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.

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
•	20202 Barcode Data Filing Period (optional - see instructions)
Accounting 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
	White Cloud Communications, US, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	150 Progress Way (Number, street, rural route, apartment, or suite number)
	Owenton, KY 40359
	(City, town, state, zip)
C	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
Privacy Act Notic	e: Section 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

3-1-21

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.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	White Cloud Communications, US, LLC	2413
	Instructions: List each separate community served by the cable system. A	
	"a separate and distinct community or municipal entity (including unincorp	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, o	
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Bremen	KY
Community	Sacramento	KY
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM						FORM SA1	TEM ID		
Name	White Cloud Communic							010	2413		
Е	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover	all categories of	of seconda	•					
Secondary	system, that is, the retransmissi about other services (including p										
Transmission	last day of the accounting period	d (June 30 or E	Decemb	per 31, as the c	ase may b	e).					
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular serv						,				
	Rate: Give the standard rate of unit in which it is generally billed	-						-			
	category, but do not include disc	· ·		,	•		is within a	particular rate			
	Block 1: In the left-hand block	•		•		•					
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the			
	first set" and would be counted of Block 2: If your cable system	•			• • •	service that ar	e different	from those			
	printed in block 1 (for example, t	-		-							
	with the number of subscribers a					•	,				
	sufficient.	DCK 1					BLOCK	()			
		NO. OF					BLOCK 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:		170	29.90							
	 Service to first set Service to additional set(s) 		172	29.90							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				s						
F	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were			
F	not covered in space E, that is,					•	•				
Services	service for a single fee. There a furnished at cost or (2) services		-		-						
Other Than	amount of the charge and the un	nit in which it is									
Secondary Transmissions:	enter only the letters "PP" in the		tha cab	la system for a	ach of the	applicable conv	icos listod				
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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										
	brief (two- or three-word) description and include the rate for each.										
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE		
	• Pay cable			ation: Non-res	adential		Conver	tor	2.9		
	• Pay cable—add'l channel			ommercial				m Channel	16.9		
	• Fire protection			y cable					10.3		
	•Burglar protection			y cable-add'l cl	nannel						
	Installation: Residential			e protection							
	• First set	49.95		rglar protection							
	 Additional set(s) 		Other	services:							
	• FM radio (if separate rate)			connect							
	• Converter			sconnect							
				itlet relocation							
			I ∙Mo	ove to new add	ess						

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM					
Name	White Cloud Commu			24					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 07.6.31 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E'' (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
				4. LUCATION OF STATION					
		14	N						
	WFIE	14	N	EVANSVILLE, IN					
nws as Neressary	WFIE WEHT	25	Ν	EVANSVILLE, IN EVANSVILLE, IN					
ows as Necessary	WFIE WEHT WKMA	25 35	N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY					
ws as Necessary	WFIE WEHT	25	N E E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN					
ws as Necessary	WFIE WEHT WKMA WNIN	25 35 9	N E	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN					
ws as Necessary	WFIE WEHT WKMA WNIN WEVV	25 35 9 44	N E E N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN					
ws as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2	25 35 9 44 44.2	N E E N N-M	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN					
iws as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2 WBKO	25 35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY					
iws as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2 WBKO	25 35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY					
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ows as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2 WBKO	25 35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY					
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ows as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2 WBKO	25 35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY					
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ows as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2 WBKO	25 35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY					
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ows as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2 WBKO	25 35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY					
ows as Necessary	WFIE WEHT WKMA WNIN WEVV WEVV-DT2 WBKO	25 35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY					

EGAL NAME OF White Cloud								SYSTEM I 241
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ceceivable if (1) on the basis of the or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If tignal, indicate Column 4: G	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recein at the Co sign of e he station ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain si ertain si eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		C, D				2, 2		
_								
						·	·	

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	White Cloud Commun	ications,	US, LLC					24135
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident					tion, that vo	ur cable syst	em carried on a
_	substitute basis during the a	• •				•	•	
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	ne general inst	tructions in	the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tele	vision progr	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
			reat of this pa	an blonk. If your onower is	- "Vee " veu r	⊐ Nust sompl		
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s rres, you r	nust compi	ete the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if th	neir meaning	a is
	clear. If you need more spa				- · · · · · · · · · · · ·			
		•		vision program ("substitute		-		-
	period, was broadcast by a		•		•	•		
	under certain FCC rules, re Do not use general categor	•						
	"NBA Basketball: 76ers vs.			etball. List specific progra		szampic, i	LOVE LUCY	
			dcast live, ent	er "Yes." Otherwise enter	"No."			
		-		asting the substitute progr				
			,	the community to which th		•	he FCC or,	in
	the case of Mexican or Car			stem carried the substitute		,	s with the n	nonth
	first. Example: for May 7 gi		when your sy		s program. O		o, with the h	lonar
	Column 6: State the tim	es when the		ogram was carried by you	•			ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	vour evete	m was room	uirod
	to delete under FCC rules a							
	was substituted for program							9.5
	effect on October 19, 1976	•						
	S	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		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. T FROM	IMES — TO	DELETION
		103 01 110	CALL SIGN			TROM	10	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S' White Cloud Communications, US, LLC	YSTEM ID# 24135
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 of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	7,817.00 bss receipts)
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 \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
NI	LEGAL NAME OF	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	White Cloud	Communications, US, LLC	24135
M Channels		You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.	
		tal number of channels on which the cable	9
	system carried	ed television broadcast stations	
	2. Enter the tota	tal number of activated channels	
	on which the o	cable system carried television broadcast stations	150+
	and nonbroad	dcast services	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom it about this statement of account.)	
for Further Information	Name	Bruce Beard, Cinnamon Mueller Telephone 31	4-462-9000
	Address 	1714 Deer Track Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip) Bbeard@CinnamonMueller.com Fax (optional)	
O Certification	 I, the undersign (Own (Agening X (Offing I have examined are true, completing 	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system n line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	em as identified

X /s/ TJ Scott
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: TJ Scott
Title: VP of Operations (Title of official position held in corporation or partnership)
Date: March 1, 2021

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: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
te Cloud Communications, US, LLC	2413
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	P Special Statement Concerning Gross Receipts Exclusion
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	
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 Assessmen
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 3 Multiply line 2 by the number of days late and enter the sum here - Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) -	
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 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 \$ -	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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.