

TAX ORGANIZER FOR THE SELF-EMPLOYED

Your Full Name: _____

Business Name (if different): _____

Tax Year: _____ from: _____ to: _____

Shared with Spouse? _____ (If SHARED, what percentage does each spouse own?) _____ & _____
 your % spouse %

Are you a HST registrant? _____

Are you using the Quick Method _____ (if yes, please ignore the HST columns)

BUSINESS INCOME & EXPENSES		
	Total (excluding HST)	HST
Sales, Fees or Commissions	_____	_____
Other Income	_____	_____
GROSS REVENUE	_____	_____
Inventory - Opening	_____	_____
Inventory - Closing	_____	_____
Inventory Purchases	_____	_____
Sub-Contract Expenses	_____	_____
Net Wages (to employees)	_____	_____
Payroll remittances	_____	_____
WCB premiums	_____	_____
Other Employee Benefits	_____	_____
Administration Fees	_____	_____
Advertising	_____	_____
Bad Debts	_____	_____
Bank Charges	_____	_____
Business Licenses, Dues	_____	_____
Conventions	_____	_____
Delivery, Freight & Courier	_____	_____
Insurance	_____	_____
Interest on Business Loans	_____	_____
Legal & Accounting Fees	_____	_____
Maintenance & Repairs	_____	_____
Meals & Entertainment	_____	_____
Office Expenses	_____	_____
Parking & Tolls	_____	_____
Rent & Property Taxes	_____	_____
Supplies	_____	_____
Travel expenses	_____	_____
Telephone, Cellular, Internet	_____	_____
Utilities	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

AUTOMOBILE EXPENSES		
Type of Vehicle *	_____	
Total km driven in Year	_____	
Business km driven in Year	_____	
	Total (excluding HST)	HST
Fuel & Oil - Total	_____	_____
Repairs & Maintenance	_____	_____
Insurance - 12 months	_____	_____
Vehicle Loan (interest only)	_____	_____
Vehicle Lease Payments	_____	_____
Other _____	_____	_____
* Please supply supporting documentation for any new Purchases, Sales, or Leases		

HOME OFFICE/STORAGE EXPENSE		
Total area of home:	_____	
Total area used for business:	_____	
	Total (excluding GST)	GST
Heat/Gas/Propane	_____	_____
Electricity/Hydro	_____	_____
Insurance	_____	_____
Repairs & Maintenance	_____	_____
Mortgage (interest only)	_____	_____
Property Taxes	_____	_____
Water/Garbage/Sewer	_____	_____
Rent	_____	_____
Strata Fees	_____	_____
Other: _____	_____	_____

CAPITAL ASSETS PURCHASED or SOLD
Please provide purchase/sales documents related to any business <u>capital</u> assets purchased or sold during the year. (e.g. vehicle, equipment, tools, computer, printer, software)

Please provide us with copies of the HST/GST Returns you've filed.