

Your Name \_\_\_\_\_ Tax Year \_\_\_\_\_ GST Number \_\_\_\_\_ Quick Method Applied? Yes No

Business Activities \_\_\_\_\_

Income (No GST/QST) \_\_\_\_\_ GST/QST \_\_\_\_\_ Total Income with GST/QST \_\_\_\_\_

## General Expenses

Advertising  
Meals & Entertainment Meals  
50% Applicable  
Insurance  
Interest & Bank Charges  
Licenses & Membership Office  
Expenses  
Office Stationery & Supplies  
Professional fees (accounting)  
Management & Administration  
Rent  
Repair & Maintenance Salaries  
& Benefits  
Property Taxes  
Travel Expenses  
Utilities  
Delivery & Freight Commission  
Rebate  
Gifts  
Gift Cards  
Other Expense 1

Gross  
Including Tax

## Home Office Expense

Total home sqft	ft	Business use sqft	ft	Percentage
<b>Gross Including Tax</b>				
Heat				
Electricity				
Insurance				
Maintenance				
Mortgage Interest				
Property Taxes				
Other Expenses				
↓				
Please specify what "others" are:				

## Vehicle Expense

Vehicle Make	Vehicle Model	Vehicle Year
Total Kilometers	Business Kilometers	Percentage
If you leased the vehicle, specify lease start date: _____ Lease end date: _____		
If you purchased the vehicle, specify the purchase date: _____ Purchase price including HST: _____		

**Gross (Including Tax)**

Fuel  
Interest  
Insurance  
Licence  
Maint & Repair  
Leasing  
Parking

Please provide "other" vehicle expenses:

Other Expens  
↓  
Please specify what **other** expenses are:

**Total Home Office Expense Total Vehicle Expense**

**Total Expenses**

Please leave your notes and questions:

- Please fill the form by Adobe Acrobat Reader. The content won't be saved if you use your browser to fill it.