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				
08/19/22	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/01 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 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)
		b 32 - 5 - 5 0
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
		TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Accounting Period	: 2022/01	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Metrocom, LLC	63822
l	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list known 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 mobile hotels.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter ngs.
Area	identified city.	one parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Auburndale	WI
Community		
		0.00.00.00.00.00.00.00.00.00.00.00.00.0
Add Rows as Necessary		
		0.0000
		011111111111111111111111111111111111111
		011111111111111111111111111111111111111

Accounting Period: 2022/01

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

TDS Metrocom, LLC

SYSTEM ID# 63822

# 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	79	\$25/mo					
Service to additional set(s)							
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial							
Converter							
Residential	79	\$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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$8.00-\$15.00	<ul> <li>Motel, hotel</li> </ul>			
<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>	\$0 - \$50.00		
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	\$0-\$50.00	<ul> <li>Burglar protection</li> </ul>			
<ul> <li>Additional set(s)</li> </ul>	\$0-\$50.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		<ul> <li>Reconnect</li> </ul>	\$0-\$25.00		
Converter		Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	19.98-39.96		
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2022/01 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

TDS Metrocom, LLC

63822

G

### Primary Transmitters: Television

**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
WAOW	9.1	N	Wausau, WI
WAOW-DT2	9.2	N-M	Wausau, WI
WAOW-DT3	9.3	N-M	Wausau, WI
WAOW-DT4	9.4	N-M	Wausau, WI
WAOW-DT5	9.5	N-M	Wausau, WI
WHRM	20.1	E	Wausau, WI
WHRM-DT2	20.2	E-M	Wausau, WI
WHRM-DT3	20.3	E-M	Wausau, WI
WHRM-DT4	20.4	E-M	Wausau, WI
WSAW	7.1	N	Wausau, WI
WSAW-DT2	7.2	N-M	Wausau, WI
WSAW-DT3	7.3	N-M	Wausau, WI
WSAW-DT4	7.4	N-M	Wausau, WI
WSAW-DT5	7.5	N-M	Wausau, WI
WSAW-DT6	7.6	N-M	Wausau, WI
WTPX	46.1	l	Antigo, WI
WJFW	12.1	N	Rhinelander, WI
WJFW-DT2	12.2	N-M	Rhinelander, WI
WJFW-DT3	12.3	N-M	Rhinelander, WI

Accounting Period:	2022/01			FORM SA1-2E. PAGE 3.		
	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID#		
Name	TDS Metrocom, LLC			63822		
G Primary Transmitters: Television	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					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63822

**TDS Metrocom, LLC** 

#### 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							
	<b></b>						

ccounting Perio									M SA1-2E. PAGE :
Name	LEGAL NAME OF OWNER OF	CABLE SYST	ΓΕM:					FOR	SYSTEM ID
	TDS Metrocom, LLC	OABLE OTO	i Livi.						6382
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOG	ì				
I	substitute basis during the a	ccounting pe	eriod, under sp		C rules, regul	ations, or	author	rizations	. 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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and			r cable system	n carry, on a substitute basi	s, any nonne	twork tele	evision	ı progra	
Program Log	broadcast by a distant sta	tion?						YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is "	'Yes," you m	ust compl	lete the	e progra	am
	log in block 2.								
	2. LOG OF SUBSTITUTI					:   .   .   .   .   .   .	L -!		·-
	In General: List each subs clear. If you need more spa				wnerever pos	ssidie, it ti	neir me	eaning	IS
	Column 1: Give the title	of every no	nnetwork telev	rision program ("substitute բ					
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.		vioo oi buoile	Statil. List specific program	1 4400, 101 02	ampio, i	2010	Lucy o	•
				er "Yes." Otherwise enter "N					
		0		asting the substitute program he community to which the		ensed by t	the FC	C or in	1
	the case of Mexican or Car							01, 11	
		,	when your sys	stem carried the substitute p	orogram. Use	numeral	ls, with	the mo	onth
	first. Example: for May 7 gi		s euhetitute nro	ogram was carried by your o	rahla evetam	l ist the	times	accurat	elv
	to the nearest five minutes.								Ciy
	stated as "6:00-6:30 p.m."								
				was substituted for progra					
	to delete under FCC rules a was substituted for program								gram
	effect on October 19, 1976		our system we	so permitted to delete dilder	i i oo ialoo t	and regul	ations		
					WHE	N SUBS	TITLIT	F	
	S	SUBSTITUT	E PROGRAM	1				_	
	TITLE OF PROGRAM				CARRI	AGE OC	CURF	RED	7. REASON FOI
		2. LIVE?	3. STATION'S		5. MONTH	6.	CURF	3	7. REASON FOI DELETION
		2. LIVE? Yes or No	3. STATION'S CALL SIGN						
	N/A				5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	
					5. MONTH	6.		3	

Accounting Period:	2022/01	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SY	STEM ID 6382
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. 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.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, se	,972.77
	In OKTANT. To a must complete a statement in space 1 concerning gross receipts.	(Amount of gro	ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$100.00 but less than \$100.00 but less	\$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	nis 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		
	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)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Fotal Remittance Due	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
	EFT Trace # or TRANSACTION ID #		
	<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:	2022/01				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF OTTOS Metrocom, LLC	CABLE SYSTEM:			SYSTEM ID# 63822
M Channels	to its subscribers, and (2) th  1. Enter the total number of system carried television but the total number of on which the cable system	channels on which the coroadcast stations activated channels or carried television broadcast.		ccounting period.	19
N Individual to Be Contacted	INDIVIDUAL TO BE CONT. we can contact about this st		NFORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name Mitchel	II Maier		Telephone (608) 8	86-8210
	(Number, st	nction Rd reet, rural route, apartment, o on, WI 53593 state, zip)	or suite number)		
	Email	Finance@tdstelecom.com	om.	Fax (optional)	
O Certification	Owner other that  (Agent of owner of in line 1 of spatial in line 1 of	n corporation or partne other than corporation of the B and that the owner er) I am an officer (if a conce B. ent of account and herebect to the best of my know	e certified and signed in accordance with (  ut only one, of the boxes.)  ership) I am the owner of the cable system a  or partnership) I am the duly authorized ag is not a corporation or partnership; or  orporation) or a partner (if a partnership) of the  by declare under penalty of law that all state whedge, information, and belief, and are made	as identified in line 1 of space B; or gent of the owner of the cable system as the legal entity identified as owner of the ements of fact contained herein	
		Enter	/s/ Sharon V. Tisdale or an electronic signature on the line above to or signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed nam	ne: Sharon V. Tisdale sistant Treasurer		
		(Title of official property)  Date:	osition held in corporation or partnership)	August 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: 2022/01	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Metrocom, LLC	63822
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.	P Special Statement Concerning Gross Receipts Exclusion
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 Mailing Address 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please 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 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.