



LF-EMPLOYMENT BUSINE	s s Name
X PREPARATION CHECKL	Phone
AX PREPARATION CHECKE	Email
Copy of your previous tax return (for new clients only)	Business address
Business name	The main product or service of your business
GST/HST # (if applicable)	BIN # (if applicable)
Your business income (net of GST/HST)	
Business Expenses (Before GST/HST)	
Purchase of materials	Professional fees
Subcontracts	Management/Admin fees
Advertisments	Rent
Meals & Entertainment	Maintenance & repairs
Bad debts	Salaries, wages, & benefits
Insurance	Travel
Interest	Cellphone
Business fees, licenses, dues, & Memberships	Delivery, freight, and express
	Supplementary business insurance
Office expenses	Other expenses
Office stationary & supplies	Other expenses
Business Use of Home Expenses (%	of Business Usage)
Heat	Mortgage interest
Electricity	Property taxes
Insurance	Condo Fees
Maintenance	Internet and Phone
Motor Vehicle Expenses (% of Bus	iness Usage)
Total kilometres you drove	Maintenance and repairs
Fuel and oil	Leasing cost
Loan Interest	Business parking fees
Insurance	Other expenses (please specify)
License & registration	For loan interest & Leasing cost please provid purchase documents/financing documents
Capital Cost (list each item over \$500)	

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Equipment & purchase dates (ex. computer, fax machine, printer, scanner)