

Tax Year _____

Summary of Income and Expenses for Unincorporated Business***FOR NEW CLIENTS, PLEASE PROVIDE US WITH A COPY OF YOUR LAST TAX RETURN***

Your Name: _____ % Ownership: _____

Business Partner's Name (if any): _____ % Ownership: _____

Name of Business: _____ Main Product/Service: _____

Period of Operation in the year, From: _____ To: _____ ☐ Whole YearBusiness Address: _____ ☐ Same as Personal AddressProvince of Self-employment on December 31st? ☐ Alberta ☐ Other: _____Do you collect/remit GST/HST? ☐ Yes ☐ No Account BN Number: _____Do you file your own GST? ☐ Prefer Us? (RC59 required) ☐**How do you keep track of your business income/expenses?**☐ Summarized Below ☐ Use Bookkeeper/Software ☐ Spreadsheet ☐ Other _____

*If applicable, email us a copy of your spreadsheet, or Balance Sheet and Profit and Loss Comparative Reports (current and prior year) from your software

Net Sales/Business Income	\$
GST/HST Collected	\$
Total Sales or Fees	\$
Other Business Income (not included on sales or fees above)	\$
Total Self Employment Income for the Year	\$

***If you carry inventory: Please attach the value of your inventory at the start of the year, the value of your inventory at the end of the year and the cost of the inventory you purchased during the year. ***

Current Expenses Only (for Capital Expenditures see page 2)If your business collects & remits GST/HST, the expenses **Must NOT** include the GST/HST portion paid on the expense. It can include the subtotal of the expense + the PST (if applicable) paid. Expenses can only be claimed once!

Advertising	\$
Meals & Entertainment (full amount of expense , we'll take 50%)	\$
Business (commercial) Insurance	\$
Interest on Business Loans & Credit Cards	\$
Business Tax, Fees, Licenses, Dues, Memberships and Subscriptions	\$
Office Expenses (stationery, pens, paper, postage, etc)	\$
Legal & other professional fees (cost of Preparing your Income Tax Return with Business Statement)	\$
Salaries, Wages, & Benefits (including employer's contribution)	\$
Travel (transportation fees, accommodations, etc)	\$
Business Telephone (it has to be a dedicated, 2 nd line)	\$
Cell Phone (please include the business portion only, if used personally, indicate the percentage being claimed for business _____%)	\$
Other:	\$

If you own or lease the location of your business outside your home, please complete the following, otherwise, use "Business Use of Home Expenses" on page 2....)

Rent or Property Tax	
Maintenance and Repairs	\$
Utilities	\$

If you have other categories of expenses that are not included above, please attach.

Office Not @ Home

PLEASE COMPLETE PAGE 2

OVER 

Business Use of Home Expenses

Office @ Home	Area of Home Used for Business _____ sq. ft. _____ %	
	Total Area of Home _____ sq. ft. _____ 100%	
	Heat	\$
	Electricity	\$
	Home Insurance	\$
	Maintenance and Repairs (Don't include capital expenditures)	\$
	Mortgage Interest (Don't include payments to principal)	\$
	<input type="checkbox"/> Property Taxes <input type="checkbox"/> Rent	\$
+ Unused amount carried forward from previous years, if applicable		\$

Motor Vehicle Expenses (Only for Vehicles Used in the Business)

It is very important to keep a log of your kilometers to prove the use of your vehicle for business purposes

Vehicle Expenses	Vehicle Description(s)	Vehicle 1 Yr/Make/Model	Vehicle 2 Yr/Make/Model
	Kilometers Driven in the Tax Year for <u>Business Use</u>	_____ km	_____ km
	Total Kilometers Driven in the Tax Year	_____ km	_____ km
	Fuel and oil	\$	\$
	Motor Vehicle Insurance premium for the year	\$	\$
	License & Registration	\$	\$
	Maintenance & Repairs (Including Car Washes)	\$	\$
	Business Parking Fees, CAA, and Road Assistance	\$	\$

*If you own the vehicle(s), you can claim the car loan interest and depreciation.
For leased vehicles claim the lease payments only.*

Financed / Owned	Car Loan Total Interest Paid in the Tax Year	\$	\$
	Date Interest Payments Commenced	YY/MM/DD	YY/MM/DD
	Date Interest Payments Ended	YY/MM/DD	YY/MM/DD
	A) Cost of Vehicle, if purchased in the current tax year Date Purchased	\$	\$
Leased	B) Fair market value of previously- owned vehicles, if this is the first year that vehicle was used in business	\$	\$
	Leasing Costs (Total Payments in the Tax Year) Date Lease Commenced Date Lease Ends	\$ YY/MM/DD YY/MM/DD	\$ YY/MM/DD YY/MM/DD

Capital Expenditures (Tools, Equipment & Furniture Purchased or Sold in the year over \$250)

Date of Purchase (P) or Sale (S)	P	S	Description	Cost <small>If GST/HST registrant, don't include the GST/HST.</small>

Undepreciated Capital Cost for Equipment, Furniture, & Vehicles Purchased in Prior Years

*If you were our client last year, don't worry about it, we have this on file for you.

Description	Undepreciated Capital Cost

SIGNATURE (of person providing information): _____ DATE _____