Business Name

Record of Revenue and Expenses for ____ to ____ (dates)

Registered for G.S.T. ____ **Yes / No** ____

G.S.T. Included in Amounts ____ **Yes / No** ____

Revenue	Sales	
	Fees	
	T4 A slip income	
	Other Income (please specify)	
TOTAL		$
COST OF SALES	Materials and supplies purchases	
	Sub Contracts	
	Labour and direct wage costs	
TOTAL		$
	Inventory value at end of Year	

Equipment Transactions

Description	Purchase Date	Purchase Cost	Disposal Date	Proceeds of Disposal

Office in House

Utilities - Heat		Mortgage interest or Rent	
Utilities - Electricity		Property Taxes	
Insurance		Other (specify)	
Repairs and maintenance (specify)		Percentage of home used for business	

Auto Expenses

Type of vehicle

Gas	
Repairs	
Insurance	
Licence	
Miscellaneous	
Carwashes	
Parking	
407ETR	

Total mileage for the year

Business mileage for the year

Did you change vehicles in the taxation year ? If yes, provide lease or loan agreement

If yes, Vehicle Year / Make / Model:

Business Name

Record of Revenue and Expenses for ____ to ____ (dates)

G.S.T. Included in Amounts ____ **Yes / No** ____

Expense	**Amount**
Advertising	
Bad debts	
Business tax, fees, licenses, dues, subscriptions	
Delivery, freight and express	
Fuel (except motor vehicles)	
Insurance (fire and liability)	
Interest and bank charges	
Maintenance and repairs (except auto and home)	
Management and administrator fees	
Meals and entertainment	
Office expenses, postage, stationary	
Supplies, materials	
Legal, accounting and other professional fees	
Property tax (if not residence)	
Rent (if not residence)	
Salaries, wages, benefits	
Salaries, wages, benefits paid to spouse	
Travel expenses (not including auto)	
Telephone and utilities	
Convention fees	
Private health services plan premiums	
Rental or lease of equipment (not auto)	
Other (specify)	
Total	$

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