



Date: ____/____/_____
DD/MM/YYYY

Address: _____

Name: _____

It will soon be time to prepare your ____ tax return. Providing complete and accurate information will allow us to prepare your tax return timely and efficiently. With this in mind, we have attached a checklist and questionnaire to assist you gathering the required items.

Your STATEMENT OF EMPLOYMENT EXPENSES

- Provide a T2200 Declaration of Conditions of Employment, signed by both the employer and employee, available at:
<http://www.cra-arc.gc.ca/E/pbg/tf/t2200/t2200-fill-15e.pdf>
- Provide a GST370 Employee and Partner GST/HST Rebate Application, signed by the both the employer and employee, available at:
<http://www.cra-arc.gc.ca/E/pbg/gf/gst370/gst370-fill-17e.pdf>
- Enter applicable amounts below and note any questions.

Employer Name: _____

Employer GST/HST registration #: _____ RT _____

\$ _____.

Accounting and legal fees (commission-paid employees only)

_____.

Advertising and Promotion (business cards, samples, flyers, awards, media)

Motor Vehicle - Make

Motor Vehicle - Model

_____ YYYY

Motor Vehicle - Year

____/____/____

Motor Vehicle - Date acquired (provide purchase agreement)

DD/MM/YYYY

_____ Km

Motor Vehicle - Total Km driven in tax year

_____ Km

Motor Vehicle - Business Use Km

(For each business trip, keep a log listing the following: date, destination, purpose, number of kilometres.)

_____ Km

Motor Vehicle - Personal Use Km

_____.

Motor Vehicle - Employer reimbursements for personal vehicle use



_____.	_____	Motor Vehicle - Fuel
_____.	_____	Motor Vehicle - Maintenance & repairs, (oil changes, car washes, etc.)
_____.	_____	Motor Vehicle - Insurance / Roadside Assistance
_____.	_____	Motor Vehicle - License & Registration
_____.	_____	Motor Vehicle - Interest on vehicle loan (provide loan agreement)
_____.	_____	Motor Vehicle - Leasing costs (provide lease agreement)
_____.	_____	Entertainment expenses (commission-paid employees only) (Excluding golf green fees, sporting events, concerts, etc)
_____.	_____	Travelling expenses
_____.	_____	Food, beverages & meals (Enter full amount - 100%) (Document client name and business reason on receipt)
_____.	_____	Lodging, hotel accommodations
_____.	_____	Transportation (airline, bus, train, taxi)
_____.	_____	Parking & tolls (407), excluding parking/speeding tickets/fines
_____.	_____	Supplies - office & computer (must be consumed within year)
_____.	_____	Other expenses, specify
_____.	_____	Other expenses, specify
_____.	_____	Other expenses, specify
_____.	_____	Long distance phone charges / cell phone airtime (Data plans excluded unless documented on T2200)
_____.	_____	Salaries of a substitute or an assistant
_____.	_____	Office rent
_____.	_____	Licenses, dues, memberships & subscriptions (commission-paid employees only)
_____.	_____	Bonding premiums (commission-paid employees only)
_____.	_____	Equipment leasing (commission-paid employees only)
_____.	_____	Training costs, professional development (commission-paid employees only)



_____ Area of home used for employment (sq. ft. or # rooms)

_____ Total area of home (sq. ft. or # rooms)

_____ Electricity, (Hydro & water-heater rental)

_____ Heat (Enbridge gas, propane, wood, etc.)

_____ City Water utility

_____ Maintenance (to maintain soundness of dwelling, not home improvement)

_____ Insurance (commission-paid employees only)

_____ Property taxes (commission-paid employees only)

_____ Rent

_____ Other, specify (incl. alarm monitoring)

_____ Tradesperson's OR Apprentice mechanic tools expenses
(list each tool or set of tools below)

_____ Expenses of Employed artists - Musical instrument expenses (maintenance costs)

_____ Expenses of Employed artists - Musical instrument expenses (rental fees)

_____ Expenses of Employed artists - Musical instrument expenses (insurance costs)

Signature: _____

Date: _____

9-250 Bayview Drive, Barrie, ON L4N 4Y8
(705) 735-2550 fax (705) 721-4655
debbie@debbiesitser.com

Debbie Sitzer Professional Corporation

Chartered Professional Accountant
Chartered Accountant



Signing date DD/MM/YYYY

Please return completed form to:

Debbie Sitzer Professional Corporation, 9 - 250 Bayview Drive, Barrie, ON L4N 4Y8

Alternatively, scan and e-mail it to debbie@debbiesitser.com