

Employment Expense Worksheet for:

T2200 Completed from Employer Attached **á** Yes **á** No Year ______

First Year with Expenses? _____ If "YES" Start Date: _____

Last Year with Expenses? _____ If "YES" Last Date: _____

Income:

Does the income include Commissions? **á** Yes **á** No

Is the employer GST Registered? **á** Yes **á** No GST/HST #:______

Expenses: Show Totals for the year or the period of employment.

Experience: offer for the year of the period of employment.			
Food & Beverages (Must either be taking a client or away for more than 12 hours. No personal meals)	\$		
Lodging	\$		
Parking	\$		
Office Supplies	\$		
Cell Phone % used for work:	\$		
Travel (Except Auto Expenses)	\$		
Other:	\$		

Leave Unrelated Areas Blank

If you can't find a category for your expense write the expense in the "Other" Column

Commission Employees Only

Accounting & Legal Fees	\$
Advertising and Promotion	\$
Entertainment	\$

Your name:	Tax Year:		
Auto Expenses : If your T2200 stated that purposes fill out the following. You must co	•	•	
Make and Model of Vehicle:			
Bought In the Year?	Date:	Amount/FMV	\$
Sold/Stopped using in the Year?			
If using vehicle for business first time, Value	of Vehicle	@ date first used \$_	
Total KM Driven in the year: KM Driven for Business Use: **You should have an auto log available including total KM for t	=% V he year and the	KM driven for work related acti	ess
Expenses for Vehicle: List 100 % am	ounts for th	e whole Year	
Gas & Oil		\$	
Repairs and Maintenance		\$	
Insurance		\$ \$	
License and Plates Parking & Tolls		φ	
Interest on Loans (If you own vehicle)		\$	
Lease Payments (If leasing) MSRP:		\$	
Other:		\$	
Home Office: If your T2200 stated that as an office space for employment purpo your duties in this space, you may claim a Square Footage of area exclusively for work:	ses and tho portion of y	at you perform at lect your home.	ast 50% or more of
If the space isn't used EXCLUSIVELY for work indico	ate the work r	elated amounts for the t	following:
Hours/day: Days/week:		Weeks/year:	
**You should be able to provide total square footage and the squadedicated, reduce by time of use (hours/day vs days/year used for List 100 % amounts	are footage desig r work related act	nated solely for work related purivities)	
Utilities (Electricity, Heat, Water)		\$	
Maintenance		\$	
Insurance on Home (Commission Employee O	nly)	\$	
Property Tax (Commission Employee Only)		\$	
Rent		\$	
Internet		\$	
Condo Fees		\$	
Other: Other:		\$	
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