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				
08/29/2022	\$ 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
	Mediacom Southeast LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	ONE MEDIACOM WAY
	(Number, street, rural route, apartment, or suite number)
	MEDIACOM PARK, NY 10918
	(City, town, state, zip)
С	<b>INSTRUCTIONS:</b> 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:
	Mediacom Southeast LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 ONE MEDIACOM WAY (Number street rural route anartment or suite number)
	(Number, street, rural route, apartment, or suite number)  MEDIACOM PARK, NY 10918
	(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.

		FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Mediacom Southeast LLC	271					
	Instructions: List each separate community served by the cable system. A "communit	ry" is the same as a "community unit" as defined in FCC rule					
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 mobile holdentified city.	ome parks should be reported in parentheses below the					
30.104							
	CITY OR TOWN	STATE					
First	Colerain	NC					
Community	Powellsville	NC					
	Windsor	NC					
I Rows as Necessary							
,							
		1					

Accounting Period: 2022/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27192

FORM SA1-2E, PAGE 2

### **Mediacom Southeast LLC**

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF	NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
Service to first set	328	40.49-53.04			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	0	40.49-53.04			
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	PP	Motel, hotel		Family Cable	99.00
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	109.99	Burglar protection			
Additional set(s)	15.00-49.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27192

4. LOCATION OF STATION

#### **Mediacom Southeast LLC**

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WCTI/WCTI(HD) ABC 12 New Bern, NC 17 WEPX/WEPX (HD) ION Jacksonville, MS WHRO (PBS) 16 Е Hampton, VA WITN (MyNET) 32.2 I-M Washington, NC WITN/WITN(HD) NBC 32 N Washington, NC WITN-DT3 MeTV 32.3 I-M Washington, NC WITN-DT6 Circle 32.6 I-M Washington, NC 10 Ν Greenville, NC WNCT/WNCT(HD) CBS 10.2 I-M Greenville, NC WNCT-DT2 (CW) WNCT-DT3 True Crime Ne 10.3 I-M Greenville, NC WSKY (IND) 9 Maneto, VA WUND/WUND(HD) PBS 20 Edenton, NC Е E-M WUND-DT2 PBS KIDS 20.2 Edenton, NC WUND-DT3 Explorer Char 20.3 E-M Edenton, NC WUND-DT4 NCCHL 20.4 E-M Edenton, NC WYDO/WYDO(HD) FOX 47 Greenville, NC

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Mediacom Southeast LLC** 

27192

### 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 CLOS	AM 67 EM	C/D	LOCATION OF STATION	CALL CICE	ΛM 6 " ΓΝ4	C/D	LOCATION OF STATION
CALL SIGN	AW OF FM	5/0	LOCATION OF STATION	CALL SIGN	AW OF FM	5/D	LOCATION OF STATION
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Accounting Perio	od: 2022/1						FO	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#		
runic	Mediacom Southeast	LLC						27192		
I	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a	ify every no	nnetwork telev	ision program, broadcast by	a distant sta			•		
Substitute	explanation of the programm									
Carriage: Special	1. SPECIAL STATEMEN	_								
Statement and	During the accounting per	•	ur cable syste	m carry, on a substitute ba	sis, any nonr	network te				
Program Log	broadcast by a distant sta						YES	X NO		
	<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.  2. LOG OF SUBSTITUTI	E PROGRA	AMS							
	In General: List each subsclear. If you need more spacelear. If you need more spacelear it is not use general categor "NBA Basketball: 76ers vs. Column 2: If the programe Column 3: Give the call Column 4: Give the broothe case of Mexican or Carloumn 5: Give the more first. Example: for May 7 gincolumn 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	titute prograce, please of every not distant stategulations, or its like "mo Bulls." In was broat sign of the adcast statinadian statinath and day ve "5/7." es when the Example:  The "R" if the and regulationing that	am on a separadd additional add additional and that your authorizatio ovies" or "bask addast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	I rows to the tables. Exision program ("substitute vour cable system substitute vour cable system substitutins. See page (v) of the generated at the control of the control of the community to which the existem carried the substitute program was carried by your ried by a system from 6:01 m was substituted for program was substituted for	e program") the ed for the proper instruction titles, for each estation is lided program. Using table program. Using table program, to 6 reamming that d; enter the ler FCC rules	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List th :28:30 p. your sys etter "P" is and regu	g the accoung of another urther inform "I Love Lucy of the FCC of als, with the etimes account should be tem was reaf the listed pulations in	nting or station nation. " or  r, in e month urately e		
	S	UBSTITUT	E PROGRAM	1	0,			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		
						-				

2022/1	FORM SA	1-2E. PAGE								
LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC	S	YSTEM II 2719								
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi	mission service amount, see	2,729.38 ss receipts)								
<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> </ul>	\$263,800									
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS										
	r this six-mon									
	\$	52.00								
		0.00								
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00								
1. Base amount under statutory formula	<u> </u>									
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 \$52)	7,600)									
Enter the amount of gross receipts from space K										
2. Base amount under statutory formula	<del></del> )									
3. Subtract line 2 from line 1	<del>_</del>									
4. Multiply line 3 by .01	<del>_</del>									
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00									
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00									
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·									
FILING FEE AND TOTAL REMITTANCE DUE										
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00									
2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00									
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00								
Important: Your remittance must be in the form of an electronic payment payable to the Reg	ister of Copyrig	hts!								
	LECAL NAME OF OWNER OF CABLE SYSTEM.  Mediacom Southeast LLC  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 trans (cal identified in space E) during the accounting period.  Gross receipts from subscribers for ascondary transmissions service(s) during the accounting period.  MPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: The amount of gross receipts in space K is \$137,100 or less  Use block 1 if the amount of gross receipts in space K is more than \$237,000 but less than or equal to the space (k) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.  BLOCK 2: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for secondary the space of the space of \$137,100 or less, the royalty fee that you must pay for secondary speriod is \$42.00.  Line 1: Royalty fee for accounting period.  Line 2: Interest charge. Enter the amount from line 4, space Q, page 8.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137.  1. Base amount under statutory formula.  \$ 263,800.00  2. Enter amount of gross receipts from space K.  3. Subtract line 5 from line 1  4. Enter the amount under statutory formula  \$ 263,800.00  2. Enter amount of gross receipts from space K.  5. Enter the amount under statutory formula  8. Instruct the amount of gross receipts from space K.  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Lee Payable for Accounting Period (	LEGAL NAME OF CAMILE OF CABLE SYSTEM   Modifactors Southheast LLC								

Accounting Period:	2022/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Mediacom Southeast LLC  2719
<b>M</b> 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 on which the cable system carried television broadcast stations and nonbroadcast services  65
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name Kenneth J. Kohrs  Telephone 845-443-2762
Information	Address  One Mediacom Way (Number, street, rural route, apartment, or suite number)  Mediacom Park, NY 10918
	(City, town, state, zip)  Email Copyrights@mediacomcc.com 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
	X (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 system in line 1 of space B.
	<ul> <li>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)]</li> </ul>
	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: Kenneth J. Kohrs
	Title: Vice President, Financial Reporting (Title of official position held in corporation or partnership)
	Date: 8/5/2022

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27192 **Mediacom Southeast LLC** 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ Name 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 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 . . . . . . \* 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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