



ACCOUNTING SERVICES

IDENTIFICATION

What is your main product or service? \_\_\_\_\_

Name of business \_\_\_\_\_

Business address Address \_\_\_\_\_

Address (if different) \_\_\_\_\_

INCOME

Fees / Sales reported on T4a slips \_\_\_\_\_ Fees / Sales NOT reported on T4a slips \_\_\_\_\_

Other income \_\_\_\_\_ Specify type \_\_\_\_\_

GST/HST REGISTRANTS

Does the above income include GST/HST collected? Yes  No  – does not include GST/HST \_\_\_\_\_

GST/HST collected \_\_\_\_\_

Input Tax Credits claimed \_\_\_\_\_

What GST/HST calculation method do you use? \_\_\_\_\_

Regular or Simplified Method

Quick Method

I Don't Know

COST OF GOODS SOLD

Inventory at beginning of year \_\_\_\_\_

Purchases during the year \_\_\_\_\_

Wage and subcontract costs \_\_\_\_\_

Other costs \_\_\_\_\_

Inventory at end of year \_\_\_\_\_

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ACCOUNTING SERVICES

INVENTORY AT END OF YEAR

We don't need to see them, but you should have receipts or statements to document all expenses. Credit card or bank statements are generally not considered to be adequate documentation.

Please indicate if expenses  Yes – include or  No – exclude GST/HST:

ACCOUNTING / TAX PREPARATION	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ADVERTISING / PROMOTION / PUBLICITY	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BAD DEBTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BANK CHARGES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BUSINESS TAX / FEES / LICENSES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CONVENTION EXPENSES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CONSULTANTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DELIVERY / SHIPPING / FREIGHT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EQUIPMENT RENTALS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
INSURANCE OF BUSINESS ASSETS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
INTEREST ON BUSINESS LOANS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LEGAL (PROVIDE BILLS PLEASE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MAINTENANCE AND REPAIRS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MANAGEMENT AND ADMINISTRATION FEES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MEALS AND ENTERTAINMENT – ENTER TOTAL AMOUNTS		
<input type="radio"/> FOR DOCUMENTED BUSINESS MEETINGS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="radio"/> FOR BUSINESS TRAVEL OUTSIDE HOME CITY	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OFFICE RENT (IF OUTSIDE HOME)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OFFICE SUPPLIES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OTHER SUPPLIES AND MATERIALS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PROFESSIONAL DEVELOPMENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PROPERTY TAXES ON BUSINESS PROPERTY	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RESEARCH COSTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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ACCOUNTING SERVICES

EXPENSES

We don't need to see them, but you should have receipts or statements to document all expenses. Credit card or bank statements are generally not considered to be adequate documentation.

Please indicate if expenses include GST/HST:

SALARIES / WAGES / BENEFITS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBCONTRACT FEES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBSCRIPTIONS TO INDUSTRY PERIODICALS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUPPLIES (PROVIDE BREAKDOWN)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TELEPHONE AND UTILITIES (MUST BE A BUSINESS PHONE LINE AND BUSINESS PROPERTY TO CLAIM)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TRAINING COURSES / PROFESSIONAL DEVELOPMENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TRAVEL (NOT AUTO)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
UNIFORMS / CLEANING AND ALTERATIONS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
UNION DUES / BUSINESS TAXES AND LICENSES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MEDICAL PREMIUMS FOR *PRIVATE* HEALTH PLANS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OTHER EXPENSES (PROVIDE BREAKDOWN)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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BUSINESS USE OF HOME

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

Square footage of areas used for business purposes or \_\_\_\_\_ Total rooms in home \_\_\_\_\_

Number of rooms used for business purposes \_\_\_\_\_

Did you use the business area of the home exclusively for business purposes? \_\_\_\_\_

If an area was used partly for business and partly for personal purposes – please indicate that area’s square footage and the percentage of time it was used for personal purposes.

\_\_\_\_\_

Write down the total amounts for the home:

Mortgage Interest \_\_\_\_\_

Rent Paid \_\_\_\_\_

Insurance \_\_\_\_\_

Property Taxes \_\_\_\_\_

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

Heat \_\_\_\_\_

Hydro \_\_\_\_\_

Other Utilities \_\_\_\_\_

Security \_\_\_\_\_

Condominium Fees \_\_\_\_\_

Other Expenses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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AUTOMOBILE

Make / Model / Year of vehicle \_\_\_\_\_

Total kilometers vehicle was driven \_\_\_\_\_

Kilometers driven for business \_\_\_\_\_

Did you acquire a new vehicle?  Yes  No

If yes – please provide a copy of the bill of sale or the lease agreement \_\_\_\_\_

Write down the total amounts for the vehicles.

Insurance	Maintenance / Repairs.
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License Fees	Gas And Oil
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Loan Interest	Lease Charges
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Parking	Car Washes
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Auto Club Membership \_\_\_\_\_

EQUIPMENT - OVER \$500

DID you buy or sell any equipment over \$500 during the year: If so, provide details:

**PURCHASES DURING THE YEAR**

**DISPOSALS DURING THE YEAR**

Equipment / Office Furniture (provide breakdown)	Equipment / Office Furniture
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● _____	● _____
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● _____	● _____
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● _____	● _____
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● _____	● _____
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Computer Hardware	Computer Hardware
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● _____	● _____
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● _____	● _____
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● _____	● _____
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● _____	● _____
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Computer Software	Computer Software
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● _____	● _____
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EMPLOYMENT INSURANCE FOR SELF-EMPLOYED TAXPAYERS

Have you entered into an agreement with the Canada Employment Insurance Commission (through Service Canada) to participate in the new "Employment Insurance (EI) Measure for Self-Employed People"? If yes, please indicate the date of registration.

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OTHER ITEMS

If you have any other taxable items related to your business operations please list them separately.

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