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				
2/16/22	\$ 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))							
	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							
	Adams CATV, Inc.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	19 North Main Street (Number, street, rural route, apartment, or suite number)							
	Carbondale, PA 18407 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:							
	Thompson System Adams CATV, Inc.							
	MAILING ADDRESS OF CABLE SYSTEM: 19 North Main Street							
	2 (Number, street, rural route, apartment, or suite number)							
	Carbondale, PA 18407 (City, town, state, zip code)							

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

	LEGAL NAME OF CAMPLED OF CARD I CYCTEM.	FORM SA1-2E. PAGE SYSTEM II
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Adams CATV, Inc.	2770
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
_	"a separate and distinct community or municipal entity (including unincorporated con	
D	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.	,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
ΔτΔα	identified city.	
ı		
	CITY OR TOWN Ararat Twen	STATE PA
First Community	Ararat Twsp Brooklyn Twsp	PA PA
Сопшинь	Brooklyn Twsp Gibson Twsp	PA PA
Macoccary	Gibson Twsp Great Bend Boro	PA PA
Rows as Necessary	Great Bend Boro Great Bend Twsp	PA
,	Hallstead Boro	PA PA
,	Harford Twsp	PA
,	Harmony Twsp	PA
,	Herrick Twsp	PA
!	Hop Bottom	PA PA
!	Jackson Twsp	PA
,	Lanesboro Boro	PA
,	Lathrop Twsp	PA
,	New Milford Boro	PA
!	New Milford Twsp	PA
!	Oakland Boro	PA
!	Oakland Twsp	PA
,	Preston Twsp	PA
,	Starrucca Boro	PA
,	Susquehanna Boro	PA
•	Thompson Boro	PA
!	Thompson Twsp	PA
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Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

27701

Adams CATV, Inc.

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		BLOC	K 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,844	42.99			
 Service to additional set(s) 		-			
 FM radio (if separate rate) 		-			
Motel, hotel					
Commercial	3	\$10 per set			
Converter					
Residential	1,988				
Non-residential	3				
		T			ĭ

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 	40.00	Expanded Basic	56.00
 Pay cable—add'l channel 	-	Commercial	40.00	HBO/Max	25.99
Fire protection	-	• Pay cable	-	Showtime/TMC/Flix	16.99
Burglar protection	-	 Pay cable-add'l channel 	-	Starz	14.99
Installation: Residential		 Fire protection 	-	Choice	10.00
• First set	40.00	 Burglar protection 	-		
Additional set(s)	15.00	Other services:			
 FM radio (if separate rate) 	-	 Reconnect 	40.00		
Converter	7.99 DVR	Disconnect	-		
	2.49 Non DVR	 Outlet relocation 	15.00		
		 Move to new address 	40.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27701

Adams CATV, Inc.

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
WYOU	22	N	Scranton, PA
WBRE	28	N	Wilkes-Barre, PA
WNEP	16	N	Scranton, PA
WNEP-Antenna	16.2	N-M	Scranton, PA
WVIA	44	E	Scranton, PA
WOLF	56		Hazelton, PA
WSWB	38		Scranton, PA
WQPX	64		Scranton, PA
WICZ	40		Bignhamton, NY
WQMY	53	<u> </u>	Williamsport, PA
WBNG	12	N	Bignhamton, NY

Accounting Period: 2021/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Adams CATV, Inc. 27701

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
N/A							
N/A							
						ļ	
						ļ	
		l					
		 				 	

Accounting Perio	.d. 2021/2						FOE	RM SA1-2E. PAGE 5.
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#
Name	Adams CATV, Inc.							27701
Substitute Carriage:	e: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.							
Program Log	broadcast by a distant sta	tion?					YES	X
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	ogram
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broathe case of Mexican or Cal Column 5: Give the moi first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta egulations, or ries like "mo Bulls." m was broa sign of the adcast stati anadian stati anth and day vve "5/7." es when the Example:	am on a separadd additional and that your authorization ovies" or "bask deast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car listed programions in effect of	I rows to the tables. Exision program ("substitute your cable system substitute ins. See page (v) of the geretball." List specific programmer "Yes." Otherwise enter "casting the substitute programmer community to which the ecommunity with which the yotem carried the substitute rogram was carried by your ried by a system from 6:01 m was substituted for programmer to the substituted for programmer in the substitu	e program") the ed for the proper instruction titles, for each of the extension is lice a station is l	nat, during ogrammin ons for fu eensed by entified). se numera n. List the :28:30 p.u your sys etter "P" i	g the accour g of another irther inform 'I Love Lucy of the FCC or als, with the etimes accument, should be tem was req f the listed p	nting station ation. or in in month rately uired
	S	UBSTITUT	E PROGRAM	1		N SUBST	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
	N/A							
							_	
							_	
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								""
			·					

counting Period:	2021/2			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM II
Traino	Adams CATV, Inc.				2770
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an	nd the amou	int you nay. En	ter the total of	
K	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	ystem's se	condary transm	ission service	
Gross Receipts	page (vii) of the general instructions located in the paper SA1-2 form.	on or now to	o compute triis a	amount, see	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.			\$ 48	36,717.00
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of g	ross receipts)
1	COPYRIGHT ROYALTY FEE				
Copyright	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3.				
Royalty Fee	 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 t 	but less tha	n or equal to \$2	263,800	
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 the page (vi) of the general instructions located in the paper SA1-2 form for more in 				
	BLOCK 1: GROSS RECEIPTS OF \$137				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt	-		this six-mon	
	accounting period is \$52.00	, ,			
	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 lin			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula	-			
	-			-	
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1			•	
	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				
	BEOCK 3. GROSS RECEIF 13 OF WORL THAN \$203	5,000 (but i	ess than \$527	,000)	
	Enter the amount of gross receipts from space K	\$	486,717.00		
	l e e e e e e e e e e e e e e e e e e e				
	Base amount under statutory formula	\$	263,800.00		
	Base amount under statutory formula		263,800.00 222,917.00		
	,	\$	222,917.00	2,229.17	
	3. Subtract line 2 from line 1	\$	222,917.00	2,229.17 1,319.00	
	3. Subtract line 2 from line 1	\$	222,917.00 \$ \$	•	
	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) . 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$	222,917.00 \$ \$	1,319.00	3.548.17
	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) . 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$ 	222,917.00 \$ \$	1,319.00	3,548.17
	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) . 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$ 	222,917.00 \$ \$	1,319.00	3,548.17
-	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$, 5, and 6 .	\$	1,319.00	3,548.17
-	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$, 5, and 6 .	\$	1,319.00 0.00 \$ 3,548.17	3,548.17
otal Remittance	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$, 5, and 6 .	\$	1,319.00	3,548.17
otal Remittance	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$, 5, and 6 .	\$ \$ \$	1,319.00 0.00 \$ 3,548.17	3,548.17
Filing Fee and otal Remittance Due	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) . 6. Interest charge. Enter the amount from line 4, space Q, page 8	\$	\$ \$ \$ 	1,319.00 0.00 \$ 3,548.17 20.00	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Adams CATV, Inc.	CABLE SYSTEM:			SYSTEM ID# 27701
M Channels	to its subscribers, and (2) the subscribers, and (2) the subscribers and (2) the subscribers are subscribers.	re cable system's total ne cable system's total ne channels on which the corondocast stations			11
	and nonbroadcast service				364
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s		NFORMATION IS NEEDED (Identify an inc		
for Further Information	Name Wendy	Hartman		Telephone 5	70-282-6121
	(Number, s	th Main Street treet, rural route, apartment, c ndale, PA 18407 state, zip)	r suite number)		
	Email	wendy@echoes.net		Fax (optional) 570-282-3787	
O Certification	CERTIFICATION (This state • I, the undersigned, hereby		e certified and signed in accordance with C	Copyright Office regulations)	
	(Owner other tha	n corporation or partne	rship) I am the owner of the cable system a	as identified in line 1 of space B;	or
	in line 1 of spa	ace B and that the owner	or partnership) I am the duly authorized ag is not a corporation or partnership; or		
	X (Officer or partn in line 1 of spa	,	orporation) or a partner (if a partnership) of th	he legal entity identified as owne	er of the cable system
		ect to the best of my knov	by declare under penalty of law that all states vieledge, information, and belief, and are mad		
			X /s/Douglas V.R. Adams		
			r an electronic signature on the line above to r signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed nam	ne: Douglas V.R. Adams		
			esident osition held in corporation or partnership)		
		Date:		2/15/22	

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Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Adams CATV, Inc.	27701
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	
TEO. Elitor the total here and not the sateline satisfies	-
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	-
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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