Revenu Québec 🛤 🛤

Information Return for the Québec Enterprise Register

If you are registered in the Québec enterprise register, Revenu Québec has sent you an information statement indicating the information about your business that appears in the register. Under the *Act respecting the legal publicity of sole proprietorships, partnerships and legal persons*, you must update this information annually.

First, read the **information statement you received**. Then complete lines 1 through 5 and the "Certification" section of this schedule. If you make retail tobacco sales, refer to the guide. Enter your Québec enterprise number (NEQ) in box 437 of your income tax return and refer to the guide to determine the fee you are required to pay. If your information statement contains any incorrect information, make the corrections in the appropriate sections of this schedule, checking "Delete" where applicable.

1	Québec enterprise number (NEQ)	2	Reference number shown on the information statement	
4	Last name	5	First name	
Α.	Information about the natural person of	perating a sole	proprietorship	
10	Last name			
11	First name			
13	Number, street, apt.			
14	City, town or municipality			
15	Province, state, country			
16				
	Information about the elected domicile			
17	Name of addressee	18	Delete	
19				
20	City, town or municipality			
21	Province, state, country Postal code			
C.	Information about the business		•	
	Two main sectors of activity			
41	1st sector of activity			
42	2nd sector of activity (if applicable)			
43	Number of employees in Québec		_	
	0 None A 1 to 5	D 26 to 49		
	A 1 to 5 B 6 to 10	E 50 to 99		
	C 11 to 25	F 100 to 2	249	
44	Period of existence			
	If there is a time limit on the existence of the	e business operate	ed by the natural person, enter the	
	expected date of cessation.		Year Month Day	/
D.	Information about establishments in G	luébec		
Pri	ncipal establishment			
45		46	Delete	
47	Name			
48	Name			
49	Number, street, apt., suite			
50	City, town or municipality	- 4	D (1) (1)	
	Province	51	Postal code	
	Québec			
52				
53 53.1				
33. I	Activity subject to mandatory reporting: retail tobacco sales (001)			
	1 Add 2 Delete			
L				

Enclose a copy of Schedule O, Déclaration de renseignements pour le Registre des entreprises du Québec, with your return.

Other	r establishments						
54	Number of the establishment						
55	Name	56	Delete				
57	Name						
58	Name						
59	Number, street, apt., suite						
60	City, town or municipality						
00	Province	61	Postal code				
	Québec	01	FUSIAI COUE				
62							
62	1st sector of activity						
63	2nd sector of activity (if applicable)						
63.1	Activity subject to mandatory reporting:						
	retail tobacco sales (001)						
	1 Add 2 Delete						
E. (Other names used in Québec						
64	Number	66	Delete				
65	Name	00	Delete				
67	Name						
F. I	nformation about the designated attorney						
If the	natural person has no domicile or establishment in O	uábac a	nter the name and address of a designated attorney resident				
in Qué		ucbee, e	The the hame and address of a designated attorney resident				
93	Name	94	Delete				
95	Number, street, apt., suite	01					
96	City, town or municipality						
30	Province	97	Postal code				
	Québec	31					
G. I	nformation about the administrator of assets						
If the i	natural person is represented by a person entrusted v	with adm	inistering all of the person's assets, enter the name, address				
	apacity of the administrator.						
		_					
105	1 Curator 5	Receiv					
	2 Trustee 6		e in bankruptcy				
	3 Liquidator 7	Tutor					
	4 Liquidator of a succession 8	Other					
	If other, give details:						
107	Name	108	Delete				
	Number, street, apt., suite						
110	City, town or municipality						
111	Province, state, country						
112	Postal code						
Certification (mandatory)							
I, Nam	I, Name of natural person or authorized person (please print), domiciled at Complete address, certify that I am the natural person operating the sole						

proprietorship or the person authorized berson (please pint), dominine at complete address, certify that if and the flatural person operating the sole proprietorship or the person authorized to sign this information return and that the information reported is accurate and complete. Signature Date

The information provided in this return will be used to update your file in the Québec enterprise register.

Enclose a copy of Schedule O, Déclaration de renseignements pour le Registre des entreprises du Québec, with your return.