



Tax Year _____

Self-Employment Income & Expenses

1. Business / Personal Income

Name of Taxpayer: _____ Business Operating Name: _____

Business Address: _____

Type of income Business Commission Professional

Gross sales, commissions or fees (excluding HST collected or collectible) \$ _____

Registered for HST? Yes No HST Registration # _____ Will we be filing your HST? Yes No

HST collected or collectible for the year \$ _____ **please provide HST net file code or copy of return filed*

2. Expenses

Note if you are not registered for HST you can provide total receipt \$ only.

	Expense excl HST	HST included	TOTAL RECEIPT
Advertising			
Meals & entertainment (incl 50% HST not claimable on HST return)			
Bad debts			
Insurance			
Interest			
Business tax, fees, licenses, dues, memberships, & subscriptions			
Office expenses			
Supplies			
Legal, accounting & other professional fees			
Management & administration fees			
Rent			
Maintenance and repairs			
Salaries, wages, & benefits (including employer's contributions)			
Property taxes			
Travel (including transportation fees & accommodations)			
Telephone and Utilities			
Fuel costs (except for motor vehicle)			
Delivery, freight & expenses			
Motor vehicle expenses	Complete Chart		
Business-use-of-home / Home Office Expenses	Complete Chart		
Capital cost allowance	See Section 3		



Tax Year _____

3. Capital Cost Allowance

ADDITIONS

Details of equipment additions in the year

Class number	Property details	Total cost

Details of building addition in the year

Class number	Property details	Total cost

DISPOSITIONS

Details of equipment dispositions in the year

Class number	Property details	Proceeds of disposition

Details of building dispositions in the year

Class number	Property details	Proceeds of disposition