Dyck&Walker-Dean
CHARTERED PROFESSIONAL ACCOUNTANTS

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 [1]	_____	Repair and maint.	_____
	_____		_____
Fuel costs [1]	_____	Salaries and wages	_____
Insurance [1]	_____	Subcontractors	_____
Inventory	_____	purchases Supplies	_____
Licences and dues	_____	Telephone	_____
Management fees	_____	Training	_____
Meals and enter.	_____	Travel	_____
Office expenses	_____	Utilities	_____
Rent Other			

_____

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

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.