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

8/16/2024

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@copyright.gov

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

	-					
Α	ACCO	OUNTING PERIOD COVERED BY	Y THIS STATEMENT: (YYYY	/(Period))		
		2024/1 Po	eriod 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		B	arcode Data Filing Period (optional - se	e instructions)		
Accounting Period						
В		Instructions: Give the full legal name of the owner of the o of the subsidiary, not that of the parent corpo		of another corporation, give the full corpo	orate title	
Owner		List any other name or names under which th	he owner conducts the business of the ca	ble system.		
		If there were different owners during the acc single statement of account and royalty fee p			omit a	
		Check here if this is the system's first filing. If	f not, enter the system's ID number assig	ned by the Licensing Division.		4980
		LEGAL NAME OF OWNER/MAILING A	ADDRESS OF CABLE SYSTEM			
		Great Plains Cable Television				
		BUSINESS NAME(S) OF OWNER OF C	ABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF CA	ABLE SYSTEM			
		P. O. Box 408 (Number, street, rural route, apartment, or suite num				
		Blair, NE 68008 (City, town, state, zip)				
С		<b>UCTIONS:</b> In line 1, give any busines already appear in space B. In line 2,				
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite num	iber)			
		(City, town, state, zip code)				
Privacy Act Notice	: Section	111 of title 17 of the United States Code author	orizes the Copyright Offce to collect the pe	rsonally identifying information (PII) request	ed on this	

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

## Return complet

Mansa	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Great Plains Cable Television	49
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rul d communities within unincorporated areas and including singl ou list will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	lie nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Chadron	Nebraska
Community	Rushville	Nebraska
	Hay Springs	Nebraska
dd Rows as Necessary	Gordon	Nebraska

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Great Plains Cable Tele	vision							498
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			•		•			
Secondary	system, that is, the retransmissi about other services (including r					•			
Fransmission	last day of the accounting period	• • •			•			sting on the	
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	<b>Rate:</b> Give the standard rate of							rge and the	
	unit in which it is generally billed	· · ·		,		ard rate variatior	ns within a	particular rate	
	category, but do not include disc					oondon, tronomi	acion con	ice that apple	
	<b>Block 1:</b> In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity					•			
	subscriber who pays extra for ca						nder "Serv	rice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a					•		•	
	sufficient.			I			BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:					. –			
	Service to first set		872	24.95	Broadd	aster Fee		872	31.5
	Service to additional set(s)					-4-1			
	• FM radio (if separate rate)				HR Rer	าเลเ		220	4.9
	Motel, hotel Commercial				Convor	rter Rental		120	4 0
	Commercial Converter				Conver	ter Kentai		120	4.9
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
-	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 u								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard ra	• •							
Rates	<b>Block 2:</b> List any services tha listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip		-						
		BLO	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	16.95	• Mot	tel, hotel					
	,	12.95	• Cor	nmercial					
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Pay	/ cable					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>								
			• Pay	/ cable-add'l cl	nannel				
	Fire protection		,		nannel				
	<ul><li>Fire protection</li><li>Burglar protection</li></ul>	65.00	• Fire	/ cable-add'l cl					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Fire • Bur	/ cable-add'l cl e protection					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Fire • Bur Other s	/ cable-add'l cl e protection glar protection		65.00			
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Fire • Bur Other s • Rec	v cable-add'l cl e protection glar protection services:		65.00			
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire • Bur • Bur • Rec • Dis	v cable-add'l cl e protection glar protection services: connect		<u>65.00</u> 65.00			

	LEGAL NAME OF OWNER O	ADIE SVSTEM		SYSTEM ID#
ame	Great Plains Cable T			4980
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast For the meaning of these the <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the Special Statement and Program of both on a substitute basis and als , see page (v) of the general instruc- torogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNEP	5.2	N	Scottsbluff, NE
	KUON	12.1	E	Lincoln, NE
		12.2	E-M	
Necessary	KUON-EW	12.2		Lincoln, NE
Necessary	KUON-EW KMGH	7.1	N	Lincoln, NE Denver, CO
Necessary				
ecessary	KMGH	7.1	Ν	Denver, CO
ecessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
Vecessary	KMGH KCNC KUSA	7.1 4.1 9.1	N N N	Denver, CO Denver, CO Denver, CO Denver, CO
lecessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
s Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
s Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
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	KDVR	31.1	N	Denver, CO
s Necessary	KMGH	7.1	N	Denver, CO
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	KUSA	9.1	N	Denver, CO
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	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
as Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
as Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
as Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
as Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
IS Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
as Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
as Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
as Necessary	KMGH	7.1	N	Denver, CO
	KCNC	4.1	N	Denver, CO
	KUSA	9.1	N	Denver, CO
	KTVD	20.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO

LEGAL NAME OF								SYSTEM I 49
	every radio s	tation ca	arried on a separate and discronnerally receivable by your cab					Н
Teceivable if (1) on the basis of the or detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> 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 t the Co sign of e he station on's sign g a chech o's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the 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 sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st 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	
5, 12 01011	, of 1 W	0,0		C, LE CION	, of t W	0,0		
						·		
						··		
						·		
						· <b>-</b>		

Accounting Perio	od: 2024/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						4980
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ifv everv no	nnetwork televi	sion program, broadcast b	v a <i>distant</i> sta	tion, that your	cable svst	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 t	ne general ins	tructions in the	e paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>				isis, any nonr	network televis	sion progr	am
Statement and	broadcast by a distant sta		,	<b>,</b>	, <b>j</b>			XNO
Program Log	-						YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete	e the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subs		•		s wherever p	ossible, if thei	r meaning	j is
	clear. If you need more spa						4	·
	period, was broadcast by a	-		vision program ("substitut	,	-		-
	under certain FCC rules, re			2		0 0		
	Do not use general categor	•						
	"NBA Basketball: 76ers vs.					•		
				er "Yes." Otherwise enter				
		•		asting the substitute prog		appaad by the	ECC or	in
	the case of Mexican or Car		,	the community to which the community with which the				111
				stem carried the substitute		,	with the m	nonth
	first. Example: for May 7 giv	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was requ	ired
	to delete under FCC rules a							
	was substituted for program							9
	effect on October 19, 1976							
						N SUBSTITU		
	S	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
							••••••	
						_		
					·			
							•••••••	
						_		
					·			
							•	
						_		
						_		
							•	
					· ·			

Name		
	Great Plains Cable Television	498
<b>K</b> 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 trans         (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
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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$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 fo accounting period is \$52.00	r this six-month
	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 \$52	7,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	_
	3. Subtract line 2 from line 1 \$ 19,791.14	_
	4. Multiply line 3 by .01	197.91
	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	\$ 1,516.91
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,516.91
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	\$ 1,536.91
	EFT Trace # or TRANSACTION ID # 76-1316/1049	]
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Registe	er of Copyrights.

Accounting Period:	2024/1			FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: able Television		SYSTEM ID# 4980
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable s, and (2) the cable system's total number of activated char number of channels on which the cable television broadcast stations	nels during the accounting period.	9 108
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEED about this statement of account.)	ED (Identify an individual to whom	
for Further Information	Name	Ryan Lentz	Telephone 402-456-645	57
	Address 	P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip) rlentz@gpcom.com	Fax (optional)	
O Certification	<ul> <li>I, the undersign</li> <li>(Owned)</li> <li>(Agen in in X)</li> </ul>	ine 1 of space B and that the owner is not a corporation or partial of space B and that the owner is not a corporation or partial of the space B and that the owner is not a corporation of the space B and that the owner is not a corporation of the space B and that the owner is not a corporation of the space B and that the owner is not a corporation of the space B and that the owner is not a corporation of the space B and that the owner is not a corporation of the space B and	) the cable system as identified in line 1 of space B; or duly authorized agent of the owner of the cable system as identifie thership; or a partnership) of the legal entity identified as owner of the cable s	
	are true, complet [18 U.S.C., Secti	e, and correct to the best of my knowledge, information, and b on 1001(1986)]	elief, and are made in good faith.	

	X /s/Nicholas Holle
	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: Nicholas Holle
	Corporate Counsel
Date:	August 16, 2024

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: 2024/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	498
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.	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Address	
<b>INTEREST ASSESSMENT</b> 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 Assessmen
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
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	Q Interest Assessmen
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
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
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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.