



Clinique de Finance Sociale

Social Finance Clinic

Self employed Individuals can remit their business finances for filing here or request bookkeeping support from our team to compile your expenses:

Business Information

Business Name: _____

Business Address: _____

Business Number (NEQ/BN): _____

Fiscal Year-End Date: _____

Business Activity Description: _____

Income

Gross Business Income including GST/QST: \$_____

GST/QST amount received: \$_____

GST/QST amount paid: \$_____

Expenses

Advertising: \$_____

Bad Debts: \$_____

Business Taxes, Fees, Licenses, Dues, Memberships: \$_____

Delivery, Freight, and Express: \$_____

Fuel Costs (except for motor vehicles): \$_____

Insurance: \$_____

Interest: \$ _____

Maintenance and Repairs: \$ _____

Management and Administration Fees: \$ _____

Meals and Entertainment (50% deductible): \$ _____

Business Motor Vehicle Expenses (Mileage must be calculated using your car's beginning and end mileage of the year then divided by the number of kilometres you used for your business.):

- Gasoline and Oil: \$ _____
- Maintenance and Repairs: \$ _____
- Insurance: \$ _____
- License and Registration: \$ _____
- Leasing Costs: \$ _____
- Capital Cost Allowance (CCA): \$ _____
- Interest on Vehicle Loan: \$ _____

Office Expenses: \$ _____

Other Expenses (specify): \$ _____

Prepaid Expenses: \$ _____

Property Taxes: \$ _____

Rent: \$ _____

Salaries, Wages, and Benefits (including employer's contributions): \$ _____

Supplies: \$ _____

Telephone and Utilities: \$ _____

Travel: \$ _____

Total Expenses: \$ _____

Home Office Expenses

Work-Space-in-the-Home Expenses: \$ _____

Total Home Office Expenses: \$ _____

Capital Cost Allowance (CCA)

Class 1 (4%): Buildings: \$_____

Class 8 (20%): Furniture and Equipment: \$_____

Class 10 (30%): Vehicles: \$_____

Class 12 (100%): Tools and Computer Software: \$_____

Total CCA Claimed: \$_____

Home Office Expenses

Space Calculation

- Total Area of Home (sq. ft.): _____
- Area Used for Business (sq. ft.): _____
- Percentage of Home Used for Business: _____ %

Time Calculation (if applicable)

- Total Hours in a Week: _____
- Hours Used for Business per Week: _____
- Percentage of Time Used for Business: _____ %

Work-Space-in-the-Home Expenses

- Rent: \$_____
- Mortgage Interest: \$_____
- Property Taxes: \$_____
- Utilities: \$_____
- Home Insurance: \$_____
- Maintenance and Repairs: \$_____
- Other (specify): \$_____

Total Work-Space-in-the-Home Expenses: \$_____

Additional Information

Inventory (end of year): _____

Accounts Receivable (end of year): _____

Accounts Payable (end of year): _____

Notes or Comments: _____