C & V Income Tax Services Business Worksheet for _____

(Your Name)

Business Name: _____

Nature of Business: _____ Year _____

First Year in Business? _____ If "YES" Start Date: _____

Last Year In Business? _____ If "YES" Close Date: _____

Income: Only include income relating to this business/source of self-employment

Net Business Income (no HST)	HST Collected	Total Business Income for the
Does Income Include T4A? Y / N	Your HST #:	Year including HST
\$	\$	\$

Expenses: Show Annual Totals. Leave unrelated areas blank.

**Only break out the taxes if you are GST/HST registered. See Guide for more info

	Price (excluding taxes)	Taxes**	Total
Purchases of Items for Re-sale, Material	\$	\$	\$
Subcontractors (HST Registered)	\$	\$	\$
Subcontractors (NOT HST Registered)	\$	\$	\$
Closing Inventory (At your cost for the items)	\$	\$	\$
Advertisement & Promotion	\$	\$	\$
Meals & Entertainment (Client/work related only, no	\$	\$	\$
personal unless away for more than 12 hours)		A	<u></u> ф
Insurance (Business Only)	\$	\$	\$
Bank Charges on Business Accounts &	\$	\$	\$
Interest on Business Credit Cards & Loans			
Business Fees & Licenses	\$	\$	\$
Office Expenses	\$	\$	\$
Supplies & Small Tools (Value of \$200 or less each)	\$	\$	\$
Legal, Accounting & Professional Fees	\$	\$	\$
Management & Administration fees	\$	\$	\$
Rent of Business/Storage/Equipment (not home)	\$	\$	\$
Maintenance and Repairs (Except Vehicle)	\$	\$	\$
Salaries & Wages through CRA Payroll(incl WSIB)	\$	\$	\$
Travel – Hotel & Air (not vehicle)	\$	\$	\$
Telephone & Cell (No Home Phone)% use	\$	\$	\$
Delivery and Freight Expenses	\$	\$	\$
Small Tools (Value \$200 - \$500 per item)	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$

Capital Purchases: Items with a value of more than \$500 should be listed separately

Use another sheet if more space is needed	Price (excluding taxes)	Taxes**	Total
Item:	\$	\$	\$
Item:	\$	\$	\$
Item:	\$	\$	\$

Auto Expenses: If you use your vehicle for your business fill out the following. You must fill a separate schedule out for EACH vehicle used.

	Price (excluding taxes)	Taxes	Total
Gas	\$	\$	\$
Insurance	\$	\$	\$
License and Plates	\$	\$	\$
Repairs & Maintenance	\$	\$	\$
Parking & Tolls	\$	\$	\$
Interest on Loans (If you own vehicle)	\$	\$	\$
Lease Payments (If Leasing)	\$	\$	\$

Home Office: If you utilize a designated space in your home for use in your business **You should be able to provide total square footage and the square footage designated solely for work related purposes. If the space is not dedicated, reduce by time of use (hours/day vs days/year used for work related activities)

Square Footage of area exclusively for Business _____

Total Square Footage of home _____

OR % used for Business _____%

Expenses for home: List 100 % amounts for the whole Year

	Price (excluding taxes)	Taxes	Total
Heat	\$	\$	\$
Electricity	\$	\$	\$
House Insurance	\$	\$	\$
Maintenance	\$	\$	\$
Mortgage Interest ONLY	\$	\$	\$
Property Taxes	\$	\$	\$
Rent	\$	\$	\$
Water Heater Rental	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$