ORIGINAL TEXT IN FRENCH

Finances Québec

Tax Credit Programs for IFCs

Annual Declaration Regarding Employment in the IFC

1. General information on the IFC

Name of the corporation that operates the IFC (business name)				
Address of the corporation that operates the IFC				
City	Province	Country	Postal code	Website

2. Head of the IFC [1]

Mr. / Ms.	First name	Last name
Title		
Office telephone	Fax	Email
Ext.:		

3. IFC certificate number	4. Effective date of the IFC certificate
	year/month/day

5. Employment situation

	December 31, 2016
A) Number of employees in Québec with the corporation that operates the IFC	
B) Number of employees with the IFC[2]	

6. Signature of the head of the IFC

I, the undersigned, certify that, to the best of my knowledge, all the information contained in this form is true and complete.

Signature of the head of the IFC | Date

Name (please print)

Title

[1] Name of the head of the IFC designated in a resolution of the board of directors of the corporation operating the IFC.

[2] This refers to the total number of employees located at the address mentioned in section 1 who have devoted all or part of their time to the operations of the IFC. More specifically, this number includes employees holding a certificate as well as those without one but who nonetheless participate in the operations of the IFC.