

CANADIAN PRIVATE COPYING COLLECTIVE SOCIETE CANADIENNE DE PERCEPTION DE LA COPIE PRIVEE

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

MANUFACTURER/IMPORTER/DISTRIBUTOR	Please mark corrections or ch	uanges directly onto this form.	
Name:			
Proprietor (if applicable):			
Also operating as:			
Jurisdiction of incorporation (if applicab	le):		
Principal business address:			
Contact name:	Title:	Email:	
Phone: Ext.	Fax:	Website:	
Contact and address for notice (if different	ent):		

2008 Period Report				
Please indicate $racksqrup racksqrup rac$				
[]	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 5			
Zero-ra	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?			

DISPOSITIONS

MEDIA	Brand Name	EXPORTS	(1) Total Leviable Units	(2) LEVY \$	PAYABLE [1 x 2]
Audio Cassettes 40 minutes or longer				0.24	
CD-R 100 MB or more				0.21	
CD-RW 100 MB or more				0.21	
CD-R Audio				0.21	
CD-RW Audio				0.21	
MiniDisc				0.21	
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:



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MANUFACTURER/IMPORTER/DISTRIBUTOR Please mark corrections or changes directly onto this form.		2008 Period Report			
Name:			[X] Dece	ember 6 –	December 31
Proprietor (if applicable):		<u>.</u>	Zero-rating		
Also operating as:				HORIZED T	O MAKE ZERO-
Jurisdiction of incorporation (if applicable)			RATED SALES		
Principal business address:					TED BY CPCC) mitted your
Contact name:	Title: Email:				/Importer
Phone: Ext.	Tarria TAValanta		repo		, F
Contact and address for notice (if different			[] Hav	e you sub	mitted your
			Spec	rial Distrib	outor report?
DISPOSITIONS			(4)	I (0) I	
			(1) Total	(2) LEVY	PAYABLE
Media	Brand Name	EXPORTS	LEVIABLE	\$	$[1 \times 2]$
			UNITS		
Av. dia Cassattas 40 · 1				0.24	
Audio Cassettes 40 minutes or longer				0.24	
CD-R 100 MB or more				0.29	
CD-RW 100 MB or more				0.29	
CD-R Audio				0.29	
CD-RW Audio				0.29	
MiniDisc				0.29	
		Total Payable (payn	ients not subject t	to taxes)	
**Reports and payments are due no later than the last day	f a blank audio recording medium sells or otherwise disposes of it to a society, ass of the next month following the end of the reporting period. Late payments subjects that the information in this report is tr	ect to interest.	epresents persons with	ı a perceptui	ıl disability.
Name:	Signature:		Date:		