

Please include the following information in order to prepare your tax return:

- Summary and/or receipts of income and operating expenses for the year (summarize GST if registered to collect and remit GST)
- Capital asset additions or dispositions during the year (please provide purchase/sale documents)
- Vehicle expenses if used for business purposes (use appropriate worksheet)

Use the following information to summarize your self-employment income and expenses:

General Information:

Business Name: _____

Address: _____

Partner(s)/Proprietor(s):

Name:	SIN:	% Of Share:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fiscal Year End (if not December 31): _____

Are you registered for GST? Yes No

Business Number: _____

Do you require us to prepare you GST Return? Yes No

Access Code: _____

Reporting Method: Quick Regular

PLEASE NOTE THAT A GST FILING DOES NOT FORM PART OF YOUR TAX RETURN AND IS AN ADDED SERVICE THAT WE PROVIDE.

GST COLLECTED AND GST PAID ON EXPENSES MUST BE IDENTIFIED ON THE WORKSHEET FOR US TO INCLUDE THEM IN YOUR FILING.

IF YOU WOULD LIKE US TO FILE YOUR GST AND DO NOT HAVE YOUR ACCESS CODE YOU CAN ADD US AS AN AUTHORIZED REPRESENTATIVE ON YOU "MY BUSINESS ACCOUNT". OUR GROUP ID IS GKJ4JM (UNDER THE GENX GROUP – OUR BOOKKEEPING DIVISION). WE WOULD NEED LEVEL 2 ACCESS.

Describe main business activity: _____

Date Business commenced/ceased (if during year): _____

<u>Income:</u>	<u>Total Amount</u>	<u>GST Collected (Included in Total)</u>	<u>Total minus GST</u>
Gross Sales	_____	_____	_____
Work in progress, other income	_____	_____	_____
<u>Total Income:</u>	_____	_____	_____

<u>Cost of Goods Sold:</u>	<u>Total Amount</u>	<u>GST Paid Incl. in Total</u>	<u>Total minus GST</u>
Opening Inventory	_____	_____	_____
Purchases during the Year	_____	_____	_____
Direct Wage Costs	_____	_____	_____
Subcontracts	_____	_____	_____
Other Costs	_____	_____	_____
Less: Closing inventory	_____	_____	_____
<u>Total Cost of Goods Sold:</u>	_____	_____	_____
Advertising and Promotion	_____	_____	_____
Meals and Entertainment	_____	_____	_____
Bad Debts	_____	_____	_____
Insurance	_____	_____	_____
Interest and Bank Charges	_____	_____	_____
Business Licenses, Dues, Memberships, Subscriptions:	_____	_____	_____
Office Expenses	_____	_____	_____
Supplies	_____	_____	_____
Legal, Accounting, Professional Fees	_____	_____	_____
Management and Admin Fees	_____	_____	_____
Maintenance and Repairs	_____	_____	_____
Salaries, Wages, Benefits (including Employer Contribution)	_____	_____	_____
Travel (Transportation/Accommodation)	_____	_____	_____

Telephone and Utilities	_____	_____	_____
Vehicle Expenses (See Worksheet)	_____	_____	_____
Other Expenses (Specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Expenses:	_____	_____	_____

Home Based Business Usage:

As an employee or commissioned salesperson, you may claim home office expense if the work space is where you mainly work (more than 50% of the time) **AND** the space is used only to earn employment income and meet with clients or customers. A signed copy of FORM T2200 must be obtained from your employer indicating that the use of your home office is a condition of employment and no reimbursement was received.

If you are self-employed, you can claim home office expenses if it is your principal place of business, or the space is used only to earn business income and meet with clients or customers regularly.

Use the following information to summarize you home office expenses:

Total Square footage of Home: _____

Total Square footage of Office space in home: _____

Percentage of business use (office sq.ft./total sq.ft.): _____

<u>Expenses:</u>	<u>Total Amount</u>
Heat	_____
Electricity	_____
Insurance	_____
Maintenance	_____
Mortgage Interest	_____
Rent	_____
Property Taxes	_____
Water/Sewage/Garbage Utilities	_____
Other expenses (Specify)	_____

**Capital Purchases (Items greater than \$500.00 with a life longer than 1 year:
(must not be included in expense totals on previous pages)**

Item:	Cost:	Date Purchased:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use the following information to summarize your vehicle expenses:

Description and Kilometers:

Make/Model/Year: _____ Date Purchased: _____ Date Sold (if in tax year): _____

Kilometers driven in year to ear business income: _____

Total Kilometers driven in year: _____

Percentage of business use (business use kms/total kms): _____

Expenses:	<u>Total Amount</u>
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Fuel and Oil	_____
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Interest	_____
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Insurance	_____
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License and Registration Fees	_____
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Maintenance and Repairs	_____
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Leasing Costs	_____
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Other expenses (specify)	_____
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Parking Fees	_____
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Additional Business Insurance	_____
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(Less) Reimbursement/Rebates	_____
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