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**

2201

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	rms (Short Form) ctions are located of this workbook	2/27/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	` 1		
	2023/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
Accounting				
Period				
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp	-	ary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	h the owner conducts the business of the	e cable system.	
	If there were different owners during the statement of account and royalty fee payr	.	e last day of the accounting period should su od.	bmit a single

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

	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	410 BROAD AVE
	(Number, street, rural route, apartment, or suite number)
	STANTON IA 51573
	(City, town, state, zip)
	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.
m	IDENTIFICATION OF CARLE SYSTEM

C	names	s 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:						
	I	SAME AS "B"					
		MAILING ADDRESS OF CABLE SYSTEM:					
		SAME AS "B" (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 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 suffciency of the fling, a determination that would be made by a court of law.

С

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	2201
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 hor city.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Served		
	CITY OR TOWN	STATE
First Community	STANTON NEW MARKET	IOWA IOWA
	BETHESDA	IOWA
Add Rows as Necessary	VILLISCA	IOWA
	NODAWAY	IOWA

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID
Name	FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA								220
					тго				
E	SECONDARY TRANSMISSION In General: The information in su					v transmission s	ervice of th	e cable	
	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								
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period Number of Subscribers: Both						halten		
Service: Sub- scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv	ice at the rate i	ndicate	d-not the num	ber of sets	s receiving serv	ice).	-	
	Rate: Give the standard rate c	-	-	•			-		
	unit in which it is generally billed. category, but do not include disc	· · ·	,		ny standaro	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondarv transmis	sion servic	e that cable	
	systems most commonly provide			0					
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the	
	Block 2: If your cable system i					service that are	different fr	om 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								
	BLOCK 1						BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	САТ	EGORY OF SE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODOCIAL		TUTE	0/11	EGORT OF SERVICE SUBSCRI		COBCORIBEIRO	
	Service to first set		636	41.95					
	• Service to additional set(s)								<u>†</u>
	• FM radio (if separate rate)								1
	Motel, hotel		1	23.08/room					1
	Commercial		2	18.18/room					1
	Converter								1
	• Residential		934	5.95					1
	Non-residential								
	SERVICES OTHER THAN SEC		SMIS	SIONS: RATES				•	•
F	In General: Space F calls for rat	e (not subscrib	er) info	rmation with res	spect to all	l your cable sys	tem's servi	ces that were	
Г	not covered in space E, that is, those services that are not offered in combination with any secondary transmission								
Services	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								
Other Than	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions:	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								
Rates	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.								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	19.95	• Mc	otel, hotel		-	DVR		9.9
	 Pay cable—add'l channel 	19.95	• Co	mmercial		-		usiness	45.0
	Fire protection	N/A	•Pa	y cable		19.95	Basic/F	Premier	113.0
	 Burglar protection 	N/A		y cable-add'l ch	annel	19.95			
			• Fir	e protection		N/A			
	Installation: Residential			•					+
		-	• Bu	rglar protection		N/A			
	Installation: Residential First set Additional set(s) 		• Bu Other	rglar protection services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	- - N/A	• Bu Other • Re	rglar protection services: connect		N/A 20.00			
	Installation: Residential First set Additional set(s) 	- - N/A N/A	• Bu Other • Re • Dis	rglar protection services: connect sconnect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re • Dis • Ou	rglar protection services: connect					

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID				
Name	FARMERS MUTUAL	TELEPHONE CO OF STANTON	IOWA	220				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary ransmitters: 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, <i>except</i> (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). 							
	FCC. For Mexican or Cana	on of each station. For U.S. stations, lis	the community with which the station is	identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KMTV-DT	3.1	N					
	KMTV-DT2	3.2	N-M	OMAHA, NE OMAHA, NE				
	KMTV-DT3 KMTV-DT4	3.4	N-M	OMAHA, NE				
	WOWT-DT	6.1	N	OMAHA, NE				
Rows as Necessary	WOWT-DT2	6.2	N-M	OMAHA, NE				
	WOWT-DT3	6.3	N-M	OMAHA, NE				
	KETV-DT	7.1	N	OMAHA, NE				
	KETV-DT2	7.2	N-M	OMAHA, NE				
	IPTV-DT	11.1	N	DES MOINES, IA				
	IPTV-DT2	11.2	N-M	DES MOINES, IA				
	IPTV-DT3	11.3	N-M	DES MOINES, IA				
	IPTV-DT4	11.4	N-M	DES MOINES, IA				
	WHO-DT	13.1	N	DES MOINES, IA				
	WHO-DT2	13.2	N-M	DES MOINES, IA				
	WHO-DT3	13.3	N-M	DES MOINES, IA				
	W110-D13							
	KXVO-DT	15.1	N	OMAHA, NE				
		15.1 15.2	N N-M	OMAHA, NE OMAHA, NE				
	KXVO-DT							
	KXVO-DT KXVO-DT2	15.2	N-M	OMAHA, NE				
	KXVO-DT KXVO-DT2 KDSM-DT	15.2 17.1	N-M N	OMAHA, NE DES MOINES, IA				
	KXVO-DT KXVO-DT2 KDSM-DT KDSM-DT2	15.2 17.1 17.2	N-M N N-M	OMAHA, NE DES MOINES, IA DES MOINES, IA				
	KXVO-DT KXVO-DT2 KDSM-DT KDSM-DT2 KDSM-DT3	15.2 17.1 17.2 17.3	N-M N N-M N-M	OMAHA, NE DES MOINES, IA DES MOINES, IA DES MOINES, IA				

Accounting P	Period: 2023	/2					FORI	M SA1-2E. PAGE 4.
LEGAL NAME O	F OWNER OF	CABLE S	YSTEM:					SYSTEM ID#
FARMERS N	IUTUAL TE	LEPHO	ONE CO OF STANTON I	OWA				2201
PRIMARY TRA	NSMITTERS:	RADIO						
	-		rried on a separate and discre					н
all-band basis v	whose signals	were gei	nerally receivable by your cab	le system during	the accounting	g period		
			-Band FM Carriage: Under C					Primary
			tem whenever it is received a ved at the headend, with the s					Transmitters: Radio
			pyright Office regulations on t					Kadio
paper SA1-2 for			pyngni omoo rogalaliono on i		ge (1) et alle g	onoran in		
			each station carried.					
			n is AM or FM.				and discussion	
			nal was electronically process < mark in the "S/D" column.	ed by the cable s	ystem as a se	parate a	ind discrete	
			on (the community to which th	e station is licens	ed by the FC	C or in t	he case of	
			the community with which the			0 01, 111		
					,			
		0.5				0 (5		
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	od: 2023/2					FOR	RM SA1-2E. PAGE 5.
Nomo	LEGAL NAME OF OWNER OF	CABLE SYS1	EM:				SYSTEM ID#
Name	FARMERS MUTUAL TE	ELEPHON	IE CO OF ST	ANTON IOWA			2201
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG			
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	fy every nor ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> static C rules, regula	tions, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-					
Special	During the accounting per	-		-	is, any nonne	twork television prograr	n
Statement and Program Log	broadcast by a distant star				·	YES	× NO
	Note: If your answer is "No		rest of this page	e blank. If your answer is '	"Ves " vou mi		
		, leave the	rescortins pag	je blalik. Il your allswel is	res, you mu	ist complete the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		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 broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a	ce, please of every no distant stat gulations, c ies like "mo Bulls." n was broad sign of the s adcast static th and day <i>v</i> e "5/7." es when the Example: a er "R" if the and regulation	add additional i nnetwork telev ion and that yo or authorization vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute jurg gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	program") tha d for the prog eral instruction n titles, for ex No." station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y ; enter the let	It, during the accounting ramming of another stans for further informatio ample, "I Love Lucy" or nsed by the FCC or, in tified). numerals, with the mo List the times accurate 8:30 p.m. should be our system was <i>require</i> ter "P" if the listed progr	g ntion n. nth ely
	was substituted for program						
	effect on October 19, 1976.						
	s		TE PROGRAM		CARR	N SUBSTITUTE AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	511211011
						_	
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		+					
		+	+				
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						_	
						—	
						_	
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							+

Accounting Period:	2023/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FARMERS MUTUAL TELEPHONE CO OF STANTON IOWA		S	YSTEM ID# 2201
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amound all amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi compute this a	ission service mount, see	7,905.95 oss 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 that • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800	
	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 yo accounting period is \$52.00		is six-month	
	Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but me	ore than \$137,1	100)	
	1. Base amount under statutory formula	263,800.00	•	
	2. Enter amount of gross receipts from space K	157,905.95		
	3. Subtract line 2 from line 1	105,894.05		
	4. Enter the amount of gross receipts from space K	\$ 1	157,905.95	
	5. Enter the amount from line 3	\$ 1	105,894.05	
	6. Subtract line 5 from line 4	\$	52,011.90	
	7. Multiply line 6 by .005 (enter figure here)		\$	260.06
	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		\$	260.06
	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	263.800.00		
	Subtract line 2 from line 1	205,000.00		
	4. Multiply line 3 by .01	<u></u>	4 240 00	
	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		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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	260.06	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	280.06
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for			hts!

	2023/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: TUAL TELEPHONE CO OF STANTON IOWA		SYSTEM ID# 2201
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to	You must give (1) the number of channels on which the cab ers, and (2) the cable system's total number of activated cha al number of channels on which the cable ed television broadcast stations	annels during the accounting period.	24
	and nonbro	adcast services		100
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEE t about this statement of account.)	DED (Identify an individual to whom	
for Further Information	Name	KEVIN T CABBAGE	Telephone 712-	829-2111
mornation	Address	410 BROAD AVE (Number, street, rural route, apartment, or suite number) STANTON IA 51573-0220 (City, town, state, zip)		
	Email	kcabbage@fmtcnet.com	Fax (optional 712-829-2509	
	CERTIFICATIO	(This statement of account must be certified and signed in	accordance with Copyright Office regulations)	
O Certification	(Own	ed, hereby certify that (Check one, <i>but only one</i> , of the boxes. er other than corporation or partnership) I am the owner of it of owner other than corporation or partnership) I am the in line 1 of space B and that the owner is not a corporation or cer or partner) I am an officer (if a corporation) or a partner (if	the cable system as identified in line 1 of space B; or duly authorized agent of the owner of the cable system a partnership; or	as identified
	are true, comp	in line 1 of space B. d the statement of account and hereby declare under penalty o ete, and correct to the best of my knowledge, information, and tion 1001(1986)]	of law that all statements of fact contained herein	e cable system
	are true, comp	in line 1 of space B. d the statement of account and hereby declare under penalty of ete, and correct to the best of my knowledge, information, and tion 1001(1986)]	of law that all statements of fact contained herein belief, and are made in good faith. CABBAGE on the line above to certify this statement. ignature" (e.g., /s/ John Smith) BBAGE R	e cable system

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.

Accounting Period: 2023/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ARMERS MUTUAL TELEPHONE CO OF STANTON IOWA	2201
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?	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 \$ -	
(interest charge)	
* 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	

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.