

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	anges directly onto this form.	
Name:			
Proprietor (if applicable):			
Also operating as:			
Jurisdiction of incorporation (if application)	ble):		
Principal business address:			
Contact name:	Title:	Email:	
Phone: Ext.	Fax:	Website:	
Contact and address for notice (if diffe	rent):		

2009 Period Report				
Please indicate [√]				
[]	January 1- February 28			
[]	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-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				0.29	
CD-RW 100 MB or more				0.29	
CD-R Audio				0.29	
CD-RW Audio				0.29	
MiniDisc				0.29	
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: