

## C & V Income Tax Services Business Return Checklist

Tax Year \_\_\_\_\_ Please fill out a form for each year  New Client  Prior Client

Did C & V Prepare the Business Return Last Year?  Yes  No (If not we need a copy of prior year)

Client Name \_\_\_\_\_

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Is Income Earned via Internet? Yes No If Yes, Amount \_\_\_\_\_ OR \_\_\_\_\_%

Opened in the year?  Yes  No  N/A If Yes, Date \_\_\_\_\_

Closed in the year?  Yes  No  N/A If Yes, Date \_\_\_\_\_

HST Registered?  Yes  No  N/A HST # \_\_\_\_\_

HST included in Income?  Yes  No  N/A

HST included in expenses?  Yes  No  N/A

Are we preparing HST Return?  Yes  No  N/A \$25 per return

PST Registered?  Yes  No  N/A PST # \_\_\_\_\_

PST included in Income?  Yes  No  N/A

PST included in expenses?  Yes  No  N/A

Are we preparing PST Return?  Yes  No  N/A \$25 per return

Client Prepared Spreadsheet?  Yes  No

C & V to Sort & Total Receipts?  Yes  No \$80 per hour

Auto Expenses Included ?  Yes  No YR, Make & Model \_\_\_\_\_

Same Vehicle as Last Year?  Yes  No  N/A

IF First Year Claiming Value when starting using \_\_\_\_\_

IF New Vehicle Date of Purchase \_\_\_\_\_ Price \_\_\_\_\_

IF Disposed of Vehicle Date Disposed \_\_\_\_\_ Price or Value \_\_\_\_\_

Business KM included?  Yes  No  N/A

Total KM's for the YEAR \_\_\_\_\_ Business KM's for the YEAR \_\_\_\_\_

OR \_\_\_\_\_% of Total KM's used for Business

Office in the Home Expenses?  Yes  No  N/A

If Yes, Total Sq Ft of Home \_\_\_\_\_ Office Sq Ft \_\_\_\_\_ OR \_\_\_\_\_% Used