Business Income Checklist

Name of Business			
Type of ownership:	☐ Sole Proprietor	☐ Partnersh	ip
•	l by a partnership please reco e of the ownership of all partr	·	ance number,
Would you like our firm	ollect GST? Yes No n to complete the GST return(the amounts below? Yes	s) for your business? Yes	
Business Income	\$		
Business Expenses Advertising Bad Debts Bank Charges Freight & Delivery Fuel Costs ¹ Insurance Inventory Purchases Licenses & Dues Management Fees Meals & Entertainment Office Expenses Rent	\$\$ \$\$ \$\$ \$\$ \$\$	Private Health Prem. Professional Fees Property Taxes Repair & Mainten. Salaries & Wages Subcontractors Supplies Telephone Training Travel Utilities Other	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
<i>If yes, please include a</i> Automobile use for the	in the year (i.e. Computers, Equi	tivities in the year? Yes_	
lles of home promise fo	or an office? Yes No		

 $^{^{1}}$ Please do not include automobile expenses because they need to be compiled on the automobile expense checklist.