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:
-		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	-	-			coplicsoa@copyright.gov
				\$	For additional information, contact the U.S. Copyright
General instru			08/29/2023		Office Licensing Division at: Tel: (202) 707-8150
		WOIKDOOK		ALLOCATION NUMBER	-
Α	ACCO	DUNTING PERIOD COVERED	BY THIS STATEMENT: ()	YYY/(Period))	
			· ·		
			Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2023-1	Feriou I – January I - Julie So	Penou 2 – July 1 - December 31	
			,		
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting					
Period					
		Instructions: Give the full legal name of the owner o	the cable system. If the owner is a sub	sidiary of another corporation, give the full c	corporate
В		title of the subsidiary, not that of the par	•	,	
Owner		List any other name or names under whi	ch the owner conducts the business of	the cable system.	
		If there were different owners during the	e accounting period, only the owner or	n the last day of the accounting period should	d submit a
		single statement of account and royalty i	fee payment covering the entire accou	nting period.	6000.6
		Check here if this is the system's first filin	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	63834
		Γ			
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ	
		Blue Stream Communications, LLC	:		
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)	
		Blue Stream Fiber			
		MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
		12409 NW 35th Street (Number, street, rural route, apartment, or suite r	number)		
		Coral Springs, FL 33065-2			
		(City, town, state, zip)			
С				entify the business and operation of the system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	1:		
	2	(Number, street, rural route, apartment, or suite r	number)		
		(City, town, state, zip code)			
		n. ,,,,,,,			
Privacy Act Notic	ce: Section	n 111 of title 17 of the United States Code at	uthorizes the Copyright Offce to collect the	he personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Blue Stream Communications, LLC	63834
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorport discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Fort Myers / Naples	FL
mmunity		
Necessary		
	การแน่งการการการการการการการการการการการการการก	

									1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							31	6383
	Blue Stream Communic	ations, LLC							0303
F	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	ATES				
E	In General: The information in s								
Cocordom	system, that is, the retransmissic about other services (including p								
Secondary Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both	<b>`</b>		,	,	,	ole system,	broken	
scribers and	down by categories of secondary			•					
Rates	each category by counting the nu							charged	
	separately for the particular serve 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			-					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		•			
	subscriber who pays extra for ca					• • •	•		
	first set" and would be counted o	U			· · ·				
	Block 2: If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a					,	,,	, 0	
	sufficient.	,				· · · · · · · · · · · · · · · · · · ·			
	BLO	OCK 1					BLOC		
		NO. OF SUBSCRIB		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CATI	EGORY OF SEI	<b>VICE</b>	SUBSCRIBERS	RAT
	Service to first set	2	3,880	39.00					
	Service to additional set(s)	-	0,000	00.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		236	39.00					
	Converter								
	Residential		13	5.99					
	Non-residential								
	SERVICES OTHER THAN SEC				-				
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•				
•	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	•	,		0		0()		
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat	rate column.	ha cable	a system for ea	ich of the a	nnlicable servic	os listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				-				
	brief (two- or three-word) descrip	tion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	20.95		tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	10.95	_	mmercial		33.00			
	Fire protection	-	-	y cable					
	•Burglar protection	-	-	y cable-add'l ch	nannel				
	Installation: Residential			e protection					
	First set	33.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• Additional set(s) • FM radio (if separate rate)		•Re	connect		33.00			
	<ul> <li>Additional set(s)</li> </ul>		• Re • Dis	connect connect		33.00			
	• Additional set(s) • FM radio (if separate rate)		• Ree • Dis • Out	connect		33.00			

counting Period: 2	2023-1			FORM SA1-2E. PAGE 3.	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#	
	Blue Stream Commun	ications, LLC		63834	
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <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	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis.	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network progran S1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo	ne basis under ns [sections ons carried on a titute program og)—if the	
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, Wit Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th- ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	, see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial educatior	ns. I, etc. Identify each r multistream ne air in its community noncommercial ndent), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WBBH	2	Ν	FORT MYERS / NAPLES	
	WFTX	4	Ι	FORT MYERS / NAPLES	
Rows as Necessary	WINK	5	Ν	FORT MYERS / NAPLES	
	wxcw	6	I	FORT MYERS / NAPLES	
	WZVN	7	Ν	FORT MYERS / NAPLES	
	WRXY	10	Ι	FORT MYERS / NAPLES	
	WGCU	30	E	FORT MYERS / NAPLES	

EGAL NAME OF								SYSTEM II 6383
	every radio s	station ca	arried on a separate and discre 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 isignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recein at the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FORM	SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Blue Stream Commun	ications,						63834
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage: Special	1. SPECIAL STATEMEN	-						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	•	ur cable syster	m carry, on a substitute ba	sis, any noni	network televi		
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must complet	e the prog	ram
	log in block 2.  2. LOG OF SUBSTITUTI		AMS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the progran <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mon first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant sta egulations, i ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hth and day ve "5/7." es when th . Example: the "R" if the and regulat nming that	add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadc ion's location ( ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " casting the substitute progra the community to which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progra	e program") t ed for the pro- neral instruct im titles, for o "No." am. e station is li- e station is id program. U r cable syste :15 p.m. to for ramming that d; enter the	hat, during th ogramming o tions 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	e accounti f another s er informat ove Lucy" o e FCC or, i with the m nes accura should be was <i>requi</i> e listed pro	ng tation ion. or n onth tely <i>red</i>
	S	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7.			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	IES TO	DELETION
						_		
						_		
						_		
		+				_		
		+				_		
		+						
		+						
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		t	·					

Accounting Period:	2023-1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Blue Stream Communications, LLC	63834
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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.	mission service
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 \$ <ul> <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> </li> </ul>	\$263,80(
	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 fo accounting period is \$52.00	r this six-montł
	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,	100)
	1. Base amount under statutory formula   \$   263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	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	7,600)
	1. Enter the amount of gross receipts from space K       \$ 329,066.25	
	1. Enter the amount of gross receipts from space K         \$ 329,066.25           2. Base amount under statutory formula         \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	652.66
	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	\$ 1,971.66
	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)	1,971.66
Due	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	\$ 1,991.66
	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 n	

Accounting Period:	2023-1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE Blue Stream Comn	ER OF CABLE SYSTEM: nunications, LLC				SYSTEM ID# 63834
M Channels	<ul> <li>to its subscribers, and</li> <li>1. Enter the total num system carried telev</li> <li>2. Enter the total num on which the cable set</li> </ul>	d (2) the cable system's aber of channels on whi rision broadcast station aber of activated channe system carried televisio	s total num ich the cat is els on broadca		punting period.	s 7 90
N Individual to Be Contacted		CONTACTED IF FURT this statement of acco		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Name <b>Do</b>	nna Marreel			Telephone	772-597-3161
	(Nur Inc	Box 397 nber, street, rural route, apa <b>diantown, FL 349</b> r, town, state, zip)	56			
	Email	dmarreel@blu	estreamfi	er.com F	ax (optional)	
O Certification	<ul> <li>I, the undersigned, he</li> <li>(Owner oth</li> <li>(Agent of o in line 1</li> <li>X</li> <li>(Officer or in line 1</li> <li>I have examined the statement of th</li></ul>	ereby certify that (Check er than corporation or wner other than corpor of space B and that the partner) I am an officer of space B. statement of account and d correct to the best of m	one, <i>but or</i> partnershi ration or p owner is n (if a corpol	tified and signed in accordance with Co <i>c one</i> , of the boxes.) <b>()</b> I am the owner of the cable system as id <b>rtnership)</b> I am the duly authorized agent t a corporation or partnership; or tion) or a partner (if a partnership) of the le clare under penalty of law that all statemer e, information, and belief, and are made in	lentified in line 1 of space of the owner of the cable egal entity identified as ov nts of fact contained herei	B; or system as identified vner of the cable system
			Enter an	/s/ Myron Reising lectronic signature on the line above to ceri ature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printe	ed name:	Myron Reising		
		Title: (Title of		inancial Officer		
		Date:			8/29/2023	

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ounting Period: 2023-1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
e Stream Communications, LLC		638
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copy lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the or service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts	right Act by adding the fol- able system for the basic system shall not include sub- s pursuant to section 119." general instructions	P Special Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?		
YES. Enter the total here and list the satellite carrier(s) below.		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
You must complete this worksheet for those royalty payments submitted as a result of a lat For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate	d in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions locate         Line 1       Enter the amount of late payment or underpayment	d in the paper SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions locate         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	d in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	d in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	d in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> </ul>	d in the paper SA1-2 form.	Q Interest Assessm
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	d in the paper SA1-2 form.	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general instructions locate</li> <li>Line 1 Enter the amount of late payment or underpayment</li></ul>	d in the paper SA1-2 form.	Q Interest Assessme 
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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.