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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	AGGG	Sitting Lines Governess St. Time Grane Line (1111) (1 chou))
		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	ı	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
		Tellico Telephone Company, Incorporated
		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)
	INSTRI	JCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 1 1	DENTIFICATION 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.

ccounting Period:		FORM SA1-2E. PAGE 1								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID								
Name	Tellico Telephone Company, Incorporated	6386								
	Instructions: List each separate community served by the cable system. A									
D	"a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community known as the "first community." Please use it as the first community on a	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter II future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile nome parks snould be reported in parentneses below the								
	CITY OR TOWN	STATE								
First	Tellico Plains									
Community										
d Rows as Necessary										

Accounting Period: 2022/01

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

63863

Е

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Tellico Telephone Company, Incorporated

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,098	\$25/mo				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential	1,098	\$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	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: 2022/01 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63863

Tellico Telephone Company, Incorporated

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
WATE	6.1	N	Knoxville, TN
WATE-DT2	6.2	N-M	Knoxville, TN
WATE-DT3	6.3	N-M	Knoxville, TN
WATE-DT4	6.4	N-M	Knoxville, TN
WVLT	8.1	N	Knoxville, TN
WVLT-DT2	8.2	N-M	Knoxville, TN
WVLT-DT3	8.3	N-M	Knoxville, TN
WVLT-DT4	8.4	N-M	Knoxville, TN
WTNZ	43.1	N	Knoxville, TN
WTNZ-DT2	43.2	N-M	Knoxville, TN
WTNZ-DT3	43.3	N-M	Knoxville, TN
WBIR	10.1	N	Knoxville, TN
WBIR-DT2	10.2	N-M	Knoxville, TN
WBIR-DT3	10.3	N-M	Knoxville, TN
WBIR-DT4	10.4	N-M	Knoxville, TN
WBXX	20.1	I	Crossville, TN
WBXX-DT2	20.2	I-M	Crossville, TN
WBXX-DT3	20.3	I-M	Crossville, TN
WBXX-DT4	20.4	I-M	Crossville, TN
WKOP	15.1	E	Knoxville, TN
WKOP-DT2	15.2	E-M	Knoxville, TN
WKOP-DT3	15.3	E-M	Knoxville, TN
WKNX	7.1	I	Knoxville, TN
WPXK	54.1	<u> </u>	Knoxville, TN

Accounting Period:	2022/01			FORM SA1-2E. PAGE 3.				
	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#				
Name	Tellico Telephone Company, Incorporated							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste	entify every television station (including m during the accounting period, excep in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-ti	me basis under				
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6) is explained in the next paragraph. With respect to any distant stations of the control of the c	(), (), (), ()					
	 Do not list the station her station was carried only on 			σ,				
	basis. For further informatic Column 1: List each statio multicast stream associated "WETA-2" as the same on		, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo	ons. N, etc. Identify each rt multistream				
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network	station, an independent station, or a	noncommercial				
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M", "E" (for noncommercial educational), erms, see page (iv) of the general instrument of each station. For U.S. stations, list dian stations, if any, give the name of the stations of the stations of the stations of the stations of the stations.	or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	onal multicast). is licensed by the				
	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# 63863

Tellico Telephone Company, Incorporated

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
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Accounting Perio	d· 2022/01						FOE	RM SA1-2E. PAGE 5.			
_	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				FUR	SYSTEM ID#			
Name	Tellico Telephone Cor	npany, Ind	corporated					63863			
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOG	;						
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a										
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 Program Log	broadcast by a distant sta		·	•	•		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					
	log in block 2.				·	•					
	2. LOG OF SUBSTITUTI	E PROGRA	MS								
	In General: List each subs				wherever pos	ssible, if the	heir meaning	is			
	clear. If you need more spa			ision program ("substitute _l	program") tha	at, during	the accounting	ng			
	period, was broadcast by a	distant stati	on and that yo	our cable system substitute	d for the prog	gramming	of another s	tation			
	under certain FCC rules, re Do not use general categor										
	"NBA Basketball: 76ers vs.		vies oi baske	stball. List specific program	i lilies, ioi ex	ampie, i	Love Lucy C	'1			
				r "Yes." Otherwise enter "N							
				asting the substitute progra ne community to which the		need by	the ECC or in	2			
	the case of Mexican or Car						ille FCC 01, II	1			
	Column 5: Give the mor	nth and day		tem carried the substitute			s, with the m	onth			
	first. Example: for May 7 gi		aubatituta pra	gram was sarried by your	aabla ayatam	List the	timoo oogura	toly			
	to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:				lely			
	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		,	•		3					
					WHE	N SUBS	TITUTE				
	S	SUBSTITUT	E PROGRAM				CURRED	7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> — то</u>				
	N/A	_									
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Accounting Period:	FORM SA1-2E. PAGE 6.									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Tellico Telephone Company, Incorporated 63863									
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. \$ 241,371.82									
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross 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 \$263,800 • 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.									
	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 this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period									
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8									
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)									
	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									
	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 \$ 263,800.00									
	3. Subtract line 2 from line 1									
	4. Multiply line 3 by .01									
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)									
	6. Interest charge. Enter the amount from line 4, space Q, page 8									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
	FILING FEE AND TOTAL REMITTANCE DUE									
Filing Eco and										
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)									
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)									
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3									
	EFT Trace # or TRANSACTION ID #									
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.									

Accounting Period:	: 2022/01	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Tellico Telephone Company, Incorporated	SYSTEM ID# 63863
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.	24
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	155
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	Name Mitchell Maier Telephone (608) 886-4 Address 525 Junction Rd	8210
	(Number, street, rural route, apartment, or suite number) Madison, WI 53593 (City, town, state, zip)	
	Email Finance@tdstelecom.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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as iden in line 1 of space B and that the owner is not a corporation or partnership; or X (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 cab 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)] X /s/ Sharon V. Tisdale 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: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position held in corporation or partnership) Date: 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.

ounting Period: 2022/01	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
llico Telephone Company, Incorporated	63863
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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 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	
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.