



CANADIAN PRIVATE COPYING COLLECTIVE
SOCIÉTÉ CANADIENNE DE PERCEPTION DE LA COPIE PRIVÉE

150 Eglinton Ave. East, Suite 403 Toronto, Ontario M4P 1E8
 Phone 416 486 6832 • Toll Free 1 800 892 7235 • Fax 416 486 3064

2004 Period Report

Please indicate [✓]

- [] January 1- February 29
- [] March 1 to April 30
- [] May 1 to June 30
- [] July 1 to August 31
- [] September 1 to October 31
- [] November 1 to December 31

Zero-rating

- [] **AUTHORIZED TO MAKE ZERO-RATED SALES**
(TO BE COMPLETED BY CPCC)
- [] Have you submitted your Manufacturer/Importer report?
- [] Have you submitted your Special Distributor report?

MANUFACTURER/IMPORTER/DISTRIBUTOR Please mark corrections or changes directly onto this form.

Name: _____

Proprietor (if applicable): _____

Also operating as: _____

Jurisdiction of incorporation (if applicable): _____

Principal business address: _____

Contact name: _____ Title: _____ Email: _____

Phone: _____ Ext. _____ Fax: _____ Website: _____

Contact and address for notice (if different): _____

DISPOSITIONS

MEDIA	BRAND NAME	EXPORTS	(1) TOTAL LEVIABLE UNITS	(2) LEVY \$	PAYABLE [1 x 2]
Audio Cassettes 40 minutes or longer				0.29	
CD-R 100 MB or more				0.21	
CD-RW 100 MB or more				0.21	
CD-R Audio				0.77	
CD-RW Audio				0.77	
MiniDisc				0.77	
Total Payable (payments not subject to taxes)					

* No levy is payable where the manufacturer or importer of a blank audio recording medium sells or otherwise disposes of it to a society, association or corporation that represents persons with a perceptual disability.

**Reports and payments are due no later than the last day of the next month following the end of the reporting period. Late payments subject to interest.

ON BEHALF OF THE MANUFACTURER/IMPORTER/DISTRIBUTOR, I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE AND ACCURATE.

NAME: _____

SIGNATURE: _____

DATE: _____