

Self-Employment Summary

If you are self-employed, please complete the following form and return it to our office with your tax records.

Your Name: _____

Business Name: _____ Main Product or Service: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Your % of ownership of the business: _____

Partner's Name: _____ Partner's SIN: _____

Partner's Address: _____

Internet Business Activities:

How many Internet webpages and website does your business earn income from? _____

Provide the main webpage or site address(es) (also known as URL address(es):

Percentage of your gross income generated from the webpages and websites: _____%

Income:

Gross Sales, Commissions, or Fees (including work-in-progress) _____

Other Income (Details required) _____

Total _____

Cost of Goods Sold and Gross Profie:

Opening Inventory _____

Purchases during the year _____

Direct Wage Costs _____

Subcontracts _____

Other Costs _____

Closing Inventory _____

Expenses (not relating to home office):

Advertising _____

Meals and Entertainment _____

Bad Debts _____

Insurance _____

Interest _____

Business Tax, Fees & Licences _____

Business Dues, memberships & Subscriptions _____

Office Expenses _____

Supplies _____ see over...

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Legal, Accounting, and Other Professional Fees	_____
Management & Administrative Fees	_____
Rent	_____
Maintenance & Repairs	_____
Salaries, Wages, and Benefits	_____
Property Taxes	_____
Travel	_____
Telephone and Utilities	_____
Auto Expenses	_____
Other Expenses*	_____
Total	_____

*Details of Other Expenses

_____	_____
_____	_____
_____	_____

Home Office Expenses:

Area of home used for workspace	_____	Sq Ft
Total area of home	_____	Sq Ft

Heat	_____
Electricity	_____
Insurance	_____
Maintenance (including strata fees)	_____
Mortgage interest	_____
Property taxes	_____
Other _____	_____
Total	_____

GST/HST Information:

Do the amounts above include GST/HST?	Yes	No
Are you a GST/HST registrant?	Yes	No
Do you require us to complete your GST/HST return for you?	Yes	No