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						
2/1/21	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Piedmont Cable Services, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 385
		(Number, street, rural route, apartment, or suite number)
		Dobson, NC 27017 (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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	Piedmont Cable Services, Inc.	327							
	Instructions: List each separate community served by the cable system. A "c	ommunity" is the same as a "community unit" as defined in FCC rul							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	Churchland	NC							
Community	Tyro	NC							
	Lexington	NC							
Rows as Necessary	Reeds	NC							
	hamman and an								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Piedmont Cable Services, Inc.

SYSTEM ID# 32707

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:					
<ul> <li>Service to first set</li> </ul>	1,855	14.95			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
<ul> <li>Residential</li> </ul>					
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		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	50.00		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 32707

PRIMARY TRANSMITTERS: TELEVISION

G

## Primary Transmitters: Television

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WLXI	60	1	Greensboro
WCWG	20		Lexington
WCWG-HD	20.1	I-M	Lexington
WUNL	26	E	Winston Salem
WUNL-HD	26-1	E-M	Winston Salem
WFMY	2	N	Greensboro
WFMY-HD	2.1	N-M	Greensboro
WXLV	45	N	Winston Salem
WXLV-HD	45.1	N-M	Winston Salem
WMYV	48		Greensboro
WMYV-HD	48.1	I-M	Greensboro
WXII	12	N	Winston Salem
WXII-HD	12.1	N-M	Winston Salem
WGPX	16	I	Greensboro
WGPX-HD	16.1	I-M	Greensboro
WGHP	8	N	High Point
WGHP-HD	8.1	N-M	High Point

Accounting Period: 2020/2 FORM SA1-2E. F	AGE 4.
--	--------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Piedmont Cable Services, Inc.

32707

### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<del> </del>					
		<del> </del>			ļ		
		<del> </del>			ļ		
		<del> </del>				 	
		ļ				 	
		ļ					
		ļ				 	
		ļ					
		ļ					
		ļ					
		ļ					
						<b>_</b>	
						[	
						[	
		<del> </del>					
		<del></del>					
		l					
		l					
		l					
		<del> </del>					
		<del> </del>			l		
		<del> </del>					
		<del> </del>			l		
		<del> </del>			l		
		<del> </del>					
		<del> </del>					
		<b> </b>					
		<b> </b>					
		<b> </b>					
		ļ					
		ļ					
		ļ					
		ļ					
	1	1	1	I	1	1	1

Name								FORM	I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF		STEM:						SYSTEM ID#
	Piedmont Cable Services, Inc. 3270								
ı	SUBSTITUTE CARRIAG	tify every no	nnetwork telev	ision program, broadcast by	a distant stat			•	
Substitute									
Carriage: Special  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Special  2. During the accounting period did your cable system carry on a substitute basis any paperturery talevier.									
atement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program    broadcast by a distant station?								
rogram Log	broadcast by a distant station?  Note: If your answer is "Yes," you must complete the program								
	log in block 2.	, leave the	rest of this pa	age blank. II your answer is	res, your	nust com	piete ti	ie prog	Idili
	2. LOG OF SUBSTITUTI	E PROGRA	AMS						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every not a distant state egulations, or ries like "mo Bulls." m was broat sign of the adcast statinadian statinath and day ve "5/7." les when th . Example: ter "R" if the and regulating that	add additional connetwork teletion and that your authorizatio ovies" or "bask adcast live, ent station broaddon's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	I rows to the tables. vision program ("substitute rour cable system substitute rs. See page (v) of the geretball." List specific prograter "Yes." Otherwise enter "casting the substitute prograthe community to which the ecommunity with which the rottem carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for programing the accounting perioduring the accounting the accounting perioduring the accounting the	program") the d for the program instruction titles, for each No."  am.  e station is lice station is lice training in the program. Use the program in the formal that d; enter the lice the formal instruction in the program in the lice training that d; enter the lice for the lice training that d; enter the lice for th	nat, durin ogrammir ons for fu example, eensed by entified). se numer m. List the :28:30 p. your sys etter "P" i	g the ang of an urther in "I Love"  the FC als, with the times m. shoulten was find the lis	ccountinother softeness and courted to the maccura and be as requisted process.	ng station ion. or n nonth stely
	s	UBSTITUT	SUBSTITUTE PROGRAM CARRIAGE OF						
	1. TITLE OF PROGRAM 2. LIVE? 3			1					7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC			7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	1	1	CARRI	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CURRI TIMES	ED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	AGE OC 6.	CU TIM	RRI MES	RRED MES

Accounting Period: 2	<b>2020/2</b> FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Piedmont Cable Services, Inc.  32707
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.  \$ 166,393.50 IMPORTANT: You must complete a statement in space P concerning gross 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 \$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.
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00  Line 1. Royalty fee for accounting period
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID # 26R107HB
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.  See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Piedmont Cable Services, Inc.	SYSTEM ID# 32707					
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televito its subscribers, and (2) the cable system's total number of activated channels during the accordance of the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.						
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indivi- we can contact about this statement of account.)	idual to whom					
for Further Information	Name Mariee Tolbert	Telephone 336-374-4563					
	Address 819 E. Atkins St.  (Number, street, rural route, apartment, or suite number)  Dobson, NC 27017						
	(City, town, state, zip)  Email tolbertm@surrytel.com	Fax (optional) 336-374-5082					
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Cop	oyright Office regulations)					
Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as i						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statement.						
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in [18 U.S.C., Section 1001(1986)]						
	X /s/Amy R. Hanson						
	Enter an electronic signature on the line above to cer Enter signature using an "/s/ signature" (e.g., /s/ Joh	•					
	Typed or printed name: Amy R. Hanson						
	Title: Chief Operating Officer  (Title of official position held in corporation or partnership)						
	Date:	1/20/21					

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

counting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
dmont Cable Services, Inc.	32707
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 add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for t service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	the basic t include sub- tion 119."  Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction 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 tramade by satellite carriers to satellite dish owners?	ansmissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT  Volument complete this worksheet for those revelly payments submitted as a result of a late payment or un	dorngyment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
Line 4. Enter the amount of late any mark and any mark	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x	
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	-
	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 line 6 \$	-
	est charge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assis contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	stance please
** 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 C list below the owner, address, first community served, ID number, and accounting period as given in the original	•
Owner	
Address	
ID number First community served	
Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

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