

Self-Employed Business Worksheet

Client name	Are you registered for C	□ 100
Business Name	Please provide your GS	IF YES: ST/HST number What method do you use?
Line of Business		RT Regular Quick
Address	Yes	rrow to prepare your HST return? Simplified
	No If no, ple	ase provide a copy of your GST/HST filings for the last year.
INCOME		
Sales, commissions, fees (exclude GST/HST)		
Sales adjustment for GST/HST (Quick Method only)		
Total Income		
COST OF GOODS SOLD/DIRECT COSTS		
Opening Inventory		
Purchases and other direct costs incurred during the year		
ess: Closing Inventory		
Total Cost of Goods Sold/Direct Costs		
	Gross Profit	
EXPENSES		
Accounting, legal and professional fees		
Advertising and promotion		
Bad debts, excluding GST/HST		
Meals and entertainment		
Business taxes, fees, licenses, membership fees		
Delivery, freight, express, courier		
Private health service plan premiums		
Home office costs (complete Home Office Worksheet)		
Insurance (general liability, business asset contents)		
Interest and bank charges		
Management and administration fees		
Motor vehicle (complete Business Use of Motor Vehicle Worksheet)		
Office supplies and expenses		
Rent, excluding home office		
Salaries and benefits (employer's contributions)		
Supplies		
Telephone and utilities		
Travel		
Other (please specify)		
	Total Expenses	
	Net Income	
New asset purchases (provide a list by type, e.g. computer hardwar	re, furniture, office equipment, vehicles)	