

CLIENT INFORMATION

FULL NAME: _____ SIN: _____

BUSINESS DETAILS

BUSINESS NAME: _____

REPORTING PERIOD: _____
mm/dd/yy

TO _____
mm/dd/yy

TYPE OF BUSINESS: _____

BUSINESS NUMBER (if applicable) _____

If you are GST-registered, do not include GST in the summary amounts.

GST Collected on Sales \$ _____

GST paid \$ _____

Do you require us to file your GST return on your behalf?

(if applicable): Yes No

(CRA authorization is required)

Is this your final year of operation? Yes No

BUSINESS INCOME

Gross sales, commissions or fees	\$
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BUSINESS EXPENSES (Enter amounts where applicable)

Subcontractors	\$
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Advertising	\$
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Meals and Entertainment	\$
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Bad Debts	\$
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Insurance	\$
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Interest and Bank Charges	\$
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Business Taxes, Licenses and Memberships	\$
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Office Expenses	\$
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Office Stationery and Supplies	\$
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Professional Fees	\$
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Management and Admin Fees	\$
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Rent	\$
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Repairs and Maintenance	\$
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Salaries, Wages and Benefits	\$
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Property taxes (only business portion)	\$
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Travel	\$
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Utilities (only business portion)	\$
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Telephone (only business portion)	\$
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Delivery, freight and express	\$
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Private Health Services Plan Premiums	\$
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Other Expenses (please list)	
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• _____	\$
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• _____	\$
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TOTAL BUSINESS EXPENSES	\$
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(Motor vehicle expenses filled out on motor vehicle expense worksheet attached)
(Home office expenses filled out on home office expense worksheet attached)

INVENTORY DETAILS (If applicable)	
Inventory on hand at beginning of year	\$
Purchases made during year	\$
Inventory on hand at year-end	\$

Additional Information:

CAPITAL ASSET PURCHASES (Provide copies of invoices)		
Date	Description	Purchase/Sale Price

CAPITAL ASSET SALES (Provide copies of bills of sale)		
Date	Description	Purchase/Sale Price

Notes or Additional Comments:

Client Signature: _____ **Date:** _____



BUSINESS USE OF HOME OFFICE EXPENSES

TOTAL SQ.FT. OF HOME: _____ SQ.FT. USED FOR BUSINESS : _____

HOME EXPENSES: (Enter total amounts for the reporting period)	
Heat	\$
Electricity	\$
Insurance	\$
Maintenance	\$
Mortgage Interest	\$
Property Taxes	\$
Other Expenses (please list)	
• _____	\$
• _____	\$

Client Signature: _____ Date: _____



MOTOR VEHICLE EXPENSES

Vehicle Information:

DESCRIPTION OF VEHICLE (YEAR, MAKE, MODEL): _____

DATE PURCHASED: _____ COST OF VEHICLE: _____

Is there a loan on the vehicle? Yes No

Is the vehicle leased? Yes No

Calculation of Business Use:

KMs driven to earn business/farm income: _____ Total KMs driven in the year: _____

VEHICLE EXPENSES: (Enter total amounts for the year, do not include GST)	
Fuel and Oil	\$
Insurance	\$
License and Registration	\$
Maintenance and Repairs	\$
Loan Interest (if applicable)	\$
Lease Payments (if applicable):	\$
Other Expenses (please list)	
• _____	\$
• _____	\$

Client Signature: _____ Date: _____