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					
3/1/2021	\$				
	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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	CCOUNTING PERIOD	COVERED BY INIS STATEMENT: (TTTT/(Period))						
	2020/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
	Instructions:							
В		f the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate that of the parent corporation.						
Owner	List any other name or na	mes under which the owner conducts the business of the cable system.						
		vners during the accounting period, only the owner on the last day of the accounting period should submit a Int and royalty fee payment covering the entire accounting period.						
	Check here if this is the sy	stem's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OV	WNER/MAILING ADDRESS OF CABLE SYSTEM						
	MEDIACOM WISCONS	SIN LLC						
	BUSINESS NAME(S)	OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS O	F OWNER OF CABLE SYSTEM						
	ONE MEDIACOM WAY							
	(Number, street, rural route, ap	· · · · · · · · · · · · · · · · · · ·						
	(City, town, state, zip)	1 10310						
С		give any business or trade names used to identify the business and operation of the system unless these ace B. In line 2, give the mailing address of the system, if different from the address given in space E						
System	IDENTIFICATION OF CAE							
, system	1 MEDIACOM WISCONS							
	MAILING ADDRESS OF C							
	1504 2nd Street SE							
	(Number, street, rural route, ap	partment, or suite number)						
	Waseca, MN 56093 (City, town, state, zip code)							
1	(Gity, 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:		FORM SA1-2E. PAGE 1b
Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM WISCONSIN LLC	29861
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorpdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known of filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, cidentified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Cuba City	WI
Community	Belmont	WI
	Benton	WI
Add Rows as Necessary	Darlington	Wi
·	Hazel Green	WI
	Potosi	WI
	Shullsburg	WI
	Tennyson	Wi

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29861

MEDIACOM WISCONSIN LLC

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	500	29.95-57.04			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	1	29.95-57.04			
Converter					
Residential					
Non-residential					
		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	PP	Motel, hotel		Family Cable	84.99
Pay cable—add'l channel	PP	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
• FM radio (if separate rate)		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29861

MEDIACOM WISCONSIN LLC

G

Primary Transmitters: Television

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
KFXB (CTN)	43	I	Dubuque, WI
WHA/WHA(HD) PBS	20	E	Madison, WI
WHA-DT2 (PBS) TWC (HD)	20.2	E-M	Madison, WI
WHA-DT3 (PBS) Create	20.3	E-M	Madison, WI
WHA-DT4 (PBS) Kids	20.4	E-M	Madison, WI
WIFS/WIFS (HD) ION	32	<u> </u>	Madison, WI
WISC/WISC(HD) CBS	50	N	Madison, WI
WISC-DT2 MyNet	50.2	I-M	Madison, WI
WKOW/WKOW(HD) ABC	26	N	Madison, WI
WKOW-DT2 MeTV	26.2	I-M	Madison, WI
WKOW-DT3 Decades	26.3	I-M	Madison, WI
WKOW-DT4 Court TV	26.4	I-M	Madison, WI
WKOW-DT5 Justice Network	26.5	I-M	Madison, WI
WMSN/WMSN(HD) FOX	49	<u> </u>	Madison, WI
WMSN-DT2 Comet	49.2	I-M	Madison, WI
WMSN-DT3 Charge!	49.3	I-M	Madison, WI
WMSN-DT4 TBD	49.4	I-M	Madison, WI
WMTV/WMTV(HD) NBC	19	N	Madison, WI
WMTV-DT2 CW (HD)	19.2	I-M	Madison, WI
WMTV-DT3 AntennaTV	19.3	I-M	Madison, WI
WMTV-DT4 WeatherNationTV	19.4	I-M	Madison, WI
WMTV-DT5 Start TV	19.5	I-M	Madison, WI

Accounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.					
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	MEDIACOM WISCONSIN LLC PRIMARY TRANSMITTERS: TELEVISION								
<u> </u>	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system	n during the accounting period, excep	translator stations and low power televate (1) stations carried only on a part-time the carriage of certain network program	e basis under					
Primary		6.59(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:		ubstitute program basis, as explained in the next paragraph.							
Television		With respect to any distant stations on the comments of the co	arried by your cable system on a subst	litute program					
I			the Special Statement and Program Lo	g)—if the					
1	station was carried only on	a substitute basis.	•	<u>, </u>					
	*	. ,	ed both on a substitute basis and also o						
			, see page (v) of the general instructior program services such as HBO, ESPN						
			e-air designation. For example, report						
	"WETA-2" as the same on the	ne form.							
		g .	evision station for broadcasting over the	e air in its community					
		RC is channel 4 in Washington, D.C.	station, an independent station, or a n	oncommercial					
			(for network multicast), "I" (for indepen						
		` ,	or "E-M" (for noncommercial education	· ·					
		rms, see page (iv) of the general instr							
I			t the community to which the station is the community with which the station is	•					
	FCC. For Mexical of Carlac	nan stations, if any, give the name of	the community with which the station is	s identified.					
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATIO								
1	I. OALL GION	4. LOGATION OF STATION							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29861

MEDIACOM WISCONSIN LLC

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).

0411 0101		0.5	LOCATION OF STATION		L ANA	0/5	LOGATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
		†					
		 					
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Accounting Perio	nd: 2020/2						FORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF MEDIACOM WISCONS		STEM:			<u> </u>	SYSTEM ID# 29861
Substitute Carriage: Special Statement and Program Log	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 sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizati explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television produced.						ations. For a further er SA1-2 form. Program Aning is counting ther station the station the month courately be required diprogram.
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHEN SUBSTITUTE CARRIAGE OCCURRED 5 MONTH 6. TIMES 7. REASOLUTE DELETI		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — T	

Accounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:		1-2E. PAGE 6. YSTEM ID#
Name	MEDIACOM WISCONSIN LLC	3	29861
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	ission service amount, see	2,924.77 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 \$2 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-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		
	Multiply line 6 by .005 (enter figure here) 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		0.00
	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	4. Davidhi Fae Davidda far Assaulting David (from Disch 4. 0 and 0. 1.)	E0 00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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		nts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	MEDIACOM WIS	NER OF CABLE SYSTEM: CONSIN LLC				SYSTEM ID# 29861
M Channels	to its subscribers, a 1. Enter the total no system carried te	and (2) the cable system's to	otal number of	which the cable system carried television broa		28
		le system carried television st services				50
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accour		TION IS NEEDED (Identify an individual to wi	hom	
for Further Information	Name I	Kenneth J. Kohrs			Telephone 84	5-443-2762
	(i	One Mediacom Way Number, street, rural route, apartr		ber)		
		Mediacom Park, NY City, town, state, zip)	10918			
	Email	Copyrights@me	ediacomcc.co	m Fax (optio	onal)	
O Certification	·			and signed in accordance with Copyright Offi	ïce regulations)	
Certification		, hereby certify that (Check c		m the owner of the cable system as identified in	in line 1 of space B; or	r
		of owner other than corpora e 1 of space B and that the o		rship) I am the duly authorized agent of the ow orporation or partnership; or	vner of the cable syste	em as identified
		or partner) I am an officer (e 1 of space B.	if a corporation	or a partner (if a partnership) of the legal entit	ty identified as owner	of the cable system
		and correct to the best of my	-	under penalty of law that all statements of fact ormation, and belief, and are made in good fait		
				Kenneth J. Kohrs		
				onic signature on the line above to certify this sta e using an "/s/ signature" (e.g., /s/ John Smith)	atement.	
		Typed or printed	d name: K €	enneth J. Kohrs		
		Title: (Title of o		ident, Financial Reporting in corporation or partnership)		
		Date:		2/15/	2021	

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counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EDIACOM WISCONSIN LLC	29861
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."	P Special Statement Concerning Gross Receipts Exclusion
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.	
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 Name 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
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	
x days	-
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	
According below	Al .

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.