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					
2-28-20	\$  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

ACCOUNTING 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)							
	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.							
	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.								
	T							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CABLE ONE, INC.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	210 E. EARLL DRIVE  (Number, street, rural route, apartment, or suite number)							
	PHOENIX, AZ 85012-2626 (City, town, state, zip)							
1	IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
2	221 S. SHARPE AVENUE							
	CLEVELAND, MS 38732							
	INSTF	Barcode Data Filing Period (optional - see instructions)  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.  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 filling. If not, enter the system's ID number assigned by the Licensing Division.  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  MAILING ADDRESS OF OWNER OF CABLE SYSTEM  210 E. EARLL DRIVE PHOENIX, AZ 85012-2626  (City, town, state, up)  INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system in ames already appear in space B. In line 2, give the mailing address of the system, if different from the address given in IDENTIFICATION OF CABLE SYSTEM:  MAILING ADDRESS OF CABLE SYSTEM:  MAILING ADDRESS OF CABLE SYSTEM:  MAILING ADDRESS OF CABLE SYSTEM:						

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 suffciency of the fling, a determination that would be made by a court of law.

	LECAL NAME OF OWNER OF CARLE SYSTEM.	FORM SA1-2E. PAGI SYSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	108
	Instructions: List each separate community served by the cable system. A "com	
-	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	CLEVELAND	MS
Community	BOLIVAR COUNTY	MS
	BOYLE	MS
Rows as Necessary	DREW	MS
	MERIGOLD	MS
	MOUND BAYOU	MS
	PACE	MS
	RENOVA	MS
	RULEVILLE	MS
	SHAW	MS
	SHELBY	MS
	SUNFLOWER COUNTY	MS
	SUNFLUWER COUNTY	IVIO

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

10841

# Ε

## 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.

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,432	40.00	BULK UNIT	165.00	149.11-	
Service to additional set(s)					2312.67	
• FM radio (if separate rate)						
Motel, hotel	9	<b>15.00-360.00</b>				
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	3.00-44.00	Motel, hotel	COST PLUS	TIER	40.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	COST PLUS	DELUXE	44.00
<ul> <li>Fire protection</li> </ul>		• Pay cable		DIGITAL VALUE PAK	15.00
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		SHOWTIME	18.00
Installation: Residential		Fire protection		НВО	18.00
• First set	\$36.00	Burglar protection		STARZ	18.00
<ul><li>Additional set(s)</li></ul>		Other services:		MAX	18.00
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	90.00	<b>ESPANOL</b>	5.00
Converter		Disconnect		)	······
		Outlet relocation	60.00	)	······
		Move to new address	30.00		)
				)	)

counting Period:	2019/2			FORM SA1-2E. P	AGE				
Mana	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEI	/ ID				
Name	CABLE ONE, INC.								
	PRIMARY TRANSMITTERS:	TELEVISION							
•	•	entify every television station (including	•	,					
G		m during the accounting period, except	• •						
Primary	_	n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.6		<del>-</del>					
Transmitters:	substitute program basis, a	s explained in the next paragraph.	. , , , , , , , , , , , , , , , , , , ,						
Television		<b>Substitute Basis Stations:</b> 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	• 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 <i>only</i> on	a substitute basis. also in space I, if the station was carrie	nd hoth on a substitute basis and als	o on some other					
	basis. For further information	on concerning substitute basis stations	, see page (v) of the general instruc	tions.					
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-th	_	•					
	"WETA-2" as the same on t		e-ali designation. Foi example, rep	ort muliistream					
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	a noncommercial					
	•	ering the letter "N" (for network), "N-M"	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·					
	,	"E" (for noncommercial educational), erms, see page (iv) of the general instru	· ·	ional multicast).					
		n of each station. For U.S. stations, lis		is licensed by the					
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the station	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WABG-DT1	32	N-M	GREENWOOD, MS					
	WABG-DT2	32	I-M	GREENWOOD, MS					
add Rows as Necessary	WHCQ-LP	8	l	CLEVELAND, MS					
	WMAO	25	E	GREENWOOD, MS					
	WMC	5	N	MEMPHIS. TN					
	WNBD-LD	2	N	GRENADA, MS					
	WXVT	15	N	GREENVILLE, MS					

Accounting Period: 2019/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

CABLE ONE, INC.

#### 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

Primary Transmitters: Radio

**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.

- 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 FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		/ <del>-</del>					
	 	·=					
		· <del>-</del>					
						·	
		·=					
		<del>-</del>					
		·=					

<b>Accounting Perio</b>							FORM	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	CABLE ONE, INC.							10841	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEME	NT AND PROGRAM LO	G				
	In General: In space I, identi	fy every no	nnetwork televi	sion program, broadcast b	v a distant s	station, that vo	our cable syst	em carried on a	
	•	<b>General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a abstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general i	nstructions in	the paper SA	\1-2 form.	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yοι	ır cable syster	n carry, on a substitute ba	asis, any no	nnetwork tele	evision progr	am	
Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?								
r rogram zog	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2.								
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst			ate line. Use abbreviation	s whereve	possible, if t	heir meaning	g is	
	clear. If you need more spa	ce, please	add additional	rows to the tables.		•	Ì	,	
	Column 1: Give the title								
	period, was broadcast by a		•	-					
	under certain FCC rules, re Do not use general categor	-							
	"NBA Basketball: 76ers vs.		ovide of back	otodii. Liot opoomo progn	arr titloo, re	oxampio, i	Love Lucy	01	
	Column 2: If the program	n was broa							
	Column 3: Give the call	•			•				
	Column 4: Give the broat		•			-	the FCC or,	ın	
	the case of Mexican or Can Column 5: Give the mor			-		,	ls with the n	nonth	
	first. Example: for May 7 giv	•	When your sy	stern earned the substitut	o program.	OSC Hamera	10, WILL LITO 11	iona i	
	Column 6: State the time	es when the						ately	
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to	6:28:30 p.m	. should be		
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	a was substituted for proc	arammina ti	ant vour evet	m was room	uirod	
	Column 7: Enter the lette to delete under FCC rules a						-		
	was substituted for program	_		0.			•	ogram -	
	effect on October 19, 1976.			•					
					11 ,,,,,	IEM OUBOT			
	SI	JBSTITUT	E PROGRAM	l		IEN SUBST RIAGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONT	• • •	ΓIMES — TO	DELETION	
		162 01 140	CALL SIGN	4. STATIONS LOCATION	AND DA	I PROW			
							_		
							. — — — — — — — — — — — — — — — — — — —		
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							_		

Accounting Period:	2019/2				SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.			•	3YSTEM ID# 10841				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	system's se on of how to	condary transmi compute this a	ssion service mount, see					
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that yo	u must pay for th	is 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 li	nes 1 and 2		· ·					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)					
	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	3,800 (but	less than \$527,	600)					
	Enter the amount of gross receipts from space K	\$	283,406.78						
	Base amount under statutory formula	<u> </u>	263,800.00						
	3. Subtract line 2 from line 1	_	19,606.78						
	4. Multiply line 3 by .01			196.07					
	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			¢	1,515.07				
				Ψ	1,010.01				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,515.07					
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			\$	1,535.07				
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1		_		ghts!				

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	CABLE ONE, IN	OWNER OF CABLE SYSTEM:				SYSTEM ID# 10841
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total	number of channels on which television broadcast stations.	the cable		iod.	7
		able system carried television last services				263
N Individual to Be Contacted		BE CONTACTED IF FURTHI		RMATION IS NEEDED (Identify an individual to wh	om	
for Further Information	Name	EMERSON YEARWO	OD		Telephone 6	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartn	nent, or suit	e number)		
		PHOENIX, AZ 85012- (City, town, state, zip)	-2626			
	Email	emerson.yearwo	ood@cat	leone.biz Fax (option	nal) 602-364-6013	
	CERTIFICATION	(This statement of account mu	ıst be cer	ified and signed in accordance with Copyright Offic	ce regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but onl</i>	y one, of the boxes.)		
	(Owne	er other than corporation or pa	artnershi	b) I am the owner of the cable system as identified in	line 1 of space B;	or
		=	_	rtnership) I am the duly authorized agent of the own a corporation or partnership; or	er of the cable sys	stem as identified
	· ·	er or partner) I am an officer (ine 1 of space B.	f a corpora	ation) or a partner (if a partnership) of the legal entity	identified as owne	r of the cable system
		e, and correct to the best of my	•	elare under penalty of law that all statements of fact ce, information, and belief, and are made in good faith		
			X	/s/Raymond Storck		
				electronic signature on the line above to certify this state ature using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
		Typed or printed	name:	RAYMOND STORCK		
		Title:		PRESIDENT  n held in corporation or partnership)		
		Date:	positic	February 2	28,2020	

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	10841
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 Concerning Gross
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?	
□ 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 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 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@loc.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	

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)