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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/20/2019	\$ ALLOCATION NUMBER						

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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		Haefele TV Inc
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 312
		(Number, street, rural route, apartment, or suite number)
		Spencer, NY 14883-0312 (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 is 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: Spencer
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Same as above (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:	2018/2	
g . cca.	 /-	FORM SA1-2E. PAGE 1b.
Mama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Haefele TV Inc	1686
	Instructions: List each separate community served by the cable system. A "comm	nunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	ou list will serve as a form of system identification hereafter known
_	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Area Served	identified city.	ile nome parte stoata de reportea in parentireses selon die
	CITY OR TOWN	STATE
First	SPENCER TOWN	NY
Community	SPENCER VILLAGE	NY
	VAN ETTEN VILLAGE	NY
Add Rows as Necessary	VAN ETTEN TOWN	NY
	CAYUTA TOWN	NY
	TIOGA TOWN	NY
	BARTON TOWN	NY
	CANDOR VILLAGE	NY
	NEWFIELD TOWN	NY NY
	CANDOR TOWN	NY NY
	CANDOR TOWN CANDOR VILLAGE	NY NY
	CANDOR VILLAGE	NI

Accounting Period: 2018/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 1686

E

Haefele TV Inc

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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 service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
 Service to first set 	1,206	24.95						
 Service to additional set(s) 	836	1.00						
• FM radio (if separate rate)								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
	Г	T		1				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	9.00/14.95	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
 Fire protection 		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	30.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	30.00	
Converter		Disconnect		
		Outlet relocation	10.00	
		Move to new address	30.00	

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1686

Haefele TV Inc

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, *except* (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), or 76.63 (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 *not* 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 *only* 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. *Do not* 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 these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WETM DT 18-1	18	N	ELMIRA, NY
WETM DT 18-2	18	N-M	ELMIRA, NY
WETM DT 18-3	18	N-M	ELMIRA, NY
WETM DT 18-4	18	N-M	ELMIRA, NY
WCNY DT 24-1	25	E	SYRACUSE, NY
WCNY DT 24-2	25	E-M	SYRACUSE, NY
WCNY DT 24-3	25	E-M	SYRACUSE, NY
WCNY DT 24-4	25	E-M	SYRACUSE, NY
WICZ DT 40-1	8	N	BINGHAMTON, NY
WBPN DT 40-2	8	N-M	BINGHAMTON, NY
WSKG DT 46-1	42	E	BINGHAMTON, NY
WSKG DT 46-2	42	E-M	BINGHAMTON, NY
WSKG DT 46-3	42	E-M	BINGHAMTON, NY
WSKG DT 46-4	42	E-M	BINGHAMTON, NY
WIVT DT 34-1	34	N	BINGHAMTON, NY
WBGH DT 34-2	34	N	BINGHAMTON, NY
WIVT DT 34-3	34	N-M	BINGHAMTON, NY
WIVT DT 34-4	34	N-M	BINGHAMTON, NY
WBNG DT 12-1	7	N	BINGHAMTON, NY
WBNG DT 12-2	7	N-M	BINGHAMTON, NY
WBNG DT 12-3	7	N-M	BINGHAMTON, NY
WENY DT 36-1	36	N	ELMIRA, NY
WENY DT 36-2	36	N-M	ELMIRA, NY
WENY DT 36-3	36	N-M	ELMIRA, NY
WENY DT 36-4	36	N-M	ELMIRA, NY

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 1686 Haefele TV Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (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 **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Television 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 not 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 only 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. *Do not* 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 these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WYDC DT 48-1** 48 Ν **CORNING, NY WJKP DT 48-2** 48 N-M CORNING, NY **WYDC DT 48-3** 48 N-M CORNING, NY **WSPX DT 56-1** 15 SYRACUSE, NY ı 15 Ν **WSPX DT 56-2** SYRACUSE, NY 15 **WSPX DT 56-3** I-M SYRACUSE, NY

Accounting Period: 2018/	a: 2018/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Haefele TV Inc 1686

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or EM	6/0	LOCATION OF STATION	CALLSION	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	9/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	9/D	LOCATION OF STATION
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Accounting Perio	ounting Period: 2018/2 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#		
Name	Haefele TV Inc							1686		
1	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Substitute										
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	and broadcast by a distant station?									
	effect on October 19, 1976.				10.00	EN CURCT	171176	T		
	9	I IBSTITI IT	E PROGRAM	1		EN SUBST RIAGE OCC		7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>			
								"		
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Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Haefele TV Inc	SYSTEM ID# 1686							
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. \$185,337.12								
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)							
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 e Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 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 accounting period is \$52.00 Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Lines the amount non-line 4, space Q, page 0								
	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 that	ın \$137,100)							
	1. Base amount under statutory formula	800.00							
	2. Enter amount of gross receipts from space K	337.12							
	3. Subtract line 2 from line 1	462.88							
	4. Enter the amount of gross receipts from space K	185,337.12							
	5. Enter the amount from line 3	78,462.88							
	6. Subtract line 5 from line 4	106,874.24							
	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	\$ 534.37							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less the	nan \$527,600)							
	4 Fatable annual of many annial form								
	Enter the amount of gross receipts from space K	900.00							
	· · · · · · · · · · · · · · · · · · ·	800.00							
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01	4 040 00							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)								
	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								
Eiling Eog and									
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	534.37							
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	\$ 554.37							
	EFT Trace # or TRANSACTION ID # 26FI0EGE	3							
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instructions.								

Accounting Period:	2018/2								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Haefele TV Inc	CABLE SYSTEM:							SYSTEM ID# 1686
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers of the system carried television. 2. Enter the total number of the system carried television on which the cable system and nonbroadcast services.	channels on which to broadcast stations activated channels or carried television by	the cable	er of activated ch	annels during the	accounting perior			31 81
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			MATION IS NE	EDED (Identify an	individual to who	m		
for Further Information	Name Lee Ha	efele					Telephone	607-589-623	5
	(Number, s	oga St PO Box treet, rural route, apartme er, NY 14883		e number)					
	(City, town,	htv@htva.net				Fax (optiona	al) <mark>607-589-721</mark>	1	
O Certification	(Agent of owner in line 1 of spi	certify that (Check one in corporation or par cother than corporation or par cother than corporation are B and that the own are B. ent of account and he cot to the best of my know (BB) Typed or printed in title: (Title:	ition or part where is not a a corporation are	one, of the boxes I am the owner of tnership) I am th a corporation or p ion) or a partner (are under penalty, information, and /s/ Lee Haef lectronic signature ature using an "/s,	e duly authorized a partnership; or if a partnership; or of law that all state belief, and are ma	as identified in lin igent of the owner the legal entity ide ements of fact con de in good faith. to certify this state s/ John Smith)	e 1 of space B; of the cable sy- entified as owner stained herein	stem as identified	
		Date:				2/20/20	19		

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 the 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 telephon 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 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

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
aefele TV Inc	1686
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."	Special Statement
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.	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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	Interest Assessment
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ID number First community served Accounting period	

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 th 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.