

Business Income Expense Form

Business Name:	Business Type.:	Business No.:
Fiscal Period (From) : Month/Day/Year	Fiscal Period (to): Month/Day/Year	Phone No.:

Gross Business Income		HST included in gross income? Yes <input type="checkbox"/> / No <input type="checkbox"/>
HST Collected		
Direct Wages Paid		
Subcontractors Paid		

EXPENSES

Motor Vehicle	100% Expenses (No HST if Collected)	Remarks
Number of Kms driven for Business:		
TOTAL Kms usage for the year:		
Fuel		
Repairs & Maintenance		
Insurance		
License & Registration		
Interest Expenses		
Lease Payment		
Car Wash		
Parking		
Other:		
Other:		

Home	100% Expenses (No HST if Collected)	Remarks
Square feet for Business:		
TOTAL square feet of home:		
Heat		
Electricity		
Insurance		
Maintenance		
Mortgage Interest		
Property Taxes		
Other:		
Other:		

Business Activities	100% Expenses (No HST if Collected)	Remarks
Advertising		
Meals & Entertainment		
Bad Debt		
Insurance		
Interest Expenses		
Business tax, fees, dues, licenses		
Office Expenses		
Supplies		
Legal, accounting & prof. fees		
Management and admin fees		
Rent		
Maintenance and repairs		
Salaries, Wages and Benefits (Incl.Eplyr.Cont.)		
Property Taxes		
Travel		
Telephone and utilities		
Fuel Costs (except vehicle)		
Delivery and freight		
Private Health services plan Premiums		
Opening Inventory		
Purchases during the year (inventory)		
Closing Inventory		
Other (small tools, etc):		
Other:		
CCA:		
CCA:		