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							
09/03/20	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner		List any other name or names under which the owner conducts the business of the cable system.								
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	4980							
		1								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	-	Great Plains Cable Television								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		P. O. Box 50								
		(Number, street, rural route, apartment, or suite number)  Blair, NE 68008								
		(City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		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:	2020/1								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#							
Name									
	Great Plains Cable Television	4980							
_	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated community or municipal entity).								
D	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 "fi								
	community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification.								
Served	city.								
		_							
	CITY OR TOWN	STATE							
First Community	McCook	Nebraska							
Community	Trenton	Nebraska							
Add Rows as Necessary									

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**Great Plains Cable Television** 

SYSTEM ID# 4980

# E

#### 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	659	24.95	Broadcaster Fee	659	18.00	
Service to additional set(s)						
• FM radio (if separate rate)			HD Lease	494	4.95	
Motel, hotel						
Commercial			Converter Fees	120	4.95	
Converter						
Residential						
Non-residential						
I						

# 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	17.00	Motel, hotel			
Pay cable—add'l channel	15.00	Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	65.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	65.00		
Converter		Disconnect			
		Outlet relocation	65.00		
		Move to new address	65.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4980

# Great Plains Cable Television PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFXL	15.1	N	Lincoln, NE
KUON	12.1	Е	Lincoln, NE
KUON-EW	12.2	E-M	Lincoln, NE
KUON-EC	12.3	E-M	Lincoln, NE
KOLN	10.1	N	Lincoln, NE
	10.5	I-M	
KSNB	4	N	Superior, NE
	4.2	N-M	
KHGI	13.1	N	Kearney,NE
KHGI	13.3	I-M	
KTIV	4.2	N-M	Sioux City, Iowa
KLKN	8.1	N	Lincoln, NE
KSNK	3	N	Witchita, Kansas
		1	
		i	

ounting Period:	2020/1			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I			
Name	Great Plains Cable To	elevision		49			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	entify every television station (including m during the accounting period, except	(1) stations carried only on a part-time	basis under			
Primary Transmitters: Television	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 <i>only</i> 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. <i>Do not</i> 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 with which the station is identified.						
	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#

FORM SA1-2E. PAGE 4.

#### **Great Plains Cable Television**

4980

#### 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

Primary Transmitters:

Radio

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.

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	<b>d: 2020/1</b>  LEGAL NAME OF OWNER OF (	ADIE OVOT	EM.						FOR	M SA1-2E. PAGE 5.	
Name	Great Plains Cable Tele		EIVI:							SYSTEM ID# 4980	
	SUBSTITUTE CAPPIAGE	· SDECIA	I STATEMEN	T AND DROGRAM I C	)G						
<b> </b> Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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:											
Special	11. OI EDIAL DIA ILIILATI ODITOLIMINO ODDOTTI OTE CANNIACE										
Statement and											
Program Log	·	oroadcast by a distant station?  YES NO  Note: If your answer is "Yes," you must complete the program									
	log in block 2.	, leave trie	rest or triis pag	e biank. Ii your answer	15 1	es, you mi	ist comple	te trie j	program	II	
	2. LOG OF SUBSTITUTE PROGRAMS  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 to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for PCC rules and regulations in effect during the accounting period; enter t										
	,					WHE	EN SUBST	ITUTE			
	S	JBSTITUT	E PROGRAM			11			7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES —	то	DELETION	
								_			
								_			
								_			
								_			
								_			
								_			
								_			

K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in to all amounts (gross receipts) paid to yo (as identified in space E) during the a page (vii) of the general instructions long or Gross receipts from subscribers	our cable system by subscrib	rm you file or				498		
	Instructions: The figure you give in the all amounts (gross receipts) paid to you (as identified in space E) during the apage (vii) of the general instructions let	our cable system by subscrib	m you file on						
		cated in the paper SA1-2 fo	bers for the s er explanation	system's	secondary transr	nission service amount, see			
	during the accounting period  IMPORTANT: You must complete a s					\$ 20 (Amount of gi	0,968.38 ross receipts)		
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE nstructions: To compute the royalty fee Complete block 1, block 2, or block 3 Use block 1 if the amount of gross ree Use block 2 if the amount of gross ree Use block 3 if the amount of gross ree Eee page (vi) of the general instructions to	e you owe:  epipts in space K is \$137,100 epipts in space K is more that epipts in space K is more that	0 or less an \$137,100 an \$263,800	but less t	han \$527,600		. ,		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with groaccounting period is \$52.00	ss receipts of \$137,100 or les	ss, the royalty	fee that	you must pay for	this six-month			
	Line 1. Royalty fee for accounting period	d							
	Line 2. Interest charge. Enter the amount	int from line 4, space Q, page	8				0.00		
	Live O TOTAL BOYALTY FFF BAYAL	. F FOR ACCOUNTING REF	NOD 4-1-1:-	4	0				
	Line 3. TOTAL ROYALTY FEE PAYAE	OSS RECEIPTS OF \$263,							
	Base amount under statutory formula				263,800.00	-			
	Enter amount of gross receipts from		•		200,968.38	-			
	- '		•		·	=			
	3. Subtract line 2 from line 1		•			-			
	Enter the amount of gross receipts fr	•				200,968.38			
	5. Enter the amount from line 3					62,831.62			
	6. Subtract line 5 from line 4					138,136.76			
	7. Multiply line 6 by .005 (enter figure h	ere)					690.68		
	8. Interest charge. Enter the amount from	om line 4, space Q, page 8					0.00		
	9. TOTAL ROYALTY FEE PAYABLE F	OR ACCOUNTING PERIOD.	. Add lines 7	and 8		\$	690.68		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts fr	om space K							
	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					1 319 00			
	6. Interest charge. Enter the amount fr		,		-				
	· ·					•			
	7. TOTAL ROYALTY FEE PAYABLE F	OR ACCOUNTING PERIOD.	. Add lines 4	, 5, and 6					
	FILING	FEE AND TOTAL REMIT	TANCE DU	E					
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting	Period (from Block 1, 2, or 3,	above)		\$	690.68			
Due	2. Filing Fee (See the instructions for m	ore information on filing fee o	calculations) .		<b>\$</b>	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOU	INTING PERIOD. Add lines	2 and 3			\$	710.68		
	EFT Tra	ce # or TRANSACTION ID #	<u>.</u> [	21CTX10	4913162769101	]			
	Important: Vour remittener	must be in the form of an ele	ectronic navm	ent navak	ole to the Registe	r of Convrights			

Accounting Period: 2	2020/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: ble Television				SYSTEM ID# 4980
<b>M</b> Channels	Enter the total system carried     Enter the total on which the control of t	s, and (2) the cable system's number of channels on which d television broadcast station number of activated channels cable system carried television	total number of the cable as	which the cable system carried tel of activated channels during the acc	counting period.	18
N Individual to Be Contacted	we can contact a	about this statement of accou		ATION IS NEEDED (Identify an indi		
for Further Information	Name Address	P. O. Box 500			Telephone	402-456-6434
		(Number, street, rural route, apart Blair, NE 68808 (City, town, state, zip)	ment, or suite num	nber)		
	Email	lquist@gpcom.o	com		Fax (optional	
0	CERTIFICATION (	This statement of account m	ust be certified	and signed in accordance with Co	pyright Office regulations)	
Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but only one</i>	e, of the boxes.)		
	(Owner	other than corporation or p	oartnership) I a	am the owner of the cable system as	identified in line 1 of space E	3; or
		in line 1 of space B and that th	ne owner is not a	rship) I am the duly authorized agen a corporation or partnership; or		
	i	in line 1 of space B.	` ' '	) or a partner (if a partnership) of the	•	ner of the cable system
		e, and correct to the best of m		under penalty of law that all stateme nformation, and belief, and are made		
			X /s/	Janelle Allison		
				ronic signature on the line above to ce e using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	d name: <b>Ja</b>	nelle Allison		
		Title:	CFO & CC	OO ion held in corporation or partnership)		
		Date:			August 31, 2020	

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: 2020/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
eat Plains Cable Television	4980
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
	<u> </u>
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
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	
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	

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