

Self-Employment Business Tax Preparation Checklist

--- General Information ---

- | | |
|--|--|
| <input type="checkbox"/> Copy of your previous tax return (for new clients only) | <input type="checkbox"/> Business address_____ |
| <input type="checkbox"/> Business name_____ | <input type="checkbox"/> The main product or service of your business_____ |
| <input type="checkbox"/> GST/HST number_____ | |

--- Gross Business Income (don't include HST) ---

- ☐ Your gross business income

--- Business Expenses ---

- | | |
|--|--|
| <input type="checkbox"/> Purchase of materials_____ | <input type="checkbox"/> Professional fees_____ |
| <input type="checkbox"/> Subcontracts_____ | <input type="checkbox"/> Salaries, wages, and benefits_____ |
| <input type="checkbox"/> Advertisement_____ | <input type="checkbox"/> Travel_____ |
| <input type="checkbox"/> Meals and entertainment_____ | <input type="checkbox"/> Telephone and utilities_____ |
| <input type="checkbox"/> Business fees, licenses_____ | <input type="checkbox"/> Delivery, freight, and express_____ |
| <input type="checkbox"/> Office stationery and supplies_____ | <input type="checkbox"/> Other expenses_____ |

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

- | | |
|---|--|
| <input type="checkbox"/> Heat_____ | <input type="checkbox"/> Mortgage interest _____ |
| <input type="checkbox"/> Electricity_____ | <input type="checkbox"/> Property taxes_____ |
| <input type="checkbox"/> Insurance_____ | <input type="checkbox"/> Other expenses (rent)_____ |
| <input type="checkbox"/> Maintenance_____ | <input type="checkbox"/> Percentage of personal usage_____ |

--- Motor Vehicle Expenses ---

- | | |
|--|--|
| <input type="checkbox"/> The kilometers you drove in the tax year to earn business income_____ | <input type="checkbox"/> License and registration_____ |
| <input type="checkbox"/> The total kilometers you drove in the tax year_____ | <input type="checkbox"/> Maintenance and repairs_____ |
| <input type="checkbox"/> Fuel and oil_____ | <input type="checkbox"/> Leasing cost_____ |
| <input type="checkbox"/> Interest_____ | <input type="checkbox"/> Other expenses (please specify) _____ |
| <input type="checkbox"/> Insurance_____ | <input type="checkbox"/> Business parking fees_____ |
| | <input type="checkbox"/> Supplementary business insurance_____ |

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

- ☐ Vehicle_____
- ☐ Equipment_____