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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Beturn completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/20/2018	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	YY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: 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
		S & T COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 99 (Number, street, rural route, apartment, or suite number)
		BREWSTER, KS 67732-0099
		(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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: 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

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 suffciency 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	S & T COMMUNICATIONS LLC	36989
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor	rated communities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	
	as the "first community." Please use it as the first community on all future fil	
A ====	Note: Entities and properties such as hotels, apartments, condominiums, or i	nobile home parks should be reported in parentheses below the
Area Served	identified city.	
Served		
	CITY OR TOWN	STATE
First	DIGHTON	KS
Community	HEALY	KS
oonnanty		
d Rows as Necessary		

								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF CA								36989
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							C C	
Service: Sub-	Number of Subscribers: Both	•					,	,	
scribers and Rates	down by categories of secondary each category by counting the n	•				•			
	separately for the particular serv	ice at the rate	indicate	ed—not the nur	mber of se	ts receiving serv	/ice).	-	
	Rate: Give the standard rate c	-							
	unit in which it is generally billed category, but do not include disc	• •		,		ro rate variation	is within a p	Darticular rate	
	Block 1: In the left-hand block					ondary transmis	ssion servio	e that cable	
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			U U		•			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system I printed in block 1 (for example, t	-							
	with the number of subscribers a								
	sufficient.				1				
	BLC	DCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		252	21.55	Basic			229	48.3
	Service to additional set(s)				Basic D			58	61.3
	• FM radio (if separate rate)		47	4.00		lue Basic		10	103.8
	Motel, hotel Commercial		17 12	4.00 4.00		Sngl/Dual/D al/Assisted L		<u>60</u> 31	18.0 4.0
	Converter		12	4.00	TIOSPIL		. •	51	4.0
	Residential		192	50.00 - \$4.00					
	Non-residential			60.00 - \$3.00					
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t		,		•				
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	/ billed. If any r	ates are ch	harged on a vari	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat		the cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a string the string the string (two- or three-word) description of the string		-		isned. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RATI
	Continuing Services:			ation: Non-res			UATEOC		
	• Pay cable			otel, hotel		120.00	Wire Ma	aintenance	3.9
	• Pay cable—add'l channel		• Co	mmercial		120.00		dividual)	16.4
	Fire protection		•Pa	y cable			Starz/SI	how/Cinmx (IN	14.4
	•Burglar protection			y cable-add'l cł	nannel			us 1 Premium	24.9
	Installation: Residential			e protection				us 1 Premium	24.9
	• First set	10.00		rglar protection				ne plus 1 Prem	
	Additional set(s) EM radio (if separate rate)			services:		10.00		us 2 Premiums us 2 Premiums	
	FM radio (if separate rate) Converter			connect sconnect		10.00		us 2 Premiums us 3 Premiums	
	COnventer			tlet relocation		120.00	DMX Mu		44.s 15.0
						120.00			
			• Mc	ve to new addr	ess	10.00			

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	S & T COMMUNICATI	ONS LLC		369
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary Ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do <i>not</i> list the station her 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 chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	the tot (1) stations carried only on a part- the carriage of certain network progression of the carriage of certain network progression of the carried by your cable system on a subtract by your cable system on a subtract by your cable system on a subtract by contract of the general instruct program services such as HBO, ESI e-air designation. For example, represent the station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station of th	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream • the air in its community a noncommercial pendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KWGN	34	N	DENVER, CO
	KSWK	8	E	LAKIN, KS
vs as Necessary	KBSD	6		ENSIGN, KS
,	KUSA	9	N	DENVER, CO
	KSNG	11	Ν	
		11 13	<u> </u>	GARDEN CITY, KS
	KSNG KUPK KMTW	13		GARDEN CITY, KS GARDEN CITY, KS
	KUPK KMTW		N	GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS
	КИРК	13 35	N	GARDEN CITY, KS GARDEN CITY, KS
	KUPK KMTW KSAS	13 35 26	N N N	GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KUPK KMTW KSAS KMCV	13 35 26 33	N N N N	GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS WICHITA, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD	13 35 26 33 26.1	N N N N N	GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KUPK KMTW KSAS KMCV KSAS-HD	13 35 26 33 26.1 21	N N N N N N N	GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KSNW-HD KMTW-HD	13 35 26 33 26.1 21 45	N N N N N N N N N	GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KSNW-HD KMTW-HD KOOD-HD	13 35 26 33 26.1 21 45 35.1 16	N N N N N N N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS HUTCHINSON, KS HAYS, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KSNW-HD KOOD-HD KOOD-HD KWCH-HD	13 35 26 33 26.1 21 45 35.1 16 19	N N N N N N N N N E E N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS HUTCHINSON, KS HUTCHINSON, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KAKE-HD KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSL	13 35 26 33 26.1 21 45 35.1 16	N N N N N N N N N E E N N N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS GOODLAND, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KSNW-HD KOOD-HD KOOD-HD KWCH-HD	13 35 26 33 26.1 21 45 35.1 16 19 10	N N N N N N N N N E E N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS HUTCHINSON, KS HUTCHINSON, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KAKE-HD KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSL	13 35 26 33 26.1 21 45 35.1 16 19 10	N N N N N N N N N E E N N N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS GOODLAND, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KAKE-HD KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSL	13 35 26 33 26.1 21 45 35.1 16 19 10	N N N N N N N N N E E N N N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS GOODLAND, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KAKE-HD KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSL	13 35 26 33 26.1 21 45 35.1 16 19 10	N N N N N N N N N E E N N N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS GOODLAND, KS
	KUPK KMTW KSAS KMCV KSAS-HD KAKE-HD KAKE-HD KSNW-HD KMTW-HD KOOD-HD KWCH-HD KBSL	13 35 26 33 26.1 21 45 35.1 16 19 10	N N N N N N N N N E E N N N	GARDEN CITY, KS GARDEN CITY, KS GARDEN CITY, KS WICHITA, KS HUTCHINSON, KS HAYS, KS HUTCHINSON, KS GOODLAND, KS

EGAL NAME OF								SYSTEM I 3698
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stati this by placing	the sys be recei the Co sign of e he statio on's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column.	the system's he system's FM ante his point, see par ed by the cable s	adend, and (2 nna, during co ge (v) of the g ystem as a se) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			on (the community to which the the community with which the			C or, in t	he 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	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	S & T COMMUNICATIO	ONS LLC						369891
	SUBSTITUTE CARRIAG				-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program	•••		•				
Carriage:	1. SPECIAL STATEMEN	-			J			-
Special	During the accounting pe				isis, anv nonr	network tel	evision prog	ram
Statement and	broadcast by a distant sta							× NO
Program Log	-					l	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must comp	lete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUT			ata lina. Lina abbraviation	o whorovor p	oogiblo if t	hoir moonin	n io
	In General: List each subs clear. If you need more spa				s wherever p	ossible, il i	ineir meaning	J IS
				vision program ("substitute	e program") ti	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		Ovies of Dask	etball. List specific progra		example,	I LOVE LUCY	01
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	the case of Mexican or Car			the community to which the			the FCC or,	in
				stem carried the substitute			ils, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.n	n. snould be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was requ	ired
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976	0	your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
		-						
						N SUBST		
	S	1	TE PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
		163 01 140	CALL SIGN	4. STATION'S LOCATION		TROM		
							_	
							_	
							_	
							_	
							_	
							_	
							_	
			L					
							_	
							_ _	

Accounting Period:	2017/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S & T COMMUNICATIONS LLC	S	YSTEM ID# 369891
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ission service amount, see	5,712.70
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S & T COMMUNICATIONS LLC		SYSTEM ID# 369891
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the call to its subscribers, and (2) the cable system's total number of activated ch	-	
	1. Enter the total number of channels on which the cable system carried television broadcast stations		11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		119
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEE we can contact about this statement of account.)	EDED (Identify an individual to whom	
for Further Information	Name CHRISTINA HICKERT	Telephone 785-694-2256	6
	Address PO BOX 99, 320 KANSAS AVE (Number, street, rural route, apartment, or suite number) BREWSTER, KS 67732-0099 (City, town, state, zip)		
	Email christina.hickert@sttelcom.com	Fax (optional) 785-694-2750	
O Certification	in line 1 of space B and that the owner is not a corporation or	es.) of the cable system as identified in line 1 of space B; or ne duly authorized agent of the owner of the cable system as identifie partnership; or (if a partnership) of the legal entity identified as owner of the cable sy ty of law that all statements of fact contained herein	
		Hickert e on the line above to certify this statement. / signature" (e.g., /s/ John Smith)	
	Typed or printed name: Christina H	ickert	
	(Title of official position held in corporation Date:	or partnership) 2/20/2018	

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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

unting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
T COMMUNICATIONS LLC	36989
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusior
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?	
X NO	
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 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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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
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	
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	
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	
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	
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	
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	
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	

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