

## Business/Self-employed Checklist

To assist in the preparation of your Personal Income Tax Return, please complete this form and attach all the supporting documentation. In the event of an audit, the onus of proof is on the taxpayer; unsupported claims may be denied.

### Information

Name (Last, First) \_\_\_\_\_

Business Name	Business No.	RT
Business Address		
City	Province	Postal Code
Fiscal Period (yyyy/mm/dd) from		To
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership (please provide partners information)	
Main Product or Service		

### Partners Information

First Name	Last Name	SIN	Partnership
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

*If GST/HST has been remitted and/or an input tax credit has been claimed, do not include GST/HST in the calculation of income, cost of goods sold, expenses or net income (loss).*

### Internet Business Activities

*(For products or services sold online, i.e., eBay, Amazon, or Direct website sales)*

How many internet web pages and websites does your business earn income from? \_\_\_\_\_

Provide up to five main web page addresses for your business. \_\_\_\_\_

What percentage of your gross income is generated from web pages and websites? \_\_\_\_\_

### Income

Business     Commission     Professional

<input type="checkbox"/> Sales, commissions or fees	\$
<input type="checkbox"/> Professional fees	\$
<input type="checkbox"/> Income reported on T4/T4A slips	\$
<input type="checkbox"/> GST/HST adjustments	

### Cost of Goods Sold

<input type="checkbox"/> Opening inventory	\$
<input type="checkbox"/> Purchases during the year	\$
<input type="checkbox"/> Direct wage costs	\$
<input type="checkbox"/> Subcontracts	\$
<input type="checkbox"/> Other costs (please specify: _____ )	\$
<input type="checkbox"/> Closing inventory	\$

**Expenses**

Advertising	\$
Meals and entertainment (100%) <i>(Mark reason for meeting, name of client on receipts)</i>	\$
Bad debts	\$
Insurance (except for motor vehicles)	\$
Interest and bank charges	\$
Business taxes, licenses and memberships	\$
Office expenses	\$
Office stationery and supplies	\$
Legal	\$
Accounting	\$
Other professional fees (e.g., web hosting & design)	\$
Management and administration fees	\$
Rent	\$
Maintenance and repairs	\$
Salaries, wages and benefits (incl. employer's contributions)	\$
Property taxes	\$
Travel (incl. transportation fees, accommodations & allowable part of meals)	\$
Telephone/Fax/Internet/Mobile (for business use)	\$
Utilities	\$
Fuel costs (except for motor vehicles)	\$
Delivery, freight and express	\$
Convention and conference expenses <small>(where expenses include the provision of meals and do not itemize the charges, \$50 must be subtracted from the convention fee for each day meals were provided. The \$50 will be placed as food and beverage for traveling and subject to 50% limitation.)</small>	\$
Private health services plan premiums	\$
Others (please specify: _____ )	\$

**Motor vehicle expense** *(Auto log is required. If a new vehicle was leased, purchased or sold in the year, please provide all documents)*

Current Vehicle Make	Model	Year
Km driven for business purpose	km	Total Km driven in the year
Previous Vehicle Make	Model	Year
Km driven for business purpose	km	Total Km driven in the year

**Motor vehicle expense (cont'd)**

	<i>Previous Vehicle</i>	<i>Current Vehicle</i>
Fuel and oil	\$	\$
Maintenance and repairs	\$	\$
Insurance	\$	\$
License and registration	\$	\$
Car loan interest (please provide loan agreement)	\$	\$
Car leasing (please provide lease agreement)	\$	\$
Business parking fees	\$	\$

**Business Use of Home Expenses**

*(You can deduct expenses for business expenses for a workspace at your home, if one of the following are met.*

- It is your principal place of business,*
- You use the space only to earn your business income, and you use it on a regular and ongoing basis to meet your clients, customers, or patients)*

Area used for business	sq.ft.	Total area of home	sq.ft.
Heat			\$
Electricity			\$
Insurance			\$
Maintenance			\$
Mortgage interest			\$
Property taxes			\$
Rent			\$
Strata Fees			\$
Water and sewer			\$
Others (please specify: _____ )			\$

**Purchase/Disposition of Capital Assets** *(Please provide original receipts, purchase agreement or invoices)*

Item	Purchase (P) /Disposition (D)	Description	Proceeds/Cost	Date (yyyy/mm/dd)
Automobile			\$	
Computer			\$	
Office Equipment			\$	
			\$	
			\$	

**Generally, you must keep your records for six years from the end of the taxation year to which they relate.**