

RENT RECEIPT

To : The Landlord			
Please complete the following in	formation:		
Landlord Information			
Name:			_
Address:			_
City:	Province:	Postal Code:	_
Telephone:			
This is to confirm thatwas a tenant at	(Name of Tenant)		
	(Address in Full)		
for the period from	to		
Total rental payment received: \$		for the year.	
(Signature of Landlord)			

2186 Bloor Street West Unit 214 Tel (416) 762-9500 Toronto, Ontario M6S 1N3 Fax (416) 762-9502

www.aplustax.ca jpatax@hotmail.com

*NOTE: This must be completed in order to qualify as an official receipt for Income tax purpose