

Self-Employed Tax Checklist



General Information

Business name: _____
Business number: _____
Business address: _____
Business main product or service:

GST/ HST Number: _____
Gross Business Income (including GST/HST):
\$ _____

Sales, commissions (total before GST):
\$ _____
GST collected: \$ _____
HST collected: \$ _____
Partnership Business Number (if applicable):

Partnership Percentage (if applicable):

COST OF GOODS SOLD

Opening inventory of materials (at January 1st):
\$ _____
Purchase of materials: \$ _____

Closing inventory of materials (at December 31st):
\$ _____
Direct wage costs: \$ _____
Sub-contracts: \$ _____

Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> Advertising costs: \$ _____ | <input type="checkbox"/> Salaries, wages, and benefits:
\$ _____ |
| <input type="checkbox"/> Meals and entertainments: \$ _____ | <input type="checkbox"/> Business travel: \$ _____ |
| <input type="checkbox"/> Bad debt: \$ _____ | <input type="checkbox"/> Internet: \$ _____ |
| <input type="checkbox"/> Insurance: \$ _____ | <input type="checkbox"/> Telephone and utilities: \$ _____ |
| <input type="checkbox"/> Private health premiums: \$ _____ | <input type="checkbox"/> Professional fees: \$ _____ |
| <input type="checkbox"/> Interest and bank charges: \$ _____ | <input type="checkbox"/> Business fees: \$ _____ |
| <input type="checkbox"/> Office expenses: \$ _____ | <input type="checkbox"/> Management and administration fees:
\$ _____ |
| <input type="checkbox"/> Office supplies: \$ _____ | <input type="checkbox"/> Delivery and freight: \$ _____ |
| <input type="checkbox"/> Rent: \$ _____ | |
| <input type="checkbox"/> Property taxes: \$ _____ | |
| <input type="checkbox"/> Maintenance and repairs: \$ _____ | |

Vehicle Expenses

- | | |
|--|--|
| <input type="checkbox"/> Make, model, year:
_____ | <input type="checkbox"/> Fuel and oil: \$ _____ |
| <input type="checkbox"/> Date purchased or leased: _____ | <input type="checkbox"/> Auto Insurance: \$ _____ |
| <input type="checkbox"/> Original cost of vehicle(if leased): \$ _____ | <input type="checkbox"/> License and registration costs:
\$ _____ |
| <input type="checkbox"/> Kms driven for business purposes:
_____ | <input type="checkbox"/> Maintenance and repairs: \$ _____ |
| <input type="checkbox"/> Total kms driven: _____ | <input type="checkbox"/> Parking fees for business activity:
\$ _____ |
| <input type="checkbox"/> % of business mileage (business kms
divided by total kms): _____ | <input type="checkbox"/> Supplementary business insurance:
\$ _____ |
| <input type="checkbox"/> Interest charge (if financing): \$ _____ | <input type="checkbox"/> Other expenses (specify) : \$ _____ |
| <input type="checkbox"/> Leasing cost (if leasing): \$ _____ | |

Business Use-of-Home Expenses

- | | |
|---|---|
| <input type="checkbox"/> Square footage of home office space:
_____ | <input type="checkbox"/> Water: \$ _____ |
| <input type="checkbox"/> Total square footage of home: _____ | <input type="checkbox"/> Home/ rental insurance: \$ _____ |
| <input type="checkbox"/> % used for business (home office divided by
total): _____ | <input type="checkbox"/> Maintenance: \$ _____ |
| <input type="checkbox"/> Heating: \$ _____ | <input type="checkbox"/> Mortgage interest: \$ _____ |
| <input type="checkbox"/> Electricity: \$ _____ | <input type="checkbox"/> Property taxes: \$ _____ |
| | <input type="checkbox"/> Repairs, cleaning, and supplies:
\$ _____ |