

# STATEMENT OF BUSINESS ACTIVITIES

## - For The Proprietor -

### SECTION A: GENERAL INFORMATION

CLIENT NAME:		
FISCAL PERIOD:	Start YY/MM/DD _____	End YY/MM/DD _____
BUSINESS NAME:		
MAIN PRODUCT/SERVICE:		
BUSINESS ADDRESS:		

### SECTION B: INCOME

INCOME (sales of goods or services)	
GST included in above income	
<b>TOTAL (for office use only)</b>	

### SECTION C: COST OF GOODS SOLD

Purchases during year • (all costs of goods directly related to your sales ie: materials)	
Subcontractors	
Direct wages	
<b>TOTAL (for office use only)</b>	

### SECTION D: OPERATING EXPENSES

Advertising	
Bad debts (receivables that became uncollectible)	
Business tax, fees, licenses, dues, memberships & subscriptions	
Courier, delivery, freight and express	
Fuel costs (except motor vehicle)	
Insurance	
Interest (bank charges etc...)	
Maintenance & repairs	
Management & admin fees	
Meals & entertainment (100%)	
Motor vehicle expenses – see next page	
Office expenses (pens, paper, postage)	
Supplies (computer parts, other supplies not in COGS)	
Legal, accounting, and other professional fees	
Property taxes	
Rent	
Salaries, wages, and benefits (include employer's contribution)	
Travel (business only)	
Telephone and utilities (includes cellular phone, internet charges, fax machine, voicemail, pagers etc...)	
Convention fees	
Other _____	
Other _____	
Other _____	
GST included in above expenses	
<b>TOTAL (for office use only)</b>	

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**SECTION E: CAPITAL ASSET PURCHASES (ANYTHING OVER \$200)**

	DESCRIPTION	COST
a.		
b.		
c.		
TOTAL (for office use only)		

**SECTION F: OFFICE IN HOME (INCLUDE 100% OF COSTS)**

Area of home used for business (sq ft)	
Total area of home	
Heat	
Electricity	
Insurance	
Maintenance	
Mortgage interest	
Property taxes	
Other _____	
TOTAL (for office use only)	

**SECTION G: AUTOMOBILE INFORMATION**

Description of automobile	
Is vehicle owned by a corporation	YES NO (circle one)
KM driven to earn business income	
Total KM driven in the tax year	
Manufacturers list price of automobile	
Do you own or lease your automobile	OWN LEASE (circle one)
If you finance your vehicle please indicate finance amount, term and interest	
Lease terms	From YY/MM/DD _____ To YY/MM/DD _____
Monthly lease payment	

**SECTION H: AUTOMOBILE EXPENSES (INCLUDE 100% OF COSTS)**

Fuel (gasoline, propane, oil)	
Maintenance and repairs	
Insurance	
License and registration	
Interest expense on auto loan	
Leasing costs (lease pmts during which vehicle was used for business)	
Parking charges	
Other _____	
TOTAL (for office use only)	

**SECTION I: NOTES OR QUESTIONS**

a.	
b.	
c.	
d.	