

## Self-Employment Business Tax Preparation Checklist

### --- General Information ---

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of your previous tax return (for new clients only)<br><input type="checkbox"/> Business name _____<br><input type="checkbox"/> GST/HST number _____ | <input type="checkbox"/> Business address _____<br><input type="checkbox"/> The main product or service of your business _____ |
|---|--|

### --- Gross Business Income (don't include GST/HST) ---

- Your gross business income

### --- Business Expenses ---

- |  |   |
|--|---|
| <input type="checkbox"/> Purchase of materials _____<br><input type="checkbox"/> Subcontracts _____<br><input type="checkbox"/> Advertisement _____<br><input type="checkbox"/> Meals and entertainment _____<br><input type="checkbox"/> Business fees, licenses _____<br><input type="checkbox"/> Office stationery and supplies _____ | <input type="checkbox"/> Professional fees _____<br><input type="checkbox"/> Salaries, wages, and benefits _____<br><input type="checkbox"/> Travel _____<br><input type="checkbox"/> Telephone and utilities _____<br><input type="checkbox"/> Delivery, freight, and express _____<br><input type="checkbox"/> Other expenses _____ |
|--|---|

### --- Business-use-of-home expenses ---

- |   |  |
|---|--|
| <input type="checkbox"/> Heat _____<br><input type="checkbox"/> Electricity _____<br><input type="checkbox"/> Insurance _____<br><input type="checkbox"/> Maintenance _____ | <input type="checkbox"/> Mortgage interest _____<br><input type="checkbox"/> Property taxes _____<br><input type="checkbox"/> Other expenses (rent) _____<br><input type="checkbox"/> Percentage of personal usage _____ |
|---|--|

### --- Motor Vehicle Expenses ---

- |  |   |
|--|---|
| <input type="checkbox"/> The kilometres you drove in the tax year to earn business income _____<br><input type="checkbox"/> The total kilometres you drove in the tax year _____<br><input type="checkbox"/> Fuel and oil _____<br><input type="checkbox"/> Interest _____<br><input type="checkbox"/> Insurance _____ | <input type="checkbox"/> License and registration _____<br><input type="checkbox"/> Maintenance and repairs _____<br><input type="checkbox"/> Leasing cost _____<br><input type="checkbox"/> Other expenses (please specify) _____<br><input type="checkbox"/> Business parking fees _____<br><input type="checkbox"/> Supplementary business insurance _____ |
|--|---|

### --- Capital Cost Allowance – Assets used in your business ---

- Vehicle \_\_\_\_\_  
 Equipment \_\_\_\_\_