

Business Income Checklist

Legal Business Name _____

Type of ownership ☐ Sole Proprietor ☐ Incorporated ☐ Partnership

Are you registered to collect GST? ☐ Yes ☐ No GST# _____

For the income and expense amounts below, please check which applies. ☐ Yes ☐ No

Partner Name	S.I.N	Address	% Ownership
_____	_____	_____	0%
_____	_____	_____	0%
_____	_____	_____	0%
_____	_____	_____	0%
_____	_____	_____	0%

Business Income \$ _____

Business Expenses

Advertising	\$ _____	Private Health Prem.	\$ _____
Bad Debts	\$ _____	Professional Fees	\$ _____
Bank Charges	\$ _____	Property Taxes	\$ _____
Freight & Delivery	\$ _____	Repair & Mainten.	\$ _____
Fuel	\$ _____	Salaries & Wages	\$ _____
Insurance	\$ _____	Subcontractors	\$ _____
Inventory Purchases	\$ _____	Supplies	\$ _____
Licenses & Dues	\$ _____	Telephone	\$ _____
Management Fees	\$ _____	Training	\$ _____
Meals & Entertainment	\$ _____	Travel	\$ _____
Office Expenses	\$ _____	Utilities	\$ _____
Rent	\$ _____	Other	\$ _____

Capital asset purchases (i.e. Computers, Equipment, etc) ☐ Yes ☐ No

Automobile use ☐ Yes ☐ No

If yes, please complete our automobile expense checklist.

Home office ☐ Yes ☐ No

If yes, please request our office in home expenses checklist.