

CHECKLIST FOR SELF-EMPLOYED INDIVIDUALS - 2017 TAX RETURNS

Name of business _____
 Address _____
 Business Start Date _____ Main Product or Service _____
 Business End Date _____ Partnership Yes No Your % _____
 Did Business Close in 2017? Yes No (i.e. 50/50)

**** Please fill in the income and expense sections below IN FULL. Note that a Balance Sheet, Income Statement, and Trial Balance from an accounting software can be substituted for the "*" items below. We still need the other sections filled in.**

Business Number	without GST/HST	GST/HST	total with GST/HST
**Total Business Income:			

****Expenses:**

	without GST/HST	GST/HST	total with GST/HST
Direct Materials and Items Bought for Resale Inventory (if applicable): opening & closing			
Advertising/Promotion (NOT meals)			
Meals & Entertainment (please give us 100%)			
Bad Debt			
Business Insurance (NOT home, auto or life)			
Interest & Bank Charges (business only)			
Fees, Business Licences, Dues, Memberships			
Office Expenses			
Supplies			
Legal & Accounting Fees			
Management and Administration fees			
Rent (Equipment etc., NOT Home Office)			
Maintenance & Repairs (NOT home or auto)			
Salaries, Wages and Benefits (Staff)			
Property Taxes (NOT home)			
Travel			
Internet Costs (excluding TV general cable fees)			
Telephone (cell, long distance & business lines only)			
Business utilities (NOT home)			
Freight, Couriers			
Other: Convention fees			
Private Health Services Plan premiums			

*****The sections below need to be completed even if you use an accounting program.**

<u>AUTO:</u>	Auto #1	Auto #2	<u>BUSINESS USE OF HOME:</u>
Business Km Driven	_____	_____	Office sq. ft. _____
Personal Km Driven	_____	_____	Total Home sq. ft. _____
Total Km Driven	_____	_____	Heat _____
Gasoline (Fuel)	_____	_____	Electricity _____
Repairs & Maintenance	_____	_____	Insurance _____
Insurance	_____	_____	Maint/Repairs (NOT renovations) _____
Lease or auto loan interest	_____	_____	Mortgage Interest (NOT principal) _____
(please provide copy of lease or loan)	_____	_____	Property Taxes _____
Auto purchase or sale in 2016	_____	_____	Rent Expense _____
Parking/Tolls	_____	_____	Telephone (shared line) _____
Other: BCAA, aircare etc.	_____	_____	Other Expenses: _____

CAPITAL COST ALLOWANCE:
 Purchases of large equipment (over \$500) _____
 (date, description and amount ; please enclose receipts)
 Sale of large equipment, etc. _____
 (date, description and amount)

If your business started in 2017 but used "old" assets, we need a valuation of these old assets

Notations: _____

I certify that the above information is correct and complete, to the best of my knowledge.

signature (required!)

date