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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8/27/2019	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 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	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	se
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Ceresco MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CADLE STSTEM.	
	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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	25105
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
First	CITY OR TOWN Ceresco	STATE NE
First Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name		ABLE SYSTEM:						313	2510
	Zito Midwest LLC								2011
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv Rate: Give the standard rate c							a and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ince payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	< 2	
		NO. OF			CAT			NO. OF	RA
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	VICE	SUBSCRIBERS	RA
	Service to first set		4	59.09					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	3				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There are					,	,		
Services	furnished at cost or (2) services	or facilities furn	ished to	o nonsubscribe	rs. Rate in	formation shoul	d include t	ooth the	
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other serv	vices in the	form of a	
	bhei (two- of three-word) descrip								
			JK 1					BLOCK 2	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CATEC	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG			RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:	RATE	CATEC Installa • Mot	ation: Non-res		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor	ation: Non-res tel, hotel		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 17.50	CATEC Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch @ protection	idential	RATE	CATEG	DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection glar protection	idential	RATE		DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.50	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential			DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.50	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential	RATE		DRY OF SERVICE	RA
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.50	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services:	idential			DRY OF SERVICE	RA

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
me	Zito Midwest LLC			25
	PRIMARY TRANSMITTERS:	TELEVISION		
hary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KETV	7.1	Ν	Omaha NE
	KMTV	3.1	Ν	Omaha NE
		10.1		
cessary	KPTM	42.1	N	Omaha NE
essary	KPTM KUON	42.1 12	E	Omaha NE Lincoln NE
cessary				
cessary	KUON	12	E	
ecessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
lecessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
lecessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
Vecessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
5 Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
s Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
s Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
s Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
s Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
s Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
IS Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE
IS Necessary	KUON KXVO	12 15.1	E	Lincoln NE Omaha NE

Accounting P	eriod: 2019	/1					FORM	I SA1-2E. PAGE
LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID
Zito Midwest	LLC							2510
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If Signal, indicate t Column 4: G	it is carried by monitoring, to mation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a wed 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 licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral 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	

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							25105
	SUBSTITUTE CARRIAGI				<u>^</u>			
I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					e general mot			2 101111.
Special	1. SPECIAL STATEMEN					huadi tala dala		
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	is, any nonne			
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne progran	n
	log in block 2.			· ·	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa							
				ision program ("substitute				·
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							-
	"NBA Basketball: 76ers vs.						2009 0	
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 ·	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv		inten year eye			numerale, m		
			substitute pro	gram was carried by your	cable system.	List the times	accuratel	у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."		lists d was succes	was substituted for an are				al
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.	0 ,	2	•		0		
						IN SUBSTITU		
	S		E PROGRAM			AGE OCCUF		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	TO	
		100 01 110	OF LEE OF OF				10	
					-			
					-	_		
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1					-			

Accounting Period:	2019/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 25105
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 the 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 servic s amount, see	e 1,909.78
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	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		
	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		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. 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		jhts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Midwes	F OWNER OF CABLE SYSTEM: LLC		SYSTEM ID# 25105
M Channels	 to its subscrib Enter the to system carr Enter the to on which the 	ers, and (2) the cable system's total nur tal number of channels on which the ca ed television broadcast stations tal number of activated channels cable system carried television broadcast		6 27
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INF about this statement of account.)	FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or s Coudersport PA 16915	suite number)	
	Email	(City, town, state, zip)	edia.com Fax (optional)	
O Certification	I, the undersi (Ov (Ag X (Of I have examinare true, comp	aned, hereby certify that (Check one, but of ner other than corporation or partners) ant of owner other than corporation or in line 1 of space B and that the owner is ficer or partner) I am an officer (if a corpor in line 1 of space B. The the statement of account and hereby of lete, and correct to the best of my knowled ction 1001(1986)]	hip) I am the owner of the cable system as identified in line 1 of space B; partnership) I am the duly authorized agent of the owner of the cable system as corporation or partnership; or oration) or a partner (if a partnership) of the legal entity identified as owner declare under penalty of law that all statements of fact contained herein dge, information, and belief, and are made in good faith.	stem as identified

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unting Period: 2019/1	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	251
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 Statemer Concerning Gros Receipts Exclusio
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 Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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