Taxation year



Costs Incurred for Work on an Immovable

This form is for 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. For a partnership, the form must be filed with the designated member's income tax return for the taxation year in which the partnership's fiscal period ended. In the absence of a designated member, each member of the partnership must file the form.

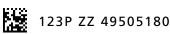
Even if you are not required to file an income tax return for the year, you must file this form by the date on which you would be required to file a return if you had income tax payable.

Please provide the information requested for all persons who carried out the work, except for 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.

1 Information on the payer			
Period covered: Y Y Y M M D D to Y Y Y Y M M D D			
Check the appropriate box below and enter the number requested.		SIN	
Sole proprietor			
Co-owner or member of a partnership that is not required to file an RL-15 slip			
Partnership	Identification number		File S
Cooperative			R I
Corporation		1 1 1	I
Trust account number ³ Trust ²			
2 Address of the immovable			
Street number Street name or PO Box			
City, town or municipality		Province	Postal code

Please enclose this form with your income tax return.



^{1.} Persons exempt from income tax for the year 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 were \$25 million or more.

You can get the trust identification number using the online services in My Account for individuals, My Account for businesses or My Account for professional representatives, or using the
 Application for a Trust Identification Number (form LM-58.1.2-V).

^{3.} This account number is shown on the federal *Trust Income Tax and Information Return* (T3RET).

		Information of	on the person	or businesses	that carried	out the v	work
--	--	----------------	---------------	---------------	--------------	-----------	------

If you need more space, attach a out the work is not registered fo	a sheet with the required information. Enter the ident or the OST	tification number or SIN only if the person o	or business that carried
Name (first and last name for an individual			ı
Address			Postal code
Identification number or SIN	QST registration number (if any)	Amount paid or payable for the work (including taxe	es, if any)
Name (first and last name for an individ	ual)		
Address			Postal code
Identification number or SIN	QST registration number (if any)	Amount paid or payable for the work (including taxe	es, if any)
Name (first and last name for an individ	ual)		
Address			Postal code
Identification number or SIN	QST registration number (if any)	Amount paid or payable for the work (including taxe	es, if any)
Name (first and last name for an individ	ual)		
Address			Postal code
Identification number or SIN	QST registration number (if any)	Amount paid or payable for the work (including taxe	es, if any)
Name (first and last name for an individe	ual)		
Address			Postal code
Identification number or SIN	QST registration number (if any)	Amount paid or payable for the work (including taxe	es, if any)
Name (first and last name for an individ	ual)		
Address			Postal code
Identification number or SIN	QST registration number (if any)	Amount paid or payable for the work (including taxe	s, if any)
Total of the amounts paid or pa	ayable for the work (including taxes, if any)		
4 Certification I certify that the information pro	vided on this form and in the attached documents is,	to the best of my knowledge, accurate and	complete.
Signature of p	payer or authorized person	Date Area code	Phone
	BC 422	0 77 40505191	