



CLIENT INFORMATION

FULL NAME: _____ SIN: _____

BUSINESS DETAILS

FARM NAME: _____

REPORTING PERIOD: _____
mm/dd/yy

TO _____
mm/dd/yy

TYPE OF FARM: _____

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

FARM INCOME

Wheat	\$
Oats	\$
Barley	\$
Wheat	\$
Canola	\$
Flaxseed	\$
Other Crops	\$
Forage Crops or Seeds	\$
Livestock Sold	
• Cattle	\$
• Swine	\$
• Bison and Elk	\$
• Other _____	\$
Crop Insurance and Program Payments	\$
Rebates	\$
Custom or Contract Work and Machine Rentals	\$
Insurance Proceeds	\$
Patronage Dividends	\$
Other Expenses (please list)	
• _____	\$
• _____	\$
TOTAL FARM INCOME	

FARM EXPENSES: (Enter amounts where applicable)	
Containers and Twine	\$
Fertilizers and Lime	\$
Pesticides	\$
Seeds and Plants	\$
Feed, Supplements, Straw and Bedding	\$
Livestock Purchased • Type _____	\$
Veterinary Fees, Medicine and Breeding Fees	\$
Machinery expenses • Repairs, Licenses and Insurance	\$
• Gasoline, Diesel Fuel and Oil	\$
Building and Fence Repairs	\$
Clearing, Levelling and Draining Land	\$
Crop Insurance	\$
Custom or Contract Work	\$
Electricity (farm portion only)	\$
Heating Fuel (farm portion only)	\$
Insurance	\$
Interest and Bank Charges	\$
Office Expenses	\$
Professional Fees	\$
Property Taxes	\$
Rent (land, buildings and pasture)	\$
Salaries, Wages and Benefits	\$
Small Tools	\$
Other Expenses (please list) • _____ • _____	\$ \$
TOTAL FARM EXPENSES	

*(Motor vehicle expenses filled out on motor vehicle expense worksheet attached)
(Home office expenses filled out on home office expense worksheet attached)*



Inventory On Hand at Year End (if applicable)

DESCRIPTION	QUANTITY	AMOUNT (\$)
Cattle		\$
Grain		\$
Other: _____		\$
Other: _____		\$
Other: _____		\$

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: _____