

APPENDIX 4

**Schedule of Airport Improvement Fee (AIF)
Annual remittance form**

Air Carrier _____

Year Ended: _____

(1)	(2) Total Number of DEPAX (Chargeable Passengers)	(3) Rate \$30	(4) Gross AIF Payable (Excluding Taxes)	(5) Goods and Services Tax (GST) 5%	(6) Quebec Sales Tax (QST)	(7) Less Handling Fees of 4% at YUL	(8) GST on Handling Fees	(9) QST on Handling Fees	(10) Net Fees Due	(11) Amount Paid	(12) Variance
			(2)*3	(4)*5%	(4)*9.975%	(4)* 4%	(7)*5%	(7)*9.975%	(4)+(5)+(6)-(7)-(8)-(9)		(10)-(11)
January		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
February		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
March		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
April		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
May		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
June		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
July		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
August		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
September		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
October		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
November		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
December		30	- \$	- \$	- \$	- \$	- \$	- \$	- \$		- \$
Total	0		- \$	- \$	- \$	- \$	- \$	- \$	- \$	-	-

Columns to complete

I hereby certify, to the best of my knowledge and after due inquiry, the above statement is true and correct in all respects, and accurately represents (name of your company)

Airport Improvement Fee remittance processes for the given year, and is prepared in accordance with the requirements outlined in Subsections 9.5 and 9.6, (a) and (c) of the MOA.

(Signature)

(Date)

Name _____

Title _____

Phone number _____

e-mail address _____