

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/IMPOR	TER/ZERO-RATING I	DISTRIBUTOR Pleas	se mark corrections or changes directly onto this form.	
Name:				
Proprietor (if applica	ble):			
Also operating as:				
Jurisdiction of incor	poration (if applicat	le):		
Principal business a	ddress:			
Contact name:		Title:	Email:	
Phone:	Ext.	Fax:	Website:	
Contact and address	s for notice (if differe	ent):		

2021 Period Report					
Please in	dicate [✓]				
[]	January 1- February 28				
įį	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	ting				
[]	Authorized to make Zero-				
	rated sales				
(TO BE	(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]
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.