

C & V Income Tax Services Business Worksheet for _____

(Your Name)

Business Name: _____

Nature of Business: _____ Year _____

First Year in Business? _____ If "YES" Start Date: _____

Last Year In Business? _____ If "YES" Close Date: _____

Income:

Total Income For the Year: _____

Does amount include GST/PST? _____ Does amount include HST? _____

Expenses:

Show Totals for the YEAR. Leave unrelated areas blank.

**Only break out the taxes if you are GST/HST registered.

	Price (excluding taxes)	Taxes	Total
Advertisement & Promotion	\$	\$	\$
Business Fee's & Licenses	\$	\$	\$
Closing Inventory	\$	\$	\$
Delivery and Freight Expenses	\$	\$	\$
Insurance (Business Only)	\$	\$	\$
Interest on Credit Cards & Loans	\$	\$	\$
Legal, Accounting and Professional Fees	\$	\$	\$
Maintenance and Repairs (Except Vehicle)	\$	\$	\$
Meals and Entertainment	\$	\$	\$
Office Expenses	\$	\$	\$
Private Health Plans	\$	\$	\$
Purchases of Items for Re-sale, Material	\$	\$	\$
Rent of Business (not personal home)	\$	\$	\$
Salaries and Wages through CRA Payroll	\$	\$	\$
Subcontractors	\$	\$	\$
Small Tools (Value \$200 - \$500)	\$	\$	\$
Supplies and Small Tools (Value of \$200 or less)	\$	\$	\$
Telephone & Cell (Except Home Phone)	\$	\$	\$
Travel – Hotel & Air (not vehicle)	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$

Capital Purchases:

List each item

Item:	\$
Item:	\$
Item:	\$
Item:	\$

Items with a life of more than a year and a value of \$500 or more must be listed separate

Auto Expenses: If you use your vehicle for your business fill out the following.
 You must fill a schedule out for **EACH** vehicle used.

Make and Model of Vehicle: _____

Purchased in the Year? _____ Date: _____ Amount; \$ _____

Purchased in the Year? _____ Date: _____ Amount; \$ _____

If using vehicle for business first time, Value of Vehicle @ date first used \$ _____

KM's Driven throughout the whole year _____

KM's Driven for Business Use _____ OR % Vehicle used for Business _____%

Expenses for Vehicle: List 100 % amounts for the whole Year

	Price (excluding taxes)	Taxes	Total
Gas	\$	\$	\$
Insurance	\$	\$	\$
Interest on Loans (If you own vehicle)	\$	\$	\$
Lease Payments (If Leasing)	\$	\$	\$
License and Plates	\$	\$	\$
Parking & Tolls	\$	\$	\$
Repairs & Maintenance	\$	\$	\$

Home Office: If you utilize a designated space in your home for use in your business

Square Footage of area designated for Business _____

Total Square Footage of home _____

OR % used for Business _____%

Expenses for home: List 100 % amounts for the whole Year

	Price (excluding taxes)	Taxes	Total
Heat			
Electricity			
House Insurance	\$	\$	\$
Maintenance	\$	\$	\$
Mortgage Interest ONLY	\$	\$	\$
Property Taxes	\$	\$	\$
Rent	\$	\$	\$
Water Heater Rental	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$