

BUSINESS CHECKLIST

Name of Business _____

Date started _____ Date ended _____

Registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No	GST number _____
(Check one) For GST are you on: <input type="checkbox"/> the Detailed Method? or <input type="checkbox"/> the Quick Method?	Is GST included in the amounts below? <input type="checkbox"/> Yes <input type="checkbox"/> No

GROSS INCOME \$ _____

EXPENSES

Accounting/Legal Fees _____	Tools _____
Bad Debts _____	Subcontractors _____
Interest/Bank charges _____	Wages paid _____
Insurance _____	Casual labour _____
Business Tax/License _____	Travel _____
Private health premiums _____	Training/Courses _____
Maintenance/Repairs _____	Conventions _____
Office expenses _____	Meetings/Functions _____
Telephone/Fax/Cells _____	Meals/Entertainment _____
Courier/Freight _____	Advertising _____
Supplies _____	Gifts _____
Computer software _____	

INVENTORY (Purchases)

Opening inventory \$ _____ Closing inventory \$ _____

USE OF HOME

Total square footage of home _____	Insurance _____
Business square footage _____	Heat bills _____
Rent (if applicable) _____	Electricity bills _____
Mortgage interest (if applicable) _____	Water _____
Property taxes (if applicable) _____	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) _____

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 (please provide description below)
Computer\$_____	
Office Equipment\$_____	
Office Furniture\$_____	
Other (describe)\$_____	

Please include any additional notes you have concerning your expenses.