

Year: _____

Business Worksheet

Client Name: _____ Social Insurance Number: _____

Business Information:

Business Name: _____

First Year of Business: _____ Last Year of Business: _____

Partnership: _____

Nature of Business: _____

Business Income:

Income (Including HST): _____ HST collected: _____

Income (Without HST): _____ Total ITC: _____

Business Expenses:

Do your Expenses include HST: _____ Do you need an HST return: _____

Costs Of Goods Sold:

Opening Inventory: _____ Purchases During the year: _____

Ending Inventory: _____ Subcontracts: _____

Expenses:

(Attach any additional pages/Documents if necessary)

Advertising: _____	Maintenance & Repairs _____
Meals & Entertainment: _____	Salaries & Benefits (incl. employer contributions): _____
Bad Debts: _____	Business Property Tax: _____
Insurance: _____	Travel: _____
Bank Charges + Interest: _____	Business Phone: _____
Business tax /fees/license /dues /memberships: _____	Utilities: _____
Office Expenses: _____	Fuel (except for motor vehicles): _____
Supplies: _____	Delivery & Freight costs: _____
Legal & Accounting fees: _____	Website Fees: _____
Management & Admin: _____	
Rent: _____	
Other (Specify): _____	

Did you purchase any new equipment during the year? (list including description, date, and purchase price): _____

Office – In – Home Expenses

Simplified:

Dollar Amount Per Day: \$2.00 Number Of Days Worked Form Home: _____ (Max \$500.00)

Advanced:

Total Square Feet Of Home: _____ Square feet of Office: _____

Heat: _____ Electricity: _____ Water: _____

Insurance: _____ Maintenance: _____ Property Tax: _____

Rent: _____

Other (Specify): _____

Business Use Of Vehicle:

Make: _____ Model: _____ Year: _____

Total KM Driven for year: _____ KM Driven for Business Purposes: _____

Value Of Vehicle: _____ Fuel: _____ Insurance: _____

License Plate: _____ Repair & Maintanance: _____

Interest Paid on car Loan: _____ Lease Payments for year: _____

Other (Specify): _____