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

~~ · ~~ · ~		FOR COPYRIGH	Return completed workbook by email to:			
-	NT OF ACCOUNT	FOR COP TRIGH				
	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
·	ns (Short Form) tions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at:		
in the first tab o	f this workbook	2/29/2024	ALLOCATION NUMBER	Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))			
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		Barcode Data Filing Period (optional -	see instructions)			
Accounting Period						

A	ACCO	OUNTING 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 t the subsidiary, not that of the parent corporation.	itle of
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 statement of account and royalty fee payment covering the entire accounting period.	single
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	8408
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the syste is already appear in space B. In line 2, give the mailing address of the system, if different from the address giver	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	Zito Media - Syracuse	
		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 sufficiency 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								
	Zito Midwest LLC	84								
	Instructions: List each separate community served by the cable system. A "community									
D	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 known as the "first community." Please use it as the first community on all future filings.									
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identi								
Served	city.									
Contou										
	CITY OR TOWN	STATE								
First	Syracuse	NE								
Community	Murdock	NE								
	Elmwood	NE								
Rows as Necessary	Palmyra	NE								
	Eagle	NE								
	Weeping Water	NE								
	Bennet	NE								
	Johnson	NE								
	Murray	NE								
	Unadilla	NE								
	Cook	NE								
	Nemaha County	NE								
	Cass County	NE								
	Sterling	NE								
	otorning									

	FORM SA1-2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST												
Name	Zito Midwest LLC												
Е	SECONDARY TRANSMISSION												
	In General: The information in si system, that is, the retransmission			-	-								
Secondary	about other services (including p												
Transmission	last day of the accounting period												
Service: Sub- scribers and	Number of Subscribers: Both	•											
Rates	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												
	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 c	-					-						
	unit in which it is generally billed. category, but do not include disc	•	,		standard	rate variations	s within a p	articular rate					
	Block 1: In the left-hand block				s of seco	ndary transmis	sion servic	e that cable					
	systems most commonly provide												
	that applies to your system. Note			0		•							
	categories, that person or entity subscriber who pays extra for ca					0,							
	first set" and would be counted o												
	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.		- ngnt-nan										
	BLO	DCK 1					BLOCI						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA				
	Residential:	CODOCINID	LING	TUTE	0/11			COBCORIBEIRO	101				
	Service to first set		45	86.64									
	<ul> <li>Service to additional set(s)</li> </ul>												
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial												
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC							-					
_	In General: Space F calls for rat				ect to all	your cable syst	tem's servi	ces that were					
F	not covered in space E, that is, t												
0	service for a single fee. There ar		,	0			0()						
Services Other Than	furnished at cost or (2) services amount of the charge and the un												
Secondary	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.												
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.												
Rates	<b>Block 2:</b> 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.												
		BLO	СК 1					BLOCK 2					
	CATEGORY OF SERVICE	RATE		RY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RA				
	Continuing Services:		Installati	on: Non-resid	ential								
	• Pay cable		Motel	, hotel									
	<ul> <li>Pay cable—add'l channel</li> </ul>		-	nercial					ļ				
	<ul> <li>Fire protection</li> </ul>		• Pay c						ļ				
	•Burglar protection		· ·	able-add'l char	nnel								
	Installation: Residential			protection					<b>.</b>				
	• First set	30.00	- Ŭ	ar protection									
	Additional set(s)	20.00	Other se			20.00			<b>.</b>				
	• FM radio (if separate rate)		Reco			30.00							
	• Converter		Disco			20.00			+				
				t relocation to new addres	s	30.00 30.00	•••••						

LEGAL NAME OF OWNER OF Zito Midwest LLC PRIMARY TRANSMITTERS: In General: In space G, ide			SYSTEM ID 840							
PRIMARY TRANSMITTERS:	TELEVISION		840							
	TELEVISION									
In General: In space G, ide										
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										
		arried by your cable system on a sub	ostitute program							
		a Chaoial Statement and Dragrom I	an) if the							
		le Special Statement and Program i	_og)—ii the							
	•									
multicast stream associated	with a station according to its over-the	-	-							
		vision station for broadcasting over	the air in its community							
of license. For example, W	RC is channel 4 in Washington, D.C.	-								
		-								
			is licensed by the							
		-	-							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
KETV	7.1	N	Omaha NE							
KLKN	8.1	N	Lincoln NE							
КМТV	3.1	Ν	Omaha NE							
KOLN	10.1	Ν	Lincoln NE							
КРТМ	42.1	Ν	Omaha NE							
KSNB	4.2	<u> </u>	Lincoln NE							
KUON	12	E	Lincoln NE							
WOWT	6.1	N	Omaha NE							
f										
	Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canace 1. CALL SIGN KETV KLKN KMTV KOLN KPTM KSNB KUON	basis under specific FCC rules, regulations, or authorizations:• Do not list the station here in space G—but do list it in space I (thstation was carried only on a substitute basis.• List the station here, and also in space I, if the station was carriedbasis. For further information concerning substitute basis stations,Column 1: List each station's call sign. Do not report origination pmulticast stream associated with a station according to its over-the"WETA-2" as the same on the form.Column 2: Give the channel number the FCC assigned to the teleof license. For example, WRC is channel 4 in Washington, D.C.Column 3: Indicate in each case whether the station is a network ieducational station, by entering the letter "N" (for network), "N-M" ((for independent multicast), "E" (for noncommercial educational), ofFor the meaning of these terms, see page (iv) of the general instruColumn 4: Give the location of each station. For U.S. stations, listFCC. For Mexican or Canadian stations, if any, give the name of theKETV7.1KLKN8.1KMTV3.1KOLN10.1KPTM42.1KSNB4.2KUON12	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a sub basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program I 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 basis. For further information concerning substitute basis stations, see page (v) of the general instruct Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESP multicast stream associated with a station according to its over-the-air designation. For example, report "WETA-2" as the same on the form.         Column 2: Give the channel number the FCC assigned to the television station for broadcasting over 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 educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial education FCC. For Mexican or Canadian stations, if any, give the name of the community to which the station FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station for C.         NKUNN       3.1       N         KUNN       10.1       N         KUNN       10.1       N         KETV       7.1       N         KLKN       8.1       N         KUNN <t< td=""></t<>							

LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Lito Midwest	t LLC								SYSTEM I 84
									-
	NSMITTERS:	RADIO							
			rried on a separate and discr	ret	e basis and list	those FM stat	ions car	ried on an	н
ll-band basis w	hose signals/	were gei	nerally receivable by your cal	ble	system during	the accounting	g period		
pecial Instruc	tions Concer	rning All	-Band FM Carriage: Under (	Со	pyright Office re	gulations, an	FM sign	al is generally	Primary
		-	tem whenever it is received a		•		,	-	Transmitters
			ved at the headend, with the						Radio
or detailed info aper SA1-2 for		t the Co	pyright Office regulations on	th	is point, see paç	ge (v) of the ge	eneral in	structions in the.	
		sian of e	each station carried.						
			n is AM or FM.						
		-	nal was electronically process	se	d by the cable s	ystem as a se	parate a	ind discrete	
			k mark in the "S/D" column.				<b>.</b>	h	
			on (the community to which the community with which the				C or, in t	he case of	
		, ii ariy,	and community with which are	00		50).			
		-							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				$\ $					
				1					
				┥┝					
				┥┝					
				1					
				1					
				1					
				┥┝					
				┥┝					
				łŀ					
				1					
				1					
				┤╎					
				$\left  \right $					
				┤┟					
				† ŀ					
				11					
				11					
				11					
				11					

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.					
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#					
Name	Zito Midwest LLC							8408					
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG									
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special	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 station?												
	Note: If your answer is "No"	leave the	rest of this nad	e blank. If your answer is "		ist complet							
		, leave life	rest of this pay	e blatik. Il your allswel is	res, you mu	ist comple	te the program						
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS												
	clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately											
	stated as "6:00–6:30 p.m."							-1					
	to delete under FCC rules a			was substituted for progra ring the accounting period									
	was substituted for program												
	effect on October 19, 1976.												
	s	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED			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					
		100 01 110	O/ LEL OIOIN			TROM	10						
							-=						
							_						
							_						
							_						
							_						
							_						
							_						
							_						
							_						

Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 8408									
<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. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	smission service s amount, see	8,132.03 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 than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800										
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS											
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r this 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	<b>\$</b>	52.00									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)											
	1. Base amount under statutory formula \$ 263,800.0	0										
	2. Enter amount of gross receipts from space K											
	3. Subtract line 2 from line 1											
	4. Enter the amount of gross receipts from space K											
	5. Enter the amount from line 3											
	6. Subtract line 5 from line 4											
	7. Multiply line 6 by .005 (enter figure here)											
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00									
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8											
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)											
	1. Enter the amount of gross receipts from space K											
	2. Base amount under statutory formula \$ 263,800.0	0										
	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											
Filia - Factoria												
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00										
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00										
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00									
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form for more inform		nts!									

Accounting Period:	2023/2										FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	WNER OF CABLE SYSTEM: LC									SYSTEM ID# 8408
<b>M</b> Channels	to its subscriber 1. Enter the tota	ou must give (1) the numbers, and (2) the cable system al number of channels on w ad television broadcast stati	n's total num hich the cal	imber o able	of activated ch	annels during	the accoun	ting period.	tations	8	3
	on which the	al number of activated chan cable system carried televi dcast services	sion broado							94	4
N Individual to Be Contacted		D BE CONTACTED IF FUR about this statement of acc		FORM	NATION IS NEE	E <b>DED</b> (Identify	/ an individu	al to whom			
for Further Information	Name	Teri McMullen						Tele	ephone 81	4-260-0434	
	Address	PO Box 665 (Number, street, rural route, ap Coudersport PA 16 (City, town, state, zip)		suite nur	umber)						
	Email	teri.mcmullen	@zitomed	dia.co	om		Fa	x (optional			
•	CERTIFICATION	(This statement of account	must be ce	ertified	d and signed in	accordance v	with Copyrig	ht Office regula	ations)		
O Certification		ed, hereby certify that (Check									
	(Owne	r other than corporation o	r partnersh	hip) I a	am the owner o	of the cable sys	stem as ident	ified in line 1 of	space B; or		
	(Agent	t of owner other than corpo in line 1 of space B and that						he owner of the	cable syster	m as identified	
	X (Offic	<b>er or partner)</b> I am an office in line 1 of space B.	er (if a corpo	oration	n) or a partner (	if a partnership	o) of the lega	l entity identified	l as owner o	f the cable system	1
		the statement of account ar te, and correct to the best of ion 1001(1986)]	-						herein		
	1		<u> </u>	, /s/	s/James Rig	as					
					tronic signature are using an "/s/						
		Typed or print	ted name:	: Ja	ames Rigas	<u>s</u>					
		Title:	Presic (Title of officia		nt sition held in corpo	ration or partners	ship)				
		Date:						02/27/2024			

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.

unting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Midwest LLC	8408
<ul> <li>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."     </li> <li>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.</li> <li>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?     <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></li></ul>	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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x 1% 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 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.