

## BUSINESS CHECKLIST

Name of Business \_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Registered for GST?  Yes  No

GST number \_\_\_\_\_

(Check one) For GST are you on:

• Is GST included in the amounts below?

the Detailed Method? or

Yes  No

the Quick Method?

**GROSS INCOME** \$ \_\_\_\_\_

### EXPENSES

Accounting/Legal Fees \_\_\_\_\_

Bad Debts \_\_\_\_\_

Interest/Bank charges \_\_\_\_\_

Insurance \_\_\_\_\_

Business Tax/License \_\_\_\_\_

Private health premiums \_\_\_\_\_

Maintenance/Repairs \_\_\_\_\_

Office expenses \_\_\_\_\_

Telephone/Fax/Cells \_\_\_\_\_

Courier/Freight \_\_\_\_\_

Supplies \_\_\_\_\_

Computer software \_\_\_\_\_

Tools \_\_\_\_\_

Subcontractors \_\_\_\_\_

Wages paid \_\_\_\_\_

Casual labour \_\_\_\_\_

Travel \_\_\_\_\_

Training/Courses \_\_\_\_\_

Conventions \_\_\_\_\_

Meetings/Functions \_\_\_\_\_

Meals/Entertainment \_\_\_\_\_

Advertising \_\_\_\_\_

Gifts \_\_\_\_\_

### INVENTORY (Purchases)

Opening inventory \$ \_\_\_\_\_

Closing inventory \$ \_\_\_\_\_

### USE OF HOME

Total square footage of home \_\_\_\_\_

Business square footage \_\_\_\_\_

Rent (if applicable) \_\_\_\_\_

Mortgage interest (if applicable) \_\_\_\_\_

Property taxes (if applicable) \_\_\_\_\_

Insurance \_\_\_\_\_

Heat bills \_\_\_\_\_

Electricity bills \_\_\_\_\_

Water \_\_\_\_\_

Repairs \_\_\_\_\_

### AUTOMOBILE

Same vehicle as last year?  Yes  No

Total KM driven in year \_\_\_\_\_

Total business KM  
driven in year \_\_\_\_\_

### Leased vehicle:

Lease payments per month \_\_\_\_\_

Lease start date \_\_\_\_\_

Lease end date \_\_\_\_\_

Manufacturers' list price \_\_\_\_\_

### Purchased vehicle:

Purchase date \_\_\_\_\_

Interest paid in year \_\_\_\_\_

Manufacturers' list  
price (if new) \_\_\_\_\_

## BUSINESS CHECKLIST

**Please provide the following information/receipts for each vehicle used in your business:** (Please note: this information should include both personal and business as the mileage will prorate the proper portion to the business)

**Car #1**

	_____
	_____
Auto club	_____
	_____
Repairs	_____
	_____

**Car #2**

	_____
	_____
	_____
	_____

**Car #3**

	_____
	_____
	_____
	_____

**CAPITAL ASSETS** (acquired during taxation year)

*List all capital assets purchased during the year. (Please note: these amounts must not be listed as expenses above)*

<b>CAPITAL ASSETS</b>	<b>Details</b> <i>(please provide description below)</i>
\$ _____	
Office Equipment \$ _____	
Office Furniture \$ _____	
Other (describe) \$ _____	

Please include any additional notes you have concerning your expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_