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

				Return completed workbook by
STATEME		FOR COPYRIG	HT OFFICE USE ONLY	email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	ms (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202)
	of this workbook	2/28/2025	ALLOCATION NUMBER	707-8150
Α	ACCOUNTING PERIOD COVERED BY	THIS STATEMENT: (YYYY/(F	Period))	
	2024/02	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20242	Barcode Data Filing Period (optional - s	ee instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the ca subsidiary, not that of the parent corporation.		another corporation, give the full corporate title of	f the
Owner	List any other name or names under which the	e owner conducts the business of the cable	system.	
	If there were different owners during the acco of account and royalty fee payment covering t		day of the accounting period should submit a single	e statement
	Check here if this is the system's first filing. If i	not, enter the system's ID number assigne	d by the Licensing Division.	63821
	LEGAL NAME OF OWNER/MAILING AD	DDRESS OF CABLE SYSTEM		
	TDS Metrocom, LLC			

		TDS Metrocom, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road
		(Number, street, rural route, apartment, or suite number)
		Madison, WI 53717
		(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:
	1	TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, 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.

Accounting Period: 2	024/02	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	TDS Metrocom, LLC	63821
D Area Served	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	" is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the
	CITY OR TOWN	STATE
First Community	Cottage Grove	WI
Community		
Add Rows as Necessary		

Accounting Period:	2024/02									FORM SA	1-2E. PAGE 2
	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:									STEM ID#
Name	TDS Metrocom, LLC										63821
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SE In General: The information in space system, that is, the retransmission of about other services (including pay last day of the accounting period (Ju Number of Subscribers: Both bild down by categories of secondary tra- each category by counting the num separately for the particular service Rate: Give the standard rate chai unit in which it is generally billed. (E category, but do not include discour Block 1: In the left-hand block in systems most commonly provide to that applies to your system. Note: V categories, that person or entity she subscriber who pays extra for cable first set" and would be counted onco Block 2: If your cable system has printed in block 1 (for example, tiers	ce E should cove of television and cable) in space une 30 or Decer ocks in space E ansmission serv ber of billings in at the rate indic rged for each ca ixample: "\$20/m ths allowed for a space E, the for their subscriber Where an individ bould be counted service to addit e again under "S s rate categories s of services tha	er all cate radio bro F, not he nber 31, call for t ice. In ge that cate ated—not tegory of th"). Sum dvance p m lists th 's. Give t lual or or as a sub ional set Service to for seco t include	egories of secondary padcasts by your syst as the case may be). he number of subscri- eneral, you can compri- gory (the number of sub- st the number of sets service. Include both marize any standard payment. he number of subscri- ganization is receiving scriber in each applic s would be included in padditional set(s)."	tem to state m bers to ute the person receiv n the a rate v ndary t bers a g servi cable c n the c ervice ary trar	subscribers. Gir nust be those ex o the cable syste a number of sub- is or organization ing service). mount of the ch ariations within a transmission set nd rate for each ice that falls und ategory. Examp count under "Ser that are differer nsmissions), list	ve dist em sci ns arç arç larç le: rvid rvid th	informatic ing on the , broken ribers in charged ge and the particular ra- ce that cale sted categy different a residen ce to the rom those em, togeth	ate ble ory tial		
	with the number of subscribers and sufficient.	rates, in the rig	nt-hand b	lock. A two- or three-	word c	lescription of the	e s	ervice is			
	BLO	OCK 1						BLOCK	-		T
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	R۷	ICE). OF CRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s)		478	\$30/mo							
	• FM radio (if separate rate) Motel, hotel										
	Commercial		8	\$64/mo							
	Converter										
	Residential Non-residential		478	\$6/Mo.							
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECON In General: Space F calls for rate (not covered in space E, that is, thos service for a single fee. There are the furnished at cost or (2) services or f amount of the charge and the unit in enter only the letters "PP" in the rate Block 1: Give the standard rate of Block 2: List any services that you listed in block 1 and for which a sep brief (two- or three-word) description	not subscriber) i se services that wo exceptions: y facilities furnishe n which it is usua e column. charged by the cour cable system parate charge wa	nformatic are not o you do no ed to non ally billed able syst n furnishe as made	on with respect to all y iffered in combination of need to give rate in subscribers. Rate info . If any rates are chan the for each of the ap and or offered during the or established. List the	o with a formation rged o oplicab ne acco	any secondary tr ion concerning (on should includ n a variable per- ole services liste punting period th	ran (1) le l -pr d. nat	smission services ooth the ogram bas were not	sis,		
		BLO				DATE		04750		OCK 2	DATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE \$8.00-\$15.00	Installat • Mote	ORY OF SERVICE tion: Non-residentia el, hotel	I	RATE		CATEG	ORY OF S	SERVICE	RATE
	Pay cable—add'l channel Fire protection Burglar protection		• Pay	nmercial cable cable-add'l channel		\$0 - \$50.00					
	Installation: Residential First set Additional set(s) 	\$0-\$49.95 \$0-\$49.95	• Burg	protection glar protection ervices:							
	• FM radio (if separate rate) • Converter		• Disc • Outl	onnect connect et relocation re to new address		\$0-\$25.00 19.98-39.96					

G Primary Transmitters: Television Primary Trelevision Primary Transmitters: Television Primary Trelevision Primary Trelevision Primary Trelevision Primary Substitute pro Substitute Pro	In space G, identify ev ur cable system during dregulations in effect and (4), 76.61(e)(2) and ogram basis, as explai basis Stations: With m specific FCC rules, reg the station here in spa carried <i>only</i> on a subst tion here, and also in s of the station's call s and associated with a s the same on the form Sive the channel numb or example, WRC is c indicate in each case w station, by entering the lent multicast), "E" (for hing of these terms, se Sive the location of eac exican or Canadian station Sive the location of eac exican or Canadian station Size the location of eac exican or Canadian station Size the location of eac exican of Canadian station Size the location of eac existican of Canadian station Size the location of eac existent of Size the location of eac existent of Canadian station Size the	space I, if the station was carried bot erning substitute basis stations, see sign. <i>Do not</i> report origination progra station according to its over-the-air of the the FCC assigned to the television thannel 4 in Washington, D.C. whether the station is a network static e letter "N" (for network), "N-M" (for ne r noncommercial educational), or "E- pe page (iv) of the general instruction ch station. For U.S. stations, list the of titons, if any, give the name of the co 2. B'CAST CHANNEL NUMBER 27.1 27.2 27.4 27.5 3.1 3.2 3.3 47.1 47.2	stations carried only on a part-time ba rriage of certain network programs [s (2) and (4))]; and (2) certain stations d by your cable system on a substitut becial Statement and Program Log)- h on a substitute basis and also on s page (v) of the general instructions. am services such as HBO, ESPN, etc designation. For example, report mu n station for broadcasting over the ai on, an independent station, or a nonce twork multicast), "I" (for independer M" (for noncommercial educational r is in the paper SA1-2 form. community to which the station is lice	pasis under [sections is carried on a atte program —if the some other tc. Identify each ultistream air in its community commercial nt), "I-M" multicast). pensed by the lentified.
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WISC-DT3 WMSN WMSN-DT WMSN-DT WMSN-DT WMTV WMTV-DT WMTV-DT WMTV-DT WMTV-DT WMTV-DT WMTV-DT WMA	2	3.3 47.1 47.2	N-M N	Madison, WI Madison, WI
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WMSN-DT WMTV WMTV-DT WMTV-DT WMTV-DT WMTV-DT WHA WHA-DT2	-		14-141	Madison, WI
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WMTV-DT WMTV-DT WMTV-DT WMTV-DT WMTV-DT WHA WHA-DT2	4	47.4	N-M	Madison, WI
WMTV-DT WMTV-DT WMTV-DT WMTV-DT WHA WHA-DT2		15.1	N	Madison, WI
WMTV-DT WMTV-DT WMTV-DT WHA WHA-DT2	2	15.2	N-M	Madison, WI
WMTV-DT WMTV-DT WHA WHA-DT2	3	15.3	N-M	Madison, WI
WMTV-DT WHA WHA-DT2	4	15.4	N-M	Madison, WI
WMTV-DT WHA WHA-DT2	5	15.5	N-M	Madison, WI
WHA-DT2	6	15.6	N-M	Madison, WI
WHA-DT2		21.1	Е	Madison, WI
		21.2	E-M	Madison, WI
		21.3	E-M	Madison, WI
WHA-DT4		21.4	E-M	Madison, WI
WIFS		57.1	1	Janesville, WI
			•	

	2024/02			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:		SYSTEM ID
Name	TDS Metrocom, LLC			6382
	PRIMARY TRANSMITTERS:	TELEVISION		
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 of Substitute Basis Stations : V basis under specific FCC rule • Do <i>not</i> list the station here in station was carried <i>only</i> on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel of license. For example, WR Column 3: Indicate in each c educational station, by enterin (for independent multicast), "I For the meaning of these terr Column 4: Give the location	so in space I, if the station was carried bot concerning substitute basis stations, see a call sign. <i>Do not</i> report origination progra with a station according to its over-the-air of	stations carried only on a part-time basis rriage of certain network programs [secti 2) and (4))]; and (2) certain stations carr by your cable system on a substitute pr becial Statement and Program Log)—if th h on a substitute basis and also on some page (v) of the general instructions. am services such as HBO, ESPN, etc. Ic designation. For example, report multist in station for broadcasting over the air in on, an independent station, or a noncommetwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form.	under ons ied on a ogram ne e other dentify each ream its community nercial I-M" cast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Pe							FO	RM SA1-2E. PAGE 4
LEGAL NAME OF TDS Metroco		BLE SYST	EM:					SYSTEM ID
DS Metroco	m, LLC							6382
	every radio stat	tion carrie	d on a separate and discrete ba ally receivable by your cable sys					н
eceivable if (1) i on the basis of m For detailed infor paper SA1-2 form Column 1: Ide Column 2: Sta Column 3: If t signal, indicate th	t is carried by the nonitoring, to be mation about the n. entify the call signate whether the he radio statior nis by placing a	he system received he Copyri gn of each station is i's signal check ma	and FM Carriage: Under Copyr whenever it is received at the s at the headend, with the system ight Office regulations on this po- n station carried. AM or FM. was electronically processed by ark in the "S/D" column. the community to which the stat	system's headend, n's FM antenna, du bint, see page (v) c inthe cable system	and (2) it can bu iring certain stai f the general ins as a separate an	e expecte ted interv structions nd discret	ed, als. : in the. te	Primary Transmitters: Radio
Mexican or Cana	dian stations, i	f any, the	community with which the static	on is identified).				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A						_		
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Accounting Period	: 2024/02						FORM SA1-2E. PAGE 5
Nome	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYSTEM ID#
Name	TDS Metrocom, LLC						63821
l	SUBSTITUTE CARRIAGE: In General: In space I, identify basis during the accounting per programming that must be incl	v every nonnet eriod, under sp	<i>twork television p</i> pecific present ar	program, broadcast by a dista nd former FCC rules, regulatic	ons, or authoriz	ations. For a further ex	
Substitute Carriage: Special						2 101111.	
Statement and	 SPECIAL STATEMENT During the accounting period 				nonnetwork te	levision program	
Program Log	broadcast by a distant statio			y, on a substitute bable, any			XNO
						YES	
	Note: If your answer is "No",	leave the rest	t of this page bla	ank. If your answer is "Yes," y	ou must com	plete the program	
	period, was broadcast by a d under certain FCC rules, regu Do not use general categorie "NBA Basketball: 76ers vs. B Column 2: If the program Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Canau Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m."	ute program c e, please add i every nonne istant station ulations, or au s like "movies ulls." was broadcas gn of the stati cast station's dian stations, and day whe "5/7." when the sul ixample: a pro "R" if the listed d regulations	on a separate lin additional rows twork television and that your ca thorizations. Se or "basketball. st live, enter "Yes on broadcasting location (the co if any, the comre optitute program ogram carried by ed program was in effect during	to the tables. program ("substitute program ble system substituted for th e page (v) of the general ins " List specific program titles, s." Otherwise enter "No." the substitute program. mmunity to which the station nunity with which the station carried the substitute program was carried by your cable s (a system from 6:01:15 p.m.) substituted for programming the accounting period; enter	n") that, during e programmin tructions for fu- for example, is licensed by is identified). n. Use numera ystem. List the to 6:28:30 p.1 that your sys the letter "P"	g the accounting g of another station urther information. "I Love Lucy" or the FCC or, in als, with the month times accurately m. should be tem was <i>required</i> if the listed program	
			E PROGRAM			IBSTITUTE CARRIA	GE 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. TIMES FROM - TO	DELETION
	N/A		ONLE OTON				
						_	
						_	
						_	
		-					

Accounting Period: 2	024/02	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	YSTEM ID# 63821
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	ice	7,668.29
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-mon accounting period is \$52.00	nth	
	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		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600))	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Remittance 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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i		

Accounting Period: 2	024/02				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: LC			SYSTEM ID# 63821
M Channels	to its subscribers, 1. Enter the total n system carried 2. Enter the total n on which the ca	and (2) the cable system's tota umber of channels on which the	I number e cable		22 165
N Individual to		BE CONTACTED IF FURTHER out this statement of account.)	INFORM	IATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Mitchell Maier		Tele	ephone (608) 886-8210
	(525 Junction Rd Number, street, rural route, apartmen Madison, WI 53593 (City, town, state, zip)	it, or suite n	umber)	
	Email	Finance@tdstelecon	<u>n.com</u>	Fax (optional)	
O Certification	I, the undersigned, h (Owner of (Agent of X (Officer I have examined the	hereby certify that (Check one, b other than corporation or partre f owner other than corporation in line 1 of space B and that the or partner) I am an officer (if a d in line 1 of space B. e statement of account and here and correct to the best of my kn	ut only on hership) ; n or partn owner is corporation by declare iowledge,	am the owner of the cable system as identified in line 1 of space B; c ership) I am the duly authorized agent of the owner of the cable syst not a corporation or partnership; or n) or a partner (if a partnership) of the legal entity identified as owner under penalty of law that all statements of fact contained herein information, and belief, and are made in good faith.	tem as identified
				/s/ Thomas Bader electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed r	name:	Thomas Bader	
		Title:		ant Treasurer Ial position held in corporation or partnership)	
		Date:		February 12, 2025	
Delivery And No.	0		11	ight Office to collect the personally identifying information (PII) requested	1

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.

bunting Period: 2024/02	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Metrocom, LLC	6382 [,]
 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 made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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