

T1 Checklist for Employment Expenses (1 schedule per employer)			
Name of Employer Is your employer registered for HST? Period employed during the year. Are you claiming employment expenses due to COVID-19? If your claim is due to COVID-19 use option 1 or 2 below			
* No expenses can be claimed if they were or v	vill be reimbursed by your employer *		
Option 1 -Temporary flat rate method (no supporting document is r Number of days you worked at home due to COVID-19	equired)		
Option 2 -Detailed method (Form T2200S from employer is required *You can not claim capital items (computer)			
Expense to earn salary or commission income Stationery Office supplies (postage, ink, etc.) Telephone (includes long distance calls for employment) Salaries paid to a substitute or assistant Other -	Total		
Expenses to earn commission income Licences Bonding premiums Rental of office equipment Training costs Other -			
Home office expenses Total square feet of dedicated home office Total square feet of home Heat Electricity Water Home internet access fee Maintenance (cleaning supplies, light bulbs, etc.) Rent Property taxes (commission employee only) Home insurance (commission employee only) Other -			
Total home office expenses			

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Option 3 - Not claiming because of COVID-19 (Form T2200 from employer is required and supporting documents must be kept)

Please use the categories in option 2, PLUS those below (where applicable)

Expenses incur	red to earn salary or commission income	
•	ng expenses -Food	7
Lodging		1
	ravelling expenses	
Parking		
Office r		
Expenses to ea	rn commission income	
•	nd accounting fees	1
_	sing and promotion	
	inment (food, tickets fees, other)	
Other		j
Motor vehicle	expenses	
	lake, and Model	
	tres driven to earn business income	KMs
	lometres driven in the year	KMs
	e lease began (If new, provide agreement)	1
	se/dispose of vehicle (Provide support)	
Fuel el	ectricity and oil	7
	t expense	
Insuran	•	1
	and registration	1
	nance and repairs	1
	payments	1
Parking	•	
Car was		1
Other -	-]
Total m	notor vehicle expense]

^{*} Please retain your original receipts for at least 7 years *