

STATEMENT OF INCOME AND EXPENSES OF THE IMMOVABLE as of July 1st, 2021 RESIDENCE FOR ELDERLY PEOPLE

PROPERTY	Account number :	Matricule :
	Address :	Municipality:

INCOME PRODUCED BY IMMOVABLE

YEAR END DATE (MM/DD) ___/___

RENTS AND OTHER INCOME COLLECTED (EXCLUDING G.S.T. and Q.S.T.)	20__	20__
- Dwellings (excluding garages and parking spaces)	101	
- Businesses	105	
- Parking spaces and garages	111	
- Resident services	191	
- Meals	192	
- Additionnal income : laundry, others (specify) :	119	
TOTAL INCOME COLLECTED	100	
Bad debts (rents due but not collected)	273	

SALARY AND BENEFITS RELATED TO THE IMMOVABLE

Administration (amount included on line _____)	401	
Upkeep and repair (amount included on line _____)	402	
Janitor (amount included on line _____)	403	
Housekeeping (amount included on line _____)	404	
Nurse (amount included on line _____)	405	
Recreation and animation (amount included on line _____)	406	
Feeding (amount included on line _____)	407	
Publicity and promotion (amount included on line _____)	408	
Security (doorman) (amount included on line _____)	409	
Employee benefits (amount included on line _____)	410	
Other salary and fringe benefits (specify)	411	
TOTAL SALARY AND BENEFITS	400	

SUPPLIES RELATED TO THE IMMOVABLE

Administration (amount included on line _____)	501	
Housekeeping (amount included on line _____)	502	
Medical (amount included on line _____)	503	
Food (amount included on line _____)	504	
Laundry (amount included on line _____)	505	
Other supplies (specify)	506	
TOTAL SUPPLIES	500	

OPERATING EXPENSES OF THE IMMOVABLE (INCLUDING G.S.T. AND Q.S.T.)

	20__	20__
Heating : (check) Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/>	220	
Electricity <input type="checkbox"/> and Air conditioning <input type="checkbox"/>	224	
Write down the amount for each expenditure item or number of the line where this expenditure is included.		
Upkeep and repairs (amount included on line _____)	238	
Major repairs (Capital expenditures) ex.: Roof, plumbing, etc. (specify)	245	
Administration (amount included on line _____)	242	
If managed by owner, enter the estimated value of her/his work and expenditures	243	
Telephone, cable and internet (amount included on line _____)	246	
Professional fees (specify) (amount included on line _____)	250	
Rental commissions and advertising (amount included on line _____)	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	
Management expenses (amount included on line _____)	289	
Recreation and activity expenses (bus) (amount included on line _____)	290	
Other operating expenses (specify)	276	
TOTAL OPERATING EXPENSES (INCLUDING G.S.T. AND Q.S.T.)	201	
TOTAL EXPENSES (lines 400 + 500 + 201)	600	
NET INCOME (lines 100 - 600)	601	

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