <li>te statement of account and and correct to the best of m 1001(1986)]</li> </ul>						tained herein		
			X	/s/ Br	ent Cunningl	ham				
					signature on the ng an "/s/ signatur		o certify this statem ' John Smith)	ent.		
		Typed or printe	ed name:	Brent	Cunningha	m				
		Title: (Title of c	GM/VI official positio		rporation or partner	ship)				
		Date:					7-12-23			

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.

punting Period: 2023/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
nningham Communications, Inc.	330
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119	c Special Statemen 9." Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?	sions
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayn For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for         Line 1       Enter the amount of late payment or underpayment	m. Q Interest Assessme  days  ge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme  days  ge)
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme  days  ge) blease
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessme  days  ge) blease

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