

STATEMENT OF INCOME AND EXPENSES OF THE IMMOVABLE as of July 1st, 2021

PROPERTY	Account number :	Matricule :
	Address :	Municipality:

INCOME PRODUCED BY IMMOVABLE

YEAR END DATE (MM/DD) ____ / ____

RENTS COLLECTED (EXCLUDING G.S.T. and Q.S.T.)		20_____	20_____	20_____
Base rents				
- Offices	103			
- Businesses	105			
- Warehouses	109			
- Industries, factories, lofts	107			
- Dwellings (excluding garages and parking spaces)	101			
- Other rents (specify)	115			
- Antennas, billboards and signs	177			
- Parking spaces and garages	111			
- Other income (specify)	175			
Additional rents				
As per clauses allowing for the recovery of all or part of the following operating expenses from tenants :				
- Energy (HVAC and electricity)	120			
- Maintenance and other operating expenses (excl. energy and taxes)	138			
- Municipal and school taxes	160			
- Non-residential portion of property taxes	162			
- Water and services taxes	164			
- Administration fees charged to tenants	165			
Percentage rents (Remark : _____)	117			
TOTAL INCOME COLLECTED (EXCLUDING G.S.T. AND Q.S.T.)	100			
Bad debts (rents due but not collected)	273			
Capital taxes	172			
ANNUAL SALES for supermarket/food market only	190			

OPERATING EXPENSES OF THE IMMOVABLE (EXCLUDING G.S.T. and Q.S.T.)

	20_____	20_____	20_____
Heating : (check) <input type="checkbox"/> common areas only OR _____	221		
Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> <input type="checkbox"/> _____% of total gross leasable area	222		
Electricity <input type="checkbox"/> common areas only OR _____	223		
<input type="checkbox"/> _____% of total gross leasable area	225		
Air conditioning <input type="checkbox"/> common areas only OR _____	228		
<input type="checkbox"/> _____% of total gross leasable area	229		
For lines 230 to 243 : Write down the amount for each expenditure item or number of the line where this expenditure is included. Also, if work was contracted out to a supplier check box. (contract : <input checked="" type="checkbox"/>)			
Cleaning (amount included on line _____) (contract : <input type="checkbox"/>)	230		
Snow removal/lawn care (amount included on line _____) (contract : <input type="checkbox"/>)	233		
Elevator : maintenance (amount included on line _____) (contract : <input type="checkbox"/>)	236		
Upkeep and repairs * : (amount included on line _____) (* If the expense concerns capital expenditures for major repairs, write down this amount on line 245)	238		
Unkeep and repair contract (specify)	239		
Major repairs (Capital expenditure) ex : Roof, plumbing, etc. (specify)	245		
Security (amount included on line _____) (contract : <input type="checkbox"/>)	240		
Administration (amount included on line _____) (contract : <input type="checkbox"/>)	242		
If managed by owner, enter the estimated value of her/his work and expenditures on line 243	243		
Salary and fringe benefits related to the immovable (not included above)	244		
Professional fees (specify)	250		
Rental commissions and advertising (contract : <input type="checkbox"/>)	252		
Insurance (fire and liability)	254		
Municipal taxes	260		
School tax (check, if amount included on line 260 <input type="checkbox"/>)	263		
Water and services taxes (check, if amount included on line 260 <input type="checkbox"/>)	264		
Other tax(es) (specify)	265		
Other operating expenses (specify)	276		
TOTAL OPERATING EXPENSES (EXCLUDING G.S.T. and Q.S.T.)	200		
Unrecovered operating expenses	277		
Capital taxes	272		
Emphyteutic lease (land rental)	280		

I HEREBY DECLARE THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE		
Representative's name : (in block letters)	Signature :	Date :
Title :	Company :	
email address :		Telephone :