

# STÖLZLE

ÖSTERREICHISCHE GLASINDUSTRIE A. G.  
WIEN IV/1, RECHTE WIENZEILE 29

An Monsieur R i c h a r d ,  
M o n t r e a l .

in

Ihr Zeichen:

Ihre Nachricht vom

Unser Zeichen: Can/M

Tag: 3/4.39

Monsieur,

Nous venons de recevoir du Bureaux de Revenu de la Province une lettre ci inclus et the Form C-IA. Nous vous prions de nous informer quel but de circular a et combien de la taxe nous devons payer. Nous croyons que ce taxe est seulement sur compte des clients.

Nous vous prionx de nous donner toutes les renseignements necessaires. Veuillez nous retourner le lettre ci inclus et le Form CIA.

Agreez, Monsieur nos salutations les plus distinguees.

**STÖLZLE**  
ÖSTERREICHISCHE GLASINDUSTRIE A-G.

*W. Stölzle*



BUREAUX DU REVENU DE LA PROVINCE  
POUR LE DISTRICT DU REVENU DE MONTREAL  
PROVINCIAL REVENUE OFFICES  
FOR THE REVENUE DISTRICT OF MONTREAL

Eingelängt am

3 APR. 1939

No. Filière }  
File No. }

445, ST. GABRIEL,  
MONTREAL,

March 20th, 1939.

"REGISTERED"

C. Stolzles Sohne,  
Wien, AUSTRIA.

RE: QUEBEC CORPORATION TAX ACT.

Dear Sirs:-

Since commencing to do business in this Province, your Company has failed to make its return in accordance with the requirements of the above Act.

All incorporated companies, partnerships or individuals with Head office outside the Dominion of Canada, doing business in this Province through the medium of an Agent or resident representative, are obligated in making returns and paying the tax exigible.

I am enclosing herewith three blank forms No. C-1A for the purpose of your return, and would ask you to kindly complete same, two copies you return to this office, and the third to be retained for your files.

Will you please give this matter your earliest attention.

Yours very truly,

THE COLLECTOR OF PROVINCIAL REVENUE,

Per:-

HHR:SM  
Encl.



# PROVINCE OF QUEBEC

This return is to be delivered or mailed to the COMPTROLLER OF PROVINCIAL REVENUE, PARLIAMENT BUILDINGS, QUEBEC, P. Q.

Every question on this form must be answered, and when not applicable insert the word "nil".

This return covers the fiscal period ended ..... 19.....

1. Name of the Company .....
2. Address of Statutory Head-Office .....  
Street and Number City or Town Province or Country
3. Give address of principal Place of Business in Canada .....
4. Address to which notices should be mailed .....
5. Nature of Business .....
6. Through what medium is the company's business transacted in the Province of Quebec .....

**7. PAID-UP CAPITAL:**

	\$	c.
Common shares:		
Par value \$.....No. of Sh.....		
No par value No. of Sh.....		
Preferred shares:		
Par value \$.....No. of Sh.....		
<b>TOTAL CAPITAL STOCK</b> .....		
Bonds and debentures payable .....		
Mortgages payable .....		
Reserve Funds (not including reserves for wear and tear, depreciation and bad debts) .....		
Surplus (do not deduct when deficit) .....		
Loans or Advances from other Companies. Item 9 or 10 .....		
<b>TOTAL PAID-UP CAPITAL</b> .....		

**8. LOANS AND ADVANCES FROM OTHER COMPANIES:**

	\$	c.
Cash Advances by any other Company		
Name .....		
Credit Advances by any other Company		
Name .....		
<b>9. TOTAL</b> .....		
Total of all accounts payable .....		
Deduct:	\$	c.
Loans from Banks .....		
Loans from Individuals .....		
Due on current purchases .....		
Other current items give particulars..		
<b>10. Item 10 should agree with Item 9, if not give reasons.</b>		

11. DEFICIT as per Balance Sheet .....

**12. GOODWILL**

	\$	c.
Goodwill .....		
Copyrights .....		
Patent Rights .....		
Trade marks .....		
<b>TOTAL</b> .....		

**13. AVERAGE ANNUAL NET REVENUE** (to be used if Company shows Goodwill as an asset).

Net Revenue herein means the net annual profit available for dividends on Preferred or Common Stock after providing for all reasonable charges including income tax.

For each of the last five years:

Net Revenue or Loss (Loss in Red) fiscal year ended in 19.....		
Net Revenue or Loss " " fiscal year ended in 19.....		
Net Revenue or Loss " " fiscal year ended in 19.....		
Net Revenue or Loss " " fiscal year ended in 19.....		
Net Revenue or Loss " " fiscal year ended in 19.....		

**TOTAL** .....

Average Annual Net Revenue (Divide total by number of years) .....

14. ASSETS—AT BOOK VALUE: in all Jurisdictions ..... In the Province of Quebec .....

15. SALES in all Jurisdictions ..... In the Province of Quebec .....

I..... on behalf of the above named Company do hereby certify that the information given herein is true in every respect.

Date.....19.....

(Signature of an authorized Officer of the Company).

Rank of Officer.