

Tax Checklist: Business or Professional Activities

Our low tax preparation fee for Business Activities is only for those who complete this worksheet. Additional fees will be charged if you do not complete this form. Thank you for your cooperation!!

Your Name: _____ Tel.: _____
Name of Business if any _____ E-mail: _____
Start date: (d/m/y) _____ Product or Service: _____
Do you have a business partner? _____ Your % of Partnership: _____
Partner's Name _____ Partner's Name _____
Partner's SIN _____ Partner's SIN _____

Income:

1. Business income (including GST+PST if any): _____ GST collected: _____ PST collected: _____
2. GST remitted: _____ PST remitted: _____
3. Are we doing your GST return? Y__ N__ Did you include your GST forms? Y__ N__
4. Subcontractors: _____
5. Cost of Good sold: _____
6. Inventory at beginning of year: _____

Expenses:

1. Are the expenses listed below with GST ___ or Without GST ___ (If with GST, we need your GST return)
 - a. Advertising (business cards, ads, brochures, Gifts to clients) _____
 - b. Salaries, wages, contractors _____
 - c. Deliver, freight, courier _____
 - d. Business licenses, memberships, subscriptions, professional dues (associations etc.) _____
 - e. Insurance (Liability, WCB, etc) _____
 - f. Meals and entertainment (with clients or on business travel) _____
 - g. Office expenses _____
 - h. Supplies (material which remains with your client like paint for a painter etc.) _____
 - i. Accounting, Legal, and other professional fees _____
 - j. Rent (office, studio, storage, not home office) _____
 - k. Travel (air or land transportation costs, taxis, bus, hotels etc) _____
 - l. Telephone (cell phone, business line & long distance, website, e-mail and internet access) _____
 - m. Other expenses (list any items you are not sure of - we need details) _____
Details _____
2. Did you dispose of any equipment with a value of \$1,000.00 and more: Y___ N___
If yes, list them here with their value at the time of disposition: _____
3. Did you purchase any equipment with a value of \$1,000.00 and more: Y___ N___
If yes, list them here with their cost at the time of acquisition: _____

Motor Vehicle Expenses:

Car year and make _____ If a new vehicle we need cost or market value \$ _____
Total mileage for the year: _____ Business mileage: _____
Lease payments if any: _____ Start date of lease: _____
Fuel: _____ BCAA: _____
Maintenance and repairs: _____ Car Loan interest: _____
Insurance: _____ Parking charges: _____
License and registration: _____

Home Office use only:

Area of home used for business: _____ sq ft or Total # of rooms: _____
Total area of home: _____ sq ft or # of rooms used for business: _____
Home phone (if no business line) without long distance charges: _____
Heat: _____
Electricity: _____ Mortgage interest: _____
Insurance: _____ Property taxes: _____
Maintenance: _____ or Rent: _____

Comments: _____

