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					
9/3/2020	\$ 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

_	1						
A	ACCOU	NTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
	20:	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
	Inc	structions:					
В	Giv	tructions: ve 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 the subsidiary, not that of the parent corporation.					
Owner	List	t any other name or names under which the owner conducts the business of the cable system.					
		here were different owners during the accounting period, only the owner on the last day of the accounting period should submit a gle 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.						
	L	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
	То	wn & Country Cable and Telecommunications LLC					
	BU	JSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		AILING ADDRESS OF OWNER OF CABLE SYSTEM					
		300 Ferry Street imber, street, rural route, apartment, or suite number)					
	M	ontague MI 49437 y, town, state, zip)					
	- 1	**					
С		CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un ready appear in space B. In line 2, give the mailing address of the system, if different from the address given in s					
System	1 IDE	ENTIFICATION OF CABLE SYSTEM:					
		olden Communications LLC					
1	MA	AILING ADDRESS OF CABLE SYSTEM:					
	2 (Nii	imber, street, rural route, apartment, or suite number)					
	_ (Nu	imber, sueet, rurai route, apartment, or suite number)					
	(Cit	y, 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:	2020/ 1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Town & Country Cable and Telecommunications LLC	15466
	Instructions: List each separate community served by the cable system. A "coi	
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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 many the separate of the separate	ated communities within unincorporated areas and including single, tyou list will serve as a form of system identification hereafter knownings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Mears	MI
Community	Silver Lake	MI
	Stony Lake	MI
Add Rows as Necessary		

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15466

## **Town & Country Cable and Telecommunications LLC**

## E

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	769	21.00	Expanded Basic	495	66.00
Service to additional set(s)	174	5.00			
• FM radio (if separate rate)					
Motel, hotel					
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	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	95.00	Burglar protection			
Additional set(s)	35.00	Other services:			
• FM radio (if separate rate)		Reconnect	35.00		
Converter	5.00	Disconnect	-		
		Outlet relocation	35.00		
		Move to new address	35.00		

counting Period:	2020/1			FORM SA1-2E. PAGE					
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID					
Name	Town & Country Cab	le and Telecommunications LL	С	1546					
	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 SdA-2 for								
	1 CALL SIGN 2 B'CAST CHANNEL NUMBER 3 TYPE OF STATION 4 LOCATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WFQX	5	N	CADILLAC MI					
dd Pows as Nacessany	WFQX WPBN	5 7	N N	CADILLAC MI TRAVERSE CITY MI					
.dd Rows as Necessary	WFQX WPBN WWTV	5	N	CADILLAC MI					
.dd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
dd Rows as Necessary	WFQX WPBN WWTV	5 7 9	N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI					
.dd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
.dd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
dd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
idd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
add Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
udd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
Add Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
idd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
idd Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
Add Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					
Add Rows as Necessary	WFQX WPBN WWTV WCMU	5 7 9	N N N	CADILLAC MI TRAVERSE CITY MI CADILLAC MI MT. PLEASANT MI					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **Town & Country Cable and Telecommunications LLC**

15466

#### 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 010::	l	0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<del> </del>					
	<b></b>	<del> </del>					
		<del> </del>					
	<b></b>	<del> </del>			<b></b>		
		ļ					
	ļ	ļ					
		1					
		<del> </del>					
	<b> </b>						
		<del> </del>					
		ļ					
		<u></u>			<u></u>		
		1					
		<del> </del>					
	<b> </b>						
		<del> </del>					
	<b></b>						
		ļ					
		ļ					
		<u></u>			<u></u>		
		1					

	1 2020/4							
ccounting Perio		CABLE SYS	STEM:				FORI	
Name	Town & Country Cabl			ations LLC				15466
Name  Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF Town & Country Cabl  SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let	E: SPECIL tify every not accounting pring that mu. T CONCEI riod, did yoution? T, leave the experiment of every not a distant state agulations, ries like "more bulls." The was broad and the addast stating that and day you "5/7." The symbol the example: The example: The example of the exampl	AL STATEME  Innetwork televition and that y or authorization brises or "bask  AMS  am on a separ add additional connetwork televition and that y or authorization brises" or "bask addast live, enterstation broadce ion's location (fons, if any, the or when your sy e substitute program care e listed program e listed program	ision program, broadcast by specific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute based age blank. If your answer is attentional rows to the tables. Vision program ("substitute our cable system substitute in s. See page (v) of the general of the community to which the community with which the stem carried the substitute or a system from 6:01 on was substituted for program was substituted for prog	a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the ted for the pro neral instruct am titles, for e "No." re station is lid e program. Us r cable system 1:15 p.m. to 6 ramming that	ulations, of structions of the structions of the structions of the structions of the structions for fuexample, of the structions for fuexample, of the structions of the struc	your cable sysprauthorization in the paper Selevision progression	tem carried on a ns. For a further A1-2 form.  ram  X  NO  gram  g is  ting station tion. or  in  month ately
	to delete under FCC rules was substituted for prograi effect on October 19, 1976	nming that		as permitted to delete und	ler FCC rules WHE	and regu	ulations in	ogram  7. REASON FOR
	1. TITLE OF PROGRAM	1	1	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES  — TO	DELETION

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Town & Country Cable and Telecommunications LLC	SY	STEM ID# 15466
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,894.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(	
	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 the accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)	00)	
	1. Base amount under statutory formula		
	2. 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 \$263,800 (but less than \$527,	600)	
	Enter the amount of gross receipts from space K		
	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		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 76027131984		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Town & Country Cable and Telecommunications LLC	SYSTEM ID# 15466
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels	5
	on which the cable system carried television broadcast stations and nonbroadcast services	75
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address  (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip)  Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  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 identified in line 1 of space B; or  (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 legal entity identified as owner of the cable in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Christine Jones  Title: Office Administrator  (Title of official position held in corporation or partnership)	
	Date:  August 24, 2020	

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.

ounting Period: 2020	D/1			FORM SA1-2E. PAGE 8
AL NAME OF OWNER	R OF CABLE SYSTEM:			SYSTEM ID
wn & Country Ca	able and Telecommunications LLC			1546
The Satellite Home lowing sentence:  "In determin service of p scribers and for more informatic located in the paper.	TEMENT CONCERNING GROSS REPORT TO SET IN THE PROPERTY OF THE P	on 111(d)(1)(A), of the cross amounts paid to coroadcast transmitter g secondary transmise note on page (vii) c	the cable system for the basic s, the system shall not include subssions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the	e total here and list the satellite carrier(s) below	w	\$	
Name Mailing Address		Name Mailing Address		
INTEREST ASS	SESSMENT			
	e this worksheet for those royalty payments su	ibmitted as a result o	f a late navment or undernavment	
•	of interest assessment, see page (viii) of the			Q
Line 1 Enter the a	amount of late payment or underpayment			Interest Assessmen
Line i Line the a	mount of late payment of underpayment			
			X	
Line 2 Multiply line	e 1 by the interest rate* and enter the sum he	re	···· <u> </u>	
			xdays	
Line 3 Multiply line	e 2 by the number of days late and enter the s	sum here	<u>-</u>	
			x 0.00274	
· ·	e 3 by 0.00274** and enter here			
in space L,	(page 6) block 1, line 2, or block 2 line 8, or b	lock 3 line 6	(interest charge)	
* To view the in	tarant unto alcout aliale an ununu accoministe socie	lia a maina vinta vaat vata	, , ,	
	nterest rate chart click on www.copyright.gov/licensing Division at (202) 707-8150 or licensing	-	.par. For further assistance please	
** This is the de	ecimal equivalent of 1/365, which is the interes	st assessment for on	e day late.	
•	ling this worksheet covering a statement of ac er, address, first community served, ID numbe	•	.,,	
Owner				
Address				
ID number				
First community se	rved			
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.