

BUSINESS CHECKLIST

Name of Business _____

Date started _____ Date ended _____

Registered for GST? Yes No

GST number _____

- (Check one) For GST are you on
 the Detailed method? or
 the Quick Method?

- Is GST included in the amounts below?
 Yes No

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

Insurance _____
 License/Registration _____
 Auto club _____
 Repairs _____

Gas and oil _____
 Car wash (incl coin) _____
 Parking (incl meters) _____

Car #2

Insurance _____
 License/Registration _____
 Auto club _____
 Repairs _____

Gas and oil _____
 Car wash (incl coin) _____
 Parking (incl meters) _____

Car #3

Insurance _____
 License/Registration _____
 Auto club _____
 Repairs _____

Gas and oil _____
 Car wash (incl coin) _____
 Parking (incl meters) _____

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)

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

Please include any additional notes you have concerning your expenses.

Signature: _____ Date: _____