

CHECKLIST FOR BUSINESS OR SELF-EMPLOYMENT	\$ AMOUNT	PLEASE <input type="checkbox"/> IF HST IS INCLUDED IN AMOUNT
Income:		<input type="checkbox"/>
Expenses:		
Advertising		<input type="checkbox"/>
Meals and entertainment		<input type="checkbox"/>
Convention Expenses		<input type="checkbox"/>
Insurance		<input type="checkbox"/>
Interest		<input type="checkbox"/>
Professional membership dues		<input type="checkbox"/>
Office expenses and supplies		<input type="checkbox"/>
Telephone (designated office line only) and cellphone expense		<input type="checkbox"/>
Fax		<input type="checkbox"/>
Internet		<input type="checkbox"/>
Rent		<input type="checkbox"/>
Utilities for rented office		<input type="checkbox"/>
Property tax for rented office		<input type="checkbox"/>
Equipment rental		<input type="checkbox"/>
Legal fees (state nature of)		<input type="checkbox"/>
Accounting fees		<input type="checkbox"/>
Management and administration fees		<input type="checkbox"/>
Maintenance and repairs		<input type="checkbox"/>
Salaries paid to employees (provide T4 Summary for 2016)		<input type="checkbox"/>
Travel (including transportation, accommodation)		<input type="checkbox"/>
Travel - meals		<input type="checkbox"/>
Delivery, freight		<input type="checkbox"/>
Health plan premiums		<input type="checkbox"/>
Home Office		
<ul style="list-style-type: none"> • Square Footage of Home Office Space 		
<ul style="list-style-type: none"> • Total Square Footage of Home 		
<ul style="list-style-type: none"> • Rent or Mortgage Interest 		<input type="checkbox"/>
<ul style="list-style-type: none"> • Property tax 		<input type="checkbox"/>

CHECKLIST FOR BUSINESS OR SELF-EMPLOYMENT	\$ AMOUNT	PLEASE <input type="checkbox"/> IF HST IS INCLUDED IN AMOUNT
• Home Insurance		<input type="checkbox"/>
• Annual Utilities:		
Heat		<input type="checkbox"/>
Hydro		<input type="checkbox"/>
Water		<input type="checkbox"/>
Automobile Own <input type="checkbox"/> or Lease <input type="checkbox"/>		
If acquired or leased during the year please provide invoice or lease document and date of purchase/lease		
If leased, lease cost per month		<input type="checkbox"/>
If owned or financed, interest cost per month		<input type="checkbox"/>
• Odometer @ Beginning of Year		
• Odometer @ End of Year		
OR Total kms driven during the year		
• Percentage of Business Use of Car		
• Fuel Expenses		<input type="checkbox"/>
• Car Insurance		<input type="checkbox"/>
• Repairs and Maintenance		<input type="checkbox"/>
• Parking expenses		<input type="checkbox"/>
• Highway Tolls		<input type="checkbox"/>
• License and Registration		<input type="checkbox"/>
• Other – please specify		<input type="checkbox"/>
Equipment Purchases Subject to CCA		
• Furniture and Equipment		<input type="checkbox"/>
• Computer Equipment		<input type="checkbox"/>
• Leaseholds (if rental property)		<input type="checkbox"/>
List Other Expenses		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>