

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

1235 Bay Street, Suite 900, Toronto, ON M5R 2K4 Phone 416 486 6832 • Toll Free 1 800 892 7235 • Fax 416 486 3064

Manufacturer/Import	er/Zero-Rating l	DISTRIBUTOR Please ma	rk corrections or changes directly onto this form.	
Name:				
Proprietor (if applical	ıle):			
Also operating as:				
Jurisdiction of incorp	ooration (if applicat	ole):		
Principal business ac	ddress:			
Contact name:		Title:	Email:	
Phone:	Ext.	Fax:	Website:	
Contact and address	for notice (if differe	ent):		
•				

2020 Period Report					
Please in	ndicate [✓]				
[]	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				
(то ве	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]
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	
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.

	I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE AND ACCURATE.

NAME:	SIGNATURE:	Date:

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