

Business Name:
Business Address:
Product / Service Provided:



TOTAL SALES

EXPENSES

Advertising _____
 Business Fees / Licenses _____
 Insurance _____
 Interest _____
 Maintenance and Repairs _____
 Meals and Entertainment _____
 Less: 1/2 Personal Exemption _____
 Office Expenses _____
 Legal and Accounting Fees _____
 Rent Expense _____
 Property Tax Expense _____
 Travel Expense _____
 Other Expenses (Misc) _____

OFFICE - IN - HOME EXPENSES

Heat	_____		
Electricity	_____		
Insurance	_____	Business Use of Home	_____ %
Maintenance and Repairs	_____	Personal Use of Home	_____ %
Interest paid on Mortgage	_____		
Property Taxes	_____		
Rent Expense	_____		
Other Expenses	_____		

MOTOR VEHICLE EXPENSES

Fuel	_____		
Insurance	_____	Business Use of Vehicle	_____ %
License Fees	_____	Personal Use of Vehicle	_____ %
Maintenance and Repairs	_____		
Interest on Payments	_____		
Parking	_____		
Leasing Payments	_____		

Lease Start Date	_____
End Date	_____
Amount Paid on Lease before this year	_____

REQUIRED:

By signing this document, I acknowledge that it is a serious offence to provide the government with false information, and therefore, the numbers supplied to my tax preparer are accurate and can be proven with supporting documentation in case of an audit.

 Signature

 Date