

Business Income Checklist

Name of Business _____

Type of ownership: Sole Proprietor Partnership

If the business is owned by a partnership please record the name, social insurance number, address and percentage of the ownership of all partners involved:

Are you registered to collect GST? Yes _____ No _____ If yes, GST # _____

Would you like our firm to complete the GST return(s) for your business? Yes _____ No _____

Is GST included in all of the amounts below? Yes _____ No _____

Business Income

\$ _____

Business Expenses

Advertising	\$ _____	Private Health Prem.	\$ _____
Bad Debts	\$ _____	Professional Fees	\$ _____
Bank Charges	\$ _____	Property Taxes	\$ _____
Freight & Delivery	\$ _____	Repair & Mainten.	\$ _____
Fuel Costs ¹	\$ _____	Salaries & Wages	\$ _____
Insurance	\$ _____	Subcontractors	\$ _____
Inventory Purchases	\$ _____	Supplies	\$ _____
Licenses & Dues	\$ _____	Telephone	\$ _____
Management Fees	\$ _____	Training	\$ _____
Meals & Entertainment	\$ _____	Travel	\$ _____
Office Expenses	\$ _____	Utilities	\$ _____
Rent	\$ _____	Other	\$ _____

Did you have the following:

Capital asset purchases in the year (i.e. Computers, Equipment, etc)? Yes _____ No _____

If yes, please include a copy of the receipts.

Automobile use for the above described business activities in the year? Yes _____ No _____

If yes, please request our automobile expense checklist.

Use of home premise for an office? Yes _____ No _____

If yes, please request our office in home expense checklist.

¹ Please do not include automobile expenses because they need to be compiled on the automobile expense checklist.