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					
2/18/2022	\$					
	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

Δ	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (TTTT/(Period))
	2021/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20212 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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
	TDS Metrocom, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	525 Junction Road (Number, street, rural route, apartment, or suite number)
	Madison, WI 53717
	(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	IDENTIFICATION OF CABLE SYSTEM:
	TDS Telecom, Inc.
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(Manibor, Sacot, Tara Todo, aparation, of Suite Hulliber)
	(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.

Accounting Period:	2021/02	
accounting remou.	2027,02	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Metrocom, LLC	63875
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated community unincorporated areas). 47 C.F.R. 76.5(dd). The first community that you list will serve community. Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Boise	ID
Add Rows as Necessary		

Accounting Period: 2021/02
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Metrocom, LLC

SYSTEM ID# 63875

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	137	\$25/mo					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential	137	\$6/Mo.					
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	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
Pay cable	\$8.00-\$15.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$50.00		
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0-\$50.00	Burglar protection			
Additional set(s)	\$0-\$50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2021/02 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

TDS Metrocom, LLC

SYSTEM ID# 63875

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
KNIN	9.1	N	Caldwell, ID
KNIN-DT2	9.2	N-M	Caldwell, ID
KNIN-DT3	9.3	N-M	Caldwell, ID
KNIN-DT4	9.4	N-M	Caldwell, ID
KAID	4.1	E	Boise, ID
KAID-DT2	4.2	E-M	Boise, ID
KAID-DT3	4.3	E-M	Boise, ID
KAID-DT4	4.4	E-M	Boise, ID
KAID-DT5	4.5	E-M	Boise, ID
KIVI	6.1	N	Nampa, ID
KIVI-DT2	6.2	N-M	Nampa, ID
KIVI-DT3	6.3	N-M	Nampa, ID
KIVI-DT4	6.4	N-M	Nampa, ID
KIVI-DT5	6.5	N-M	Nampa, ID
KRTV	12.1	I	Nampa, ID
KBOI	2.1	N	Boise, ID
KBOI-DT2	2.2	N-M	Boise, ID
KBOI-DT3	2.3	N-M	Boise, ID
KTVB	7.1	N	Boise, ID
KTVB-DT2	7.2	N-M	Boise, ID
KTVB-DT3	7.3	N-M	Boise, ID
KTVB-DT4	7.4	N-M	Boise, ID

Accounting Period:	2021/02			FORM SA1-2E. PAGE
N	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID
Name	TDS Metrocom, LLC			6387
	PRIMARY TRANSMITTERS:	TELEVISION		
_	In General: In space G. id	lentify every television station (including t	ranslator stations and low power tele	vision stations)
G		em during the accounting period, except	•	•
		in effect on June 24, 1981, permitting th	• •	
Primary		(e)(2) and (4), or 76.63 (referring to 76.6		•
Transmitters:	substitute program basis,	as explained in the next paragraph.	. , , , , , , , , , , , , , , , , , , ,	
Television	Substitute Basis Station	s: With respect to any distant stations ca	irried by your cable system on a subs	stitute program
		rules, regulations, or authorizations:		
		re in space G—but do list it in space I (th	e Special Statement and Program Lo	og)—if the
	station was carried only o			
	· ·	also in space I, if the station was carried		
		ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p		
	multicast stream associate	ed with a station according to its over-the	-air designation. For example, report	t multistream
	"WETA-2" as the same or	the form.		
	Column 2: Give the chan	nel number the FCC assigned to the tele	vision station for broadcasting over th	ne air in its community
	•	WRC is channel 4 in Washington, D.C.		
		ch case whether the station is a network s	•	
		tering the letter "N" (for network), "N-M" (,	•
	'), "E" (for noncommercial educational), o	•	nal multicast).
	- C	terms, see page (iv) of the general instru	• •	. Vice weed by the
		on of each station. For U.S. stations, list	•	•
	FCC. For Mexican or Can	adian stations, if any, give the name of th	e community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
1				
1				
1				
1				
Ì				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Metrocom, LLC

63875

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							
							
							
							
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A	4. 2024 /02						===	M 044 05 5:05 -
Accounting Perio	d: 2021/02 LEGAL NAME OF OWNER OF	CABLE SYST	FM·	FORM SA1-2E. PAGE 5. SYSTEM ID#				
Name	TDS Metrocom, LLC	OABLE 0101	LIVI.					63875
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	ify every non	<i>network televis</i> eriod, under spe	<i>sion program,</i> broadcast by ecific present and former F0	a <i>distant</i> statio CC rules, regula	ations, or a	authorizations	. For a further
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
•	Carriage: Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork tele	vision progra	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust comple	ete the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	nce, please a of every nor distant statis gulations, o ies like "mo Bulls." In was broad sign of the sadcast static addian statio than day ye "5/7." es when the Example: a er "R" if the and regulation ming that y	add additional innetwork televion and that your authorizations vies" or "basked cast live, enter station broadcards in solocation (the ins, if any, the when your system on program carrillisted program ons in effect du	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the ger etball." List specific progra or "Yes." Otherwise enter " asting the substitute progra be community to which the community with which the ctem carried the substitute orgram was carried by your led by a system from 6:01 was substituted for progra uring the accounting perior	program") that ed for the program instruction it itles, for ex No." am. e station is lice to station is ider program. Use cable system :15 p.m. to 6:2 amming that yd; enter the let	ensed by the title that the title th	the accountir of another st her informatic Love Lucy" of he FCC or, ir s, with the modimes accurated a should be maked maked programmes accurated the listed p	ng ation on. r onth eely
	S	UBSTITUT	E PROGRAM			N SUBST		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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Accounting Period:	2021/02	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	TDS Metrocom, LLC		63875
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	nission service amount, see	7,017.50 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 \$527,600 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	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		_
	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		
	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)	
	1. 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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	J. E. H. I. S. H. E. H. I. M. I. S. H. E. H. I. M. I. S. H. E. H. E. H. I. S. H. E. H. E. H. E. H. I. S. H. E.		
Filing Fee and Total Remittance	1. 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 #		
	Important: 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 m		

Accounting Period:	2021/02						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF TDS Metrocom, LLC	CABLE SYSTEM:					SYSTEM ID# 63875
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's of channels on which on broadcast station of activated channels arried television.	total num ch the cal ns	nber of activated channe	els during the a		153
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMATION IS NEEDED	D (Identify an i	ndividual to whom	
for Further Information		nnie Weber				Telephone	(608) 664-4721
	(Number, s	nction Rd treet, rural route, apartr on, WI 53593 state, zip)	ment, or su	ite number)			
	Email	Finance@tdstelecc	om.com			Fax (optional	
O Certification	(Agent of owner in line 1 of	certify that (Check or an corporation or p other than corpora space B and that the ler) I am an officer (i space B. nent of account and a rect to the best of m	ne, but or partnershi ation or p e owner is if a corpor hereby de by knowled	ip) I am the owner of the hartnership) I am the duly s not a corporation or par ration) or a partner (if a peclare under penalty of law	cable system a y authorized ag thership; or artnership) of th w that all staten ef, and are mad dale e line above to o ture" (e.g., /s/ J	est identified in line 1 of space for the cable some legal entity identified as own ments of fact contained herein de in good faith.	system as identified
		Title:		tant Treasurer	or partnership)		
		Date:				February 18, 2022	

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: 2021/02	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Metrocom, LLC	63875
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." 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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
contact the Licensing Division at (202) 707-8150 or licensing@copyright.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	

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.