



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

Address: _____

Name: _____

It will soon be time to prepare your _____ tax return (s). 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 BUSINESS OR PROFESSIONAL ACTIVITIES

Please enter applicable amounts below and note any questions.

Business Name: _____

Business Address: _____

Fiscal Period From: ____/____/____ To: ____/____/____

DD / MM / YYYY

DD / MM / YYYY

Main product or service: _____

Business number #: _____ RT _____

Are we preparing your HST returns? _____ Y/N

Would you like us to review the HST returns already filed? (\$125) _____ Y/N

Was this your last year of business?: _____ Y/N

How many Internet web pages does your business earn income from? _____

List below the site address (URL addresses) of your main web pages:

Percentage of your gross income generated from the above web pages? _____%



Business Income

\$_____ Gross sales, commissions, or fees (include GST/HST collected or collectable)
_____ GST/HST (included in gross sales, commissions, or fees above)

Cost of goods sold

_____ Purchases during the year (net of returns, allowances, and discounts)
(goods for resale, products used for specific clients.)
_____ Direct wage costs
_____ Y/N Have T4's been competed?
_____ Subcontracts
_____ Y/N Have T4A's been competed?
_____ Other cost of goods sold

Expenses

_____ Advertising and Promotion (business cards, samples, flyers, awards, media)
_____ Food, beverages, meals & entertainment (Enter full amount - 100%)
(Document client name and business reason on receipt)
(Include sporting events, concert & theatre. Exclude golf green fees)
_____ Bad debts
_____ Business Insurance / WSIB / Professional liability insurance.
(Exclude life and disability insurance.)
_____ Interest (Bank charges, line of credit, credit card charges)
_____ Business tax, fees, licenses, dues, memberships and subscriptions
_____ Office expenses
_____ Supplies - office & computer (used for all clients, general purpose use)
_____ Accounting, legal and other professional fees
_____ Management and administration fees



_____.

Office Rent (premises outside the home only)

_____.

Maintenance and repairs (on business premise or equipment)

_____.

Salaries, wages and benefits (including employer's contributions)

_____ Y/N

Have T4's been completed?

_____.

Property taxes (premises outside the home only)

_____.

Travel (including hotel, accommodations, airline, bus, train, taxi)

_____.

Telephone and utilities

Record ONLY utilities for premises outside the home (Electricity, Hydro & water-heater rental, city water, heat-Enbridge gas, propane, firewood, city water)

(See business-use-of-home section below for home utilities.)

Record business portion of telephone, internet, long distance, cellular.

_____.

Fuel costs (except for motor vehicles - for heavy equipment or fleet vehicles)

_____.

Delivery, freight and express courier

Motor vehicles

_____.

Motor Vehicle - Make

_____.

Motor Vehicle - Model

_____ YYYY

Motor Vehicle - Year

___/___/___ DD/MM/YYYY

Motor Vehicle - Date acquired (provide purchase agreement)

_____ 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.)

(suggested apps: Drivers Note, Mile Bug or Mile IQ)

_____ Km

Motor Vehicle - Personal Use Km

_____.

Parking & tolls (407), excluding parking/speeding tickets

_____.

Motor Vehicle - Employer reimbursements for personal vehicle use

_____.

Motor Vehicle - Fuel

_____.

Motor Vehicle - Maintenance & repairs, (oil changes, car washes)



_____._____ 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)

Other expenses

_____._____ Small tools / equipment < \$500
_____._____ Training costs, professional development
_____._____ Equipment Rental / Leases
_____._____ Other expenses, specify
_____._____ Other expenses, specify
_____._____ Other expenses, specify

Business-use-of-home expenses

_____ Area of home used for employment (sq. ft. or # rooms)
_____ Total area of home (sq. ft. or # rooms)
_____._____ Heat (Enbridge gas, propane, firewood)
_____._____ Electricity (Hydro, water heater rental)
_____._____ Insurance (including mortgage insurance)
_____._____ Maintenance (to maintain soundness of dwelling, not home improvement)
_____._____ Mortgage interest (exclude the principle repayments)
_____._____ Property taxes
_____._____ Other, specify (incl. alarm monitoring)

Assets Purchased > \$500 (useful life beyond one year)



_____. Computers
_____. Office Furniture & Equipment
_____. Equipment
_____. Signage
_____. Other: _____

Signature: _____
Name and Signing date DD / MM / YYYY

Please return completed form to:

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

Or send securely through our encrypted file transfer service, [e-Courier](#).