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.

8/4/2023

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Industry I-Net, Inc. PO Box 372 Industry, TX 78944
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Industry I-Net, Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		17105 Fordtran Blvd., PO Box 372
		(Number, street, rural route, apartment, or suite number)
		Industry, TX 78944 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: Industry I-Net, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	17105 Fordtran Blvd., PO Box 372 (Number, street, rural route, apartment, or suite number)
		Industry, TX 78944 (City, town, state, zip code)
Privacy Act Notice	e: Section	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

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 suffciency of the fling, a determination that would be made by a court of law.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Industry I-Net, Inc. PO Box 372 Industry, TX 78944	637
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha	ommunity" is the same as a "community unit" as defined in FCC ru ated communities within unincorporated areas and including sing t you list will serve as a form of system identification hereafter kn
Area	as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	
Served	identified city.	
First	CITY OR TOWN	STATE TX
Community	Industry Carmine	
2	New Ulm	TX
d Rows as Necessary		
,		

									A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SI	
	Industry I-Net, Inc. PO E	Sox 372 Indu	istry,	TX 78944					6372
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s	•		•		•			
a .	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	• / ·			•		hose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	•			•	,	ole svstem	. broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n	-		•••				charged	
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·	,				s wiunn a f		
	Block 1: In the left-hand block					ondary transmis	sion servio	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca				•••	•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	•			• • •	service that are	different f	rom those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SOBSCIE					WICL	SOBSCRIBERG	
	Service to first set		11	\$24.95	Expand	ded Basic		8	1 \$79.9
	Service to additional set(s)			φ 2 4 .00	Lapan			Ŭ	• • • • • • • •
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•			•	• •			
I	not covered in space E, that is, t service for a single fee. There a					•			
Services	furnished at cost or (2) services								
Other Than									
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	-		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services:		Installa	ation: Non-res	idential		1		
	• Pay cable		• Mo	tel, hotel					
	• Pay cable—add'l channel		• Co	mmercial					
	• Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set		• Bui	glar protection	I				
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		• Re	connect					
	• Converter		• Dis	connect					
				tlet relocation					
				ve to new add	ress				

	LEGAL NAME OF OWNER OF	F CARLE SYSTEM		SYSTEM
lame		D Box 372 Industry, TX 78944		637
	PRIMARY TRANSMITTERS:	<u> </u>		
G rimary smitters: evision	In General: In space G, ide carried by your cable system FCC rules and regulations if 76.59(d)(2) and (4), 76.61(e 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 a basis. For further information Column 1: List each station multicast stream associated "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 (for independent multicast), For the meaning of these ter Column 4: Give the location	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 as 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 (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. PN, etc. Identify each cort multistream r the air in its community a noncommercial cendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		05		
	KPRC-TV	35	Ν	Houston, TX
	KPRC-TV KUHT	8	E	Houston, TX Houston, TX
s Necessary				Houston, TX
Necessary	KUHT	8	E	
Necessary	KUHT KHOU	8 11	E N	Houston, TX Houston, TX Houston, TX
Necessary	KUHT KHOU KTRK-TV	8 11 13	E N	Houston, TX Houston, TX
S Necessary	KUHT KHOU KTRK-TV KTXH	8 11 13 19	E N	Houston, TX Houston, TX Houston, TX Houston, TX
s Necessary	KUHT KHOU KTRK-TV KTXH KRIV	8 11 13 19 26	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX
s Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH	8 11 13 19 26 34	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX
is Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN	8 11 13 19 26 34 30	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX
as Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN KTMD	8 11 13 19 26 34 30 22	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX Galveston, TX
rs as Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN KTMD KUBE	8 11 13 19 26 34 30 22 31	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX Galveston, TX Baytown, TX
s as Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN KTMD KUBE	8 11 13 19 26 34 30 22 31	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX Galveston, TX Baytown, TX
rs as Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN KTMD KUBE	8 11 13 19 26 34 30 22 31	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX Galveston, TX Baytown, TX
rs as Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN KTMD KUBE	8 11 13 19 26 34 30 22 31	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX Galveston, TX Baytown, TX
rs as Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN KTMD KUBE	8 11 13 19 26 34 30 22 31	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX Galveston, TX Baytown, TX
vs as Necessary	KUHT KHOU KTRK-TV KTXH KRIV KIAH KXLN KTMD KUBE	8 11 13 19 26 34 30 22 31	E N	Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Rosenberg, TX Galveston, TX Baytown, TX

EGAL NAME OF ndustry I-Ne		-	2 Industry, TX 78944					SYSTEM I 637
			- maasay, 17.70044					037
	every radio s	tation ca	nrried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for	it is carried by monitoring, to prmation abou m.	y the sys be recei t the Cc	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried.	it the system's he system's FM ante	eadend, and (2 enna, during c	2) it can ertain s	be expected, tated intervals.	Primary Transmitters Radio
Column 2: Si Column 3: If ignal, indicate t Column 4: G	tate whether t the radio stati this by placing ive the station	he static ion's sig g a chec n's locati	n 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	ne station is licen	sed by the FC	-		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				2,0		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Industry I-Net, Inc. PO Box 372 Industry, TX 78944 SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, th substitute basis during the accounting period, under specific present and former FCC rules, regulation explanation of the programming that must be included in this log, see page (v) of the general instruction								
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, the substitute basis during the accounting period, under specific present and former FCC rules, regulation		SYSTEM ID#						
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, the substitute basis during the accounting period, under specific present and former FCC rules, regulation		63728						
substitute basis during the accounting period, under specific present and former FCC rules, regulation								
	at your cable sy	stem carried on a						
Substitute [explanation of the programming that must be included in this log, see page (V) of the general instructio								
	ns in the paper S	SA1-2 form.						
Carriage: Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	k talaviaian nra	arom						
Statement and								
	broadcast by a distant station?							
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must c	omplete the pro	ogram						
log in block 2.								
 LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible 	a if their meani	na is						
clear. If you need more space, please add additional rows to the tables.								
Column 1: Give the title of every nonnetwork television program ("substitute program") that, du								
period, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for								
Do not use general categories like "movies" or "basketball." List specific program titles, for example								
"NBA Basketball: 76ers vs. Bulls."	-							
Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3 : Give the call sign of the station broadcasting the substitute program.								
Column 4: Give the broadcast station's location (the community to which the station is licensed	d by the FCC o	r, in						
the case of Mexican or Canadian stations, if any, the community with which the station is identifie	,							
Column 5: Give the month and day when your system carried the substitute program. Use nur first. Example: for May 7 give "5/7."	nerals, with the	month						
Column 6: State the times when the substitute program was carried by your cable system. Lis	t the times accu	irately						
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30		-						
stated as "6:00–6:30 p.m."								
Column 7: Enter the letter "R" if the listed program was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "								
was substituted for programming that your system was permitted to delete under FCC rules and r		logian						
effect on October 19, 1976.								
	BSTITUTE							
	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R							
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	6. TIMES	DELETION						
Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FRO	М — ТО							
	_							

Accounting Period	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY Industry I-Net, Inc. PO Box 372 Industry, TX 78944	*STEM ID# 63728
K Gross Receipts	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	e),502.40
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 \$263,800 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. 	
	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	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 \$137,100)	
	1. Base amount under statutory formula	
	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		
Filing Fee and Total Remittance Due	 Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 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 payal See page i of the general instructions in the paper SA1-2 form for		ıhts!

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Inc. PO Box 372 Industry, TX 78944	SYSTEM ID# 63728
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable I television broadcast stations	11
	on which the c	Il number of activated channels able system carried television broadcast stations cast services	73
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Angie Acebo Telephone 9	79-357-4411
	Address	17105 Fordtran Blvd, PO Box 372 (Number, street, rural route, apartment, or suite number) Industry, TX 78944 (City, town, state, zip)	
O Certification	 I, the undersigned (Owned) X (Agentation in the second second	angiea@industrytelco.com Fax (optional) (This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein	tem as identified
	are true, complet [18 U.S.C., Section	e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	



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: Angie Acebo	Typed or printed	
Title: IT Support/ Sales (Title of official position held in corporation or partnership)		
Date: 8/4/2023	Date:	

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

unting Period: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
istry I-Net, Inc. PO Box 372 Industry, TX 78944	6372
 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
X 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	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 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme

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