

3 Information on the person or businesses that carried out the work

If you need more space, attach a sheet with the required information. Enter the identification number or SIN only if the person or business that carried out the work is not registered for the QST.

Name (first and last name for an individual)

Address _____ Postal code _____

Identification number or SIN _____ QST registration number (if any) _____ | T, Q | _____ Amount paid or payable for the work (including taxes, if any) _____

Name (first and last name for an individual)

Address _____ Postal code _____

Identification number or SIN _____ QST registration number (if any) _____ | T, Q | _____ Amount paid or payable for the work (including taxes, if any) _____

Name (first and last name for an individual)

Address _____ Postal code _____

Identification number or SIN _____ QST registration number (if any) _____ | T, Q | _____ Amount paid or payable for the work (including taxes, if any) _____

Name (first and last name for an individual)

Address _____ Postal code _____

Identification number or SIN _____ QST registration number (if any) _____ | T, Q | _____ Amount paid or payable for the work (including taxes, if any) _____

Name (first and last name for an individual)

Address _____ Postal code _____

Identification number or SIN _____ QST registration number (if any) _____ | T, Q | _____ Amount paid or payable for the work (including taxes, if any) _____

Name (first and last name for an individual)

Address _____ Postal code _____

Identification number or SIN _____ QST registration number (if any) _____ | T, Q | _____ Amount paid or payable for the work (including taxes, if any) _____

Total of the amounts paid or payable for the work (including taxes, if any) _____

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 Phone



123Q ZZ 49505181