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	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) uctions are located of this workbook	11/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: ()	(YYY/(Period))	
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optiona	I - see instructions)	
Period				
В	Instructions: Give the full legal name of the owner title of the subsidiary, not that of the p		osidiary of another corporation, give the full	corporate
Owner	List any other name or names under w	hich the owner conducts the business of	f the cable system.	
	-	the accounting period, only the owner or ty fee payment covering the entire accou	n the last day of the accounting period shoul Inting period.	d submit a
	Check here if this is the system's first f	iling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	33963
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	М	
	CableSouth Media III, LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	1615 Poydras St. Suite 6 (Number, street, rural route, apartment, or sui			
	New Orleans, LA 70112 (City, town, state, zip)	,		
С	INSTRUCTIONS: In line 1, give any bunch and a series and a series of the			
System	IDENTIFICATION OF CABLE SYSTEM			
	1 Swyft Connect			
	MAILING ADDRESS OF CABLE SYST	EM:		

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
i tullic	CableSouth Media III, LLC	33963
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor 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 future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter knowr e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Lumberton	MS
Community		
as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name								515	3396
	CableSouth Media III, LI								
Е	SECONDARY TRANSMISSION								
	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	•	,		.,				
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categori	es of seco	ondary transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					0,	•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A tw	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF					BLUUR	NO. OF	[
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		27	32.85					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
			I						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	• •			
	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		,	,		0		0 /	
ransmissions:	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) descrip				ineu. List i	inese other serv		IOTTI OF A	
							1		
		BLO			"05		0.1750	BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential				
	• Pay cable			el, hotel					
	• Dov ophic odd' channel		-	mercial					
	Pay cable—add'l channel Fire protection		 Pay 	cable					
	Fire protection			a shife of the training of the second					
	Fire protection Burglar protection		-	cable-add'l ch	annel				
	• Fire protection •Burglar protection Installation: Residential		• Fire	protection	annel				
	 Fire protection Burglar protection Installation: Residential First set 	150.00	• Fire • Burg	protection lar protection	annel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	150.00	• Fire • Burg Other so	protection lar protection ervices:	annel				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other so • Reco	protection lar protection ervices: onnect	annel	150.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	150.00	• Fire • Burg Other so • Reco • Disc	protection lar protection ervices: onnect onnect	annel	150.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Burg Other so • Reco • Disc	protection lar protection ervices: onnect	annel	150.00			

counting Period:				FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 33963	
	CableSouth Media III,				
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, WC Column 3: Indicate in each (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, except in 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 of ules, regulations, or authorizations: e in space G—but do list it in space I (for a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi 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 indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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	
	WLBT	2	N	Biloxi, MS	
	WLOX	3	I	Biloxi, MS Biloxi, MS	
	WLOX	4	N		
d Rows as Necessary	WDAM	5	N	Laurel, MS	
	WHLT	6	N	Gulfport, MS	
	WALI			Hattiesburg, MS	
		7	E	Biloxi, MS	
	WHPM	9	N	Biloxi, MS	
	WGN	19	I	Chicago, IL	

EGAL NAME O			ISIEM:				1	SYSTEM I 339
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column	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 at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		UNEL OIGH		5,0		
							·	
						·		

Accounting Peric							FORM	I SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF CableSouth Media III, I		STEM:					SYSTEM ID# 33963
								33903
Cubatituta	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork televi period, under sp	<i>sion program,</i> broadcast by pecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or au	uthorization	is. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				ne general in			
Special	During the accounting per				sis, any noni	network telev	ision progr	am
Statement and Program Log	broadcast by a distant sta	•					YES	X NO
	Note: If your answer is "No	". leave the	e rest of this pa	ge blank. If vour answer is	s "Yes." vou i	must complet	-	-
	log in block 2.	,		5	, ,		1 5	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat 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. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	of every no distant stat gulations, i ries like "mo Bulls." n was broa sign of the adcast stati addian stati and a stati that and day ve "5/7." es when th Example: er "R" if the and regulat nming that	connetwork tele- tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the v when your sy e substitute pri a program carr e listed program ions in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter ' asting the substitute progra the community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progra uring the accounting perio	ed for the prineral instruct in titles, for a 'No." am. e station is li- e station is id program. U r cable syste :15 p.m. to 6 ramming that id; enter the	ogramming o cions for furthe example, "I Lo censed by the lentified). se numerals, m. List the tin 5:28:30 p.m. s t your system letter "P" if the	f another s er informat ove Lucy" (e FCC or, i with the m nes accura should be was <i>requi</i> e listed pro	atation cion. or in nonth ately <i>ired</i>
	effect on October 19, 1976.							
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH	AGE OCCU 6. TIN		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
		[_		
		[_		
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						_		
						_		
		+						

Accounting Period:	2023/1 FORM SA1-2E. PA	GE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM CableSouth Media III, LLC 33	1 ID: 896:
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. \$ 5,913.30 IMPORTANT: You must complete a statement in space P concerning gross receipts.	6
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 \$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	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	0
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00 0. Entremember 6 mount under statutory formula 1	
	2. Enter amount of gross receipts from space K	
	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
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	FILING FEE AND TOTAL REMITTANCE DUE	
		_
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	0
	EFT Trace # or TRANSACTION ID # 2791FML1	
	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:	2023/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: edia III, LLC					SYSTEM ID# 33963
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of s, and (2) the cable system's I number of channels on whic I television broadcast stations I number of activated channe able system carried television cast services	total numl th the cabl ls n broadcas	ber of activated channel	s during the a	accounting period.	nns 8 176
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED	(Identify an	individual to whom	
for Further Information	Name	William Welsh				Telephor	ae 504-272-7998 x5020
	Address	1615 Poydras St. Su (Number, street, rural route, apart New Orleans, LA 701 (City, town, state, zip)	ment, or sui	ite number)			
	Email	regulatory@sw	yftconneo	ct.com		Fax (optional)	
O Certification	I, the undersigned (Owned (Owned (Agen in in in X)) X (Offic in in the examined (Agen in the second of th	(This statement of account m ed, hereby certify that (Check of or other than corporation or p t of owner other than corpora line 1 of space B and that the of er or partner) I am an officer (i line 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)]	artnership ation or pa owner is no if a corpora hereby de	ly one, of the boxes.) p) I am the owner of the o artnership) I am the duly ot a corporation or partner ation) or a partner (if a pa	authorized ag ship; or rtnership) of t	as identified in line 1 of spa gent of the owner of the cab the legal entity identified as ements of fact contained her	e B; or le system as identified owner of the cable system
		Typed or printed Title:	Enter sign name: VP of A	/s/ William Welsh electronic signature on the nature using an "/s/ signat William Welsh Accounting on held in corporation or part	ure" (e.g., /s/		
		Date:				11/01/2023	

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unting Period: 2023/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
leSouth Media III, LLC		339
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast transcribers and amounts collected from subscribers receiving secondary." For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gr made by satellite carriers to satellite dish owners?	a), of the Copyright Act by adding the fol- s paid to the cable system for the basic insmitters, the system shall not include sub- transmissions pursuant to section 119." ge (vii) of the general instructions ross receipts for secondary transmissions	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Mailing Address Mailing Address	dress	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a		Q
You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general instru-		Q
	uctions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru	uctions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru Line 1 Enter the amount of late payment or underpayment	uctions located in the paper SA1-2 form. x x x x days -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment	uctions located in the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here	uctions located in the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instru-Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on <i>www.copyright.gov/licensing/inter</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright 	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instru-Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6. * To view the interest rate chart click on www.copyright.gov/licensing/inter contact the Licensing Division at (202) 707-8150 or licensing@copyright ** This is the decimal equivalent of 1/365, which is the interest assessment 	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instru-Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on <i>www.copyright.gov/licensing/inter</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright 	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6. * To view the interest rate chart click on <i>www.copyright.gov/licensing/inter</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright ** This is the decimal equivalent of 1/365, which is the interest assessment 	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instru-Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instru-Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instru- Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessme

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.