



Annual Self-Employed Checklist

A separate copy of this checklist should be completed for each business. Please contact us if you need additional copies of this form. ****PLEASE PROVIDE FOR THE 12 MONTH PERIOD****

Business Name: _____

Business Address: _____

Name: _____

Telephone Number: _____ Email Address: _____

Product or service: _____ GST Number: _____

Annual Summary of Operations

Revenue:

Business Income earned _____

Other revenue _____

Costs of goods sold:

Inventory opening _____

Plus: Inventory purchased _____

Less: Inventory closing _____

Total: Cost of goods sold _____

Operating Expenses:

Advertising _____

Bad debts _____

Interest & bank charges _____

Office expenses _____

Legal & accounting fees _____

Management fees _____

Property taxes
(excl. home office) _____

Internet _____

Cell & business phone _____

Wages & benefits _____

Meals & entertainment _____

Insurance _____

Business taxes, licenses
& memberships _____

Supplies & tools _____

Maintenance & repairs
(excl. vehicle) _____

Business rent
(excl. home office) _____

Postage & courier _____

Private health premiums _____

Business travel
& accommodations _____

Capital asset purchases:

Computer equipment _____

Equipment _____

Computer software _____

Furniture _____