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			
2/26/2019	\$ ALLOCATION NUMBER			

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

_	1	
A	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		
	-	Laboration .
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
		WINDSTREAM SOUTH CAROLINA LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number)
		BALDWIN GA 30511-1762 (City, town, state, zip)
	-	(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 salready 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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2018/2	F00M0M0F 0M0F (I
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	WINDSTREAM SOUTH CAROLINA LLC	63112
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor 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 fi Note: Entities and properties such as hotels, apartments, condominiums, or	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	identified city.	mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LEXINGTON	SC
Community	PARK NORTH	
Add Rows as Necessary		

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63112

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

WINDSTREAM SOUTH CAROLINA LLC

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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	13	54.99			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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	19.00	Motel, hotel		PPV	PP
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63112

WINDSTREAM SOUTH CAROLINA LLC

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
WIS	10	N	COLUMBIA SC
WLTX	19	N	COLUMBIA SC
WOLO	25	N	COLUMBIA SC
WRLK	35	E	COLUMBIA SC
WZRB	47	N	COLUMBIA SC
WACH	57	N	COLUMBIA SC
WKTC	63	N	COLUMBIA SC

				FORM SA1-2E. PAG
Nama	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM
Name	WINDSTREAM SOUTH CAROL	INA LLC		631
	PRIMARY TRANSMITTERS: TELEVISIO	N		
G Primary Fransmitters: Television	In General: In space G, identify every carried by your cable system during the FCC rules and regulations in effect on 76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained Substitute Basis Stations: With respubasis under specific FCC rules, regulated Do not list the station here in space C station was carried only on a substitute List the station here, and also in space basis. For further information concernited Column 1: List each station's call sign multicast stream associated with a state "WETA-2" as the same on the form. Column 2: Give the channel number the ficense. For example, WRC is chanted Column 3: Indicate in each case whete educational station, by entering the letter (for independent multicast), "E" (for note for the meaning of these terms, see pacolumn 4: Give the location of each see FCC. For Mexican or Canadian station	e accounting period, exceptune 24, 1981, permitting to 24, 1981, permitting to 24, 1981, permitting to 76.4 in the next paragraph. The section of the next paragraph. The section of the s	of (1) stations carried only on a part-ting the carriage of certain network program (51(e)(2) and (4))]; and (2) certain station (51(e)(2) and (4))]; and (51(e)(2) and (51(e)(2) and (51(e)(2))]; and (51(e)(2)) and (51(e)	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial odent), "I-M" nal multicast). s licensed by the

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM SOUTH CAROLINA LLC

63112

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 CICK	ΛΝ σ= Γ Ν Δ	C/D	LOCATION OF STATION	CALL CION	AM 6" EM	C/D	LOCATION OF STATION
CALL SIGN	AM or FM	5/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	5/D	LOCATION OF STATION
		1					

Accounting Perio	nd: 2018/2						EOD	M SA1-2E DAGE 5
accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	WINDSTREAM SOUTH	I CAROLI	NA LLC					63112
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a	ify every no accounting paining that mu T CONCERTION, did you tion? ", leave the E PROGRA titute prograte, please of every no	nnetwork televineriod, under spist be included in RNING SUBS ur cable system a rest of this paramon a separadd additional connetwork televineriod.	sion program, broadcast by secific present and former Find this log, see page (v) of the secific present and former Find this log, see page (v) of the secific program, on a substitute based of the secific program is secific. If your answer is attentionally the secific program is sectionally the section in the section is section.	y a distant stare CC rules, regathe general instances asis, any nones "Yes," you use wherever pee program") ti	nulations, on structions network to must compossible, if hat, durin	r authorization in the paper Selevision programmer YES applete the programmer fitheir meaning the account	ns. For a further 6A1-2 form. Tram X NO gram griam griam griam
	under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broot the case of Mexican or Cat Column 5: Give the mot first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	egulations, or estable from the Bulls." In was broad sign of the adcast statinadian statinth and day we "5/7." It is estable from the Example: "er "R" if the and regulating that	or authorization ovies" or "bask deast live, ente station broade on's location (tons, if any, the when your system of the station broade a program carrelisted program ions in effect d	ns. See page (v) of the general sets and the substitute programer "Yes." Otherwise enter asting the substitute programe community to which the community with which the stem carried the substitute program was carried by you ried by a system from 6:0 in was substituted for programing the accounting perior	"No." ram. le station is lie e station is ide program. Ur cable syste 1:15 p.m. to 6 gramming that od; enter the lider FCC rules	censed by lentified). se numer m. List th 3:28:30 p. t your systetter "P"	urther informa "I Love Lucy" y the FCC or, rals, with the r e times accur m. should be stem was requ if the listed pr ulations in	ition. or in month ately
	S	UBSTITUT	E PROGRAM				CURRED	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. FROM	TIMES — TO	DELETION

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM IC
Name	WINDSTREAM SOUTH CAROLINA LLC		6311
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 apage (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.	ission service amount, see	5,897.59
		(Amount of gro	ss 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 \$100 to \$1	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	_	
	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)	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	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:	2018/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: # SOUTH CAROLINA LLC	SYSTEM ID# 63112
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. all number of channels on which the cable delevision broadcast stations all number of activated channels cable system carried television broadcast stations	7
N Individual to	INDIVIDUAL TO	D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	PAM HENDRIX Telephone 706.776.4	618
	Address	2000 COMMUNICATIONS BLVD (Number, street, rural route, apartment, or suite number) BALDWIN GA 30511 (City, town, state, zip) sandra.blade@windstream.com Fax (optional)	
O Certification	I, the undersigned (Owned) (Agent in I) X (Office)	(This statement of account must be certified and signed in accordance with Copyright Office regulations) med, hereby certify that (Check one, but only one, of the boxes.) mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or mut of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified I in I of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the call line 1 of space B.	
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ste, and correct to the best of my knowledge, information, and belief, and are made in good faith. [ion 1001(1986)]	
		X /S/ TIMOTHY P LOKEN	
		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: TIMOTHY P LOKEN	
		Title: DIRECTOR-REGULATORY REPORTING (Title of official position held in corporation or partnership)	
		Date: FEBRUARY 25, 2019	

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ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IC
NDSTREAM SOUTH CAROLINA LLC	6311
SPECIAL STATEMENT CONCERNING GROSS RECEIP The Satellite Home Viewer Act of 1988 amended Title 17, section 111(lowing sentence: "In determining the total number of subscribers and the gross at service of providing secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers receiving secondary transmissions of primary broadce scribers and amounts collected from subscribers and transmissions of primary broadce scribers and transmissions and transmissions and transmissions and transmissions and	of the Copyright Act by adding the fol- aid to the cable system for the basic nitters, the system shall not include sub- nsmissions pursuant to section 119." Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	<u>\$</u>
Name Name Mailing Address Mail	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submittee For an explanation of interest assessment, see page (viii) of the general	
Line 1 Enter the amount of late payment or underpayment	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 he	x 0.00274
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	\$ - (interest charge)
* To view the interest rate chart click on www.copyright.gov/licensir contact the Licensing Division at (202) 707-8150 or licensing@loc	t-rate.pdf. For further assistance please
** This is the decimal equivalent of 1/365, which is the interest asse	or one day late.
NOTE: If you are filing this worksheet covering a statement of account list below the owner, address, first community served, ID number, and	
Owner	
Address	
ID number	

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Accounting period