



## — Small Business Return Checklist

Client Name:	_____
Business Name:	_____
Business Address:	_____
Type of Business:	_____
<b>REVENUE</b>	_____
Sales (before GST):	_____
GST Collected:	_____
<b>COST OF SALES</b>	_____
Opening Inventory:	_____
Closing Inventory:	_____
Direct Wages:	_____
Purchases:	_____
Subcontracts:	_____
Other Direct Costs :	_____
<b>EXPENSES</b>	_____
Accounting and Legal:	_____
Advertising:	_____
Dues, Licenses, Memberships, Taxes:	_____
Insurance:	_____
Meals and Entertainment:	_____
Office Expenses:	_____
Rent:	_____
Salaries and Wages:	_____
Telephone:	_____
Travel:	_____
Utilities:	_____
Other (provide description):	_____
<b>BUSINESS USE OF HOME</b>	_____
Square Footage of office Sq.Ft:	_____
Total square footage of home Sq.Ft:	_____
Electricity:	_____
Heat:	_____
Insurance:	_____
Maintenance:	_____
Property taxes:	_____
Other (Provide description):	_____
<b>VEHICLE EXPENSES</b>	_____
Vehicle type:	_____
Vehicle purchased year:	_____
Opening UCC:	_____
Kilometers traveled for business:	_____
Total kilometers traveled:	_____
Fuel:	_____
License and registration:	_____
Maintenance and repairs:	_____
Leasing:	_____
Other expenses (Specify):	_____
Parking fee:	_____