



Business Checklist

Name of Business _____

Type of ownership: • Sole proprietor • Partnership

If business is owned by a partnership please record the name, social insurance number, address and percentage of ownership of all partners involved:

Are you registered for to collect GST? Yes / No If yes GST Number: _____

Do you want our firm to complete the GST return(s) for your business? Yes / No

Is GST included in all of the below amounts? Yes / No

Business Income \$ _____

Business Expenses

Advertising	_____	Private health prem.	_____
Bad debts	_____	Professional fees	_____
Bank charges	_____	Property taxes	_____
Freight & delivery	_____	Repairs & maint ¹	_____
Fuel ¹	_____	Salaries & wages	_____
Insurance ¹	_____	Subcontractors	_____
Inventory	_____	Supplies	_____
Licenses & dues	_____	Telephone	_____
Management fees	_____	Training	_____
Meals & enter.	_____	Travel	_____
Office expenses	_____	Utilities	_____
Rent	_____	Other	_____

Any capital asset purchases during the tax year (i.e. computers, equipment, etc.)? Yes / No
If yes please include a copy of receipts.

Any automobile use for the above described business activities during the tax year? Yes / No
If yes please request our automobile expense checklist.

Use of home premise for an office? Yes / No
If yes please request our office in home expense checklist.

¹ Please do not include automobile expenses because they need to be compiled on the automobile expense checklist.