



CLIENT INFORMATION SHEET

BUSINESS INCOME TAX

BUSINESS OR PROFESSIONAL INCOME

Type of Income / Business / Service _____

CRA Business Registration Number (if applicable) _____

Total Gross Sales / Income for year \$ _____

GST Return(s) to be done NO YES (Please include CRA form)

WSIB – remittances or reconciliation to be done? YES NO

COST OF GOODS SOLD *(if applicable)*

Purchases _____
 Subcontracts _____
 Direct wage costs _____

MOTOR VEHICLE EXPENSES *(if applicable)*

Description of automobile _____

If owned, value of vehicle at start of business year (1st time clients only) _____

Enter the BUSINESS kilometers you drove in the tax year ** _____

Enter the TOTAL kilometers you drove in the tax year _____

** these kms should be supported by a log book in case CRA wants to review

Annual totals only *(retain receipts for CRA review if necessary)*

Fuel and oil _____
 Insurance _____
 License and registration _____
 Maintenance and repairs _____

If financed:

Total interest paid for year (from bank loan statement) _____

If leased:

Lease start date _____

Length of lease (or end date) _____

Lease payments (including tax) _____

OTHER BUSINESS EXPENSES:

Checklist (included) **OR** Total \$ for Year:

Advertising _____
Meals and entertainment _____
Bad debts (*uncollectable accounts – included in revenue*) _____
Business Liability Insurance _____
Interest (*for business use only – ie: bank overdraft, line of credit*) _____
Business fees, licenses, dues, memberships and subscriptions _____
Office expenses _____
Supplies _____
Legal, accounting, and other professional fees _____
Management and administration fees _____
Rent (*paid for space outside of the home*) _____
Maintenance and repairs (*on business equipment or leaseholds*) _____
Salaries, wages, and benefits (including employer's contribution) _____
Travel _____
Telephone and utilities _____
Delivery, freight _____

CALCULATION OF BUSINESS-USE-OF-HOME EXPENSES (*if applicable*)

Area of home used for business _____ (# of main rooms or square footage)
Total area of home _____ (# of main rooms or square footage)

Checklist (included) **OR** Total \$ for Year:

Heat _____
Electricity _____
Insurance _____
Maintenance _____
Mortgage interest _____
Property taxes _____