



SELF-EMPLOYMENT WORKSHEET

Name of business: _____ Address: _____

Main product or service: _____

Did you run your business for the whole year?: _____ If first year of business, when did you start?: _____

Business number: _____ If last year of business, when did you stop?: _____

Are you registered for HST? Y N

NB. HST returns for annual filers are due March 31.

Please summarize your business income and expenses below, or provide a copy of the trial balance if you use an accounting package.

Income - sales, commissions, fees (EXCLUDE HST):

Sales	Commissions and fees	Other
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Expenses (EXCLUDE HST):

Cost of goods sold (if applicable)	
Advertising	Office expenses (not "Home office" - see page 2)
Bad debts	Legal, accounting, professional
Business tax, fees, licenses, dues, memberships	Property taxes (on business, not home)
Delivery, freight, express	Rent (on business, not home)
Fuel costs (except motor vehicle)	Supplies
Insurance (not health insurance for self-employed)	Salaries, wages and benefits (not for proprietor)
Interest and bank charges	Travel
Maintenance and repairs	Telephone and utilities (on business not home)
Management and administration fees	Convention fees
Meals & entertainment	Private health plan premiums
Motor vehicle expenses (not "Business Use of Auto" - see page 2)	Other - please specify:

Additions to capital assets.

Please summarize. If you use an accounting package, please provide detail of changes in capital asset accounts:

Computer hardware	Computer software	Furniture, fixtures
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Equipment - specify:

Did you sell or scrap any capital assets? Y N

If so, what were proceeds?



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Business use of home (NB. Some restrictions on what and when you can claim)

	Square feet	# of rooms
Total home area:		
Area used ONLY for business:		

Include HST if you are not registered / do not reclaim it as an ITC

	Expense		Expense
Condo / administration fees		Gas	
Heat		Hydro	
Insurance		Maintenance and repairs	
Mortgage interest (not principal) or rent		Property taxes	
Water			
Other (specify):			

Business Use Of Automobile

	Vehicle #1	Vehicle #2
Make of vehicle:		
Date acquired if during year:		
- Purchase? If so, cost of purchase (exclude HST)		
- Lease? If so, any downpayment		
Date disposed:		
- if in year, value of trade-in or sales proceeds		
KM driven in year:		
- For business*		
- Total (business + personal)		

*Note: CRA are increasingly requesting evidence of mileage, such as a log. Please call if you need assistance.

Amount reimbursed by your employer:		Included in question 6 on T2200?	
Amount of any car allowance you received:		Included in box 40 on T4?	
Amount of any mileage allowance you received:		Included in box 40 on T4?	

Total expenses (do not pro-rate for %age business use):

Fuel & oil		Maintenance & repairs	
Insurance		License, registration	
Interest, financing		Lease payments (excluding down payment):	
Other (specify):			

Don't forget to send your supporting documents!