

Costs Incurred for Work on an Immovable

This form is to be completed by any person¹ or partnership that, as owner, tenant or administrator, incurred expenses during a taxation year or fiscal period (as the case may be) for the renovation, improvement, maintenance or repair of a building, a structure or land that is property located in Québec, where the property was used in the course of carrying on a business or in order to earn income.

You must file this form with your income tax return for the taxation year concerned. In the case of a partnership, the form must be filed for the taxation year during which the partnership's fiscal period ended. In the latter case, it should be filed with the income tax return of the designated member of the partnership. In the absence of a designated member, each member of the partnership must file the form.

Even if you are not required to file an income tax return for the year, you must file this form by the date on which you would be required to file a return if you had income tax payable.

Please provide the information requested for all persons who carried out the work, except in the case of yourself or one of your employees, a government body, or an operator of a gas, telecommunications or electricity distribution network.

If you fail to provide the information requested on this form, you will be liable to a penalty of \$200 for each person for whom the information was not provided. Moreover, any person who fails to provide you with the required information is liable to a penalty of \$500.

Taxation year	
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1 Information on the payer (please print)

Name	from	Period covered	to	
		Y M D		Y M D

Check the appropriate box below and enter the number requested.

<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership	Identification number	File
SIN 			S P
<input type="checkbox"/> Co-owner or member of a partnership that is not required to file an RL-15 slip	<input type="checkbox"/> Cooperative		R I
SIN 	<input type="checkbox"/> Corporation		I C
	<input type="checkbox"/> Trust		

2 Mailing address of the immovable

Number	Street, P.O. box	City, town or municipality	Postal code
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3 Information on the person or businesses that carried out the work

Name		
Mailing address		Postal code
Social insurance number (if applicable)	QST identification number (if applicable)	Amount paid or payable for the work

Name		
Mailing address		Postal code
Social insurance number (if applicable)	QST identification number (if applicable)	Amount paid or payable for the work

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1. Persons exempt from income tax under the *Taxation Act* are not required to file this form. Nor are corporations whose assets (including the assets of any associated corporations) for the previous taxation year totalled \$25 million or more.

Please enclose this form with your income tax return.



Name _____
Mailing address _____ Postal code _____
Social insurance number (if applicable) _____ QST identification number (if applicable) _____ Amount paid or payable for the work _____

Name _____
Mailing address _____ Postal code _____
Social insurance number (if applicable) _____ QST identification number (if applicable) _____ Amount paid or payable for the work _____

Name _____
Mailing address _____ Postal code _____
Social insurance number (if applicable) _____ QST identification number (if applicable) _____ Amount paid or payable for the work _____

Name _____
Mailing address _____ Postal code _____
Social insurance number (if applicable) _____ QST identification number (if applicable) _____ Amount paid or payable for the work _____

Name _____
Mailing address _____ Postal code _____
Social insurance number (if applicable) _____ QST identification number (if applicable) _____ Amount paid or payable for the work _____

Name _____
Mailing address _____ Postal code _____
Social insurance number (if applicable) _____ QST identification number (if applicable) _____ Amount paid or payable for the work _____

If the space provided is insufficient, attach another sheet containing the required information.

Total of the amounts paid or payable for the work _____

4 Certification

I certify that the information provided on this form and in the attached documents is, to the best of my knowledge, accurate and complete.

Signature of payer or authorized person

Date

Area code Telephone



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