

1917

**CHARTERED PROFESSIONAL
ACCOUNTANTS**

Name of business _____

Address of business _____

	START	END
Start/end date (if not the entire year)		
Main product or service		
CRA business number (if applicable)		

Revenue

Gross sales _____

GST included in sales (if applicable) _____

Total Revenue _____

Operating expenses

Purchases of inventory _____

Advertising _____

Meals and entertainment _____

Insurance _____

Interest _____

Business taxes, fees, licences, dues, memberships and subscriptions _____

Office expenses _____

Supplies _____

Legal, accounting or other professional fees _____

Management and administration fees _____

Rent _____

Maintenance and repairs (not related to automotive) _____

Salaries and wages _____

Travel _____

Telephone _____

Internet _____

Delivery and freight _____

Other _____

Operating expenses _____

Home office expenses

Heat _____

Electricity _____

Insurance _____

Maintenance _____

Mortgage interest _____

Property tax _____

Other _____

Total home office expenses _____

Details of your home office:

Total square footage of your home _____

Square footage of your home office _____

Automotive expenses

Fuel _____

Interest (we may have follow up questions) _____

Insurance _____

License and registration _____

Maintenance and repairs _____

Parking _____

Interest expense:

Lease payments (we may have follow up questions) _____

Assets Purchased During the Year _____

Please provide details _____

Total automotive expenses _____

Details about your business automotive expense:

Total kilometres driven during the year _____

Kilometres driven for business purposes _____

Vehicle year _____

Vehicle make _____

Vehicle model _____