

Self-Employed Tax Checklist

General Information

Business name: _____

CRA business #: _____

Business address: _____

Business main product or services: _____

GST/HST #: _____

Gross business income including GST/HST:

\$ _____

Sales, commissions total before GST: \$ _____

GST collected: \$ _____ HST collected: \$ _____

Partnership business # (if applicable): _____

Percentage of the partnership (if applicable): _____

Please login to your CRA [My Business Account](#) to authorize our firm as your representative. Representative information, *Houle & Associates CPA, (BN) 820449874*

Cost of Goods Sold

Opening inventory of materials on Jan. 1: \$ _____

Purchase of materials: \$ _____

Closing inventory of materials on Dec. 31: \$ _____

Direct wage costs: \$ _____

Sub-contracts: \$ _____

Business Expenses (CRA is now requiring detailed receipts for all business expenses you are claiming on this form)

Advertising expenses: \$ _____

Meals & entertainment: \$ _____

Bad debts: \$ _____

Insurance: \$ _____

Interest & bank charges: \$ _____

Office expenses: \$ _____

Rent: \$ _____

Maintenance & repairs: \$ _____

Gross salaries, wages & benefits: \$ _____

Seminars & training: \$ _____

Travel: \$ _____

Internet: \$ _____, Telephone: \$ _____

Business fees, licenses, dues & subscriptions:

\$ _____

Legal fees: \$ _____, Accounting fees: \$ _____

Management & administration fees: \$ _____

Other expenses (provide description & amount):

_____ \$ _____

_____ \$ _____

Business Use of Home Expenses

Heating: \$ _____
Electricity: \$ _____
Water: \$ _____
Home/rental insurance: \$ _____
Maintenance: \$ _____
Mortgage interest: \$ _____
Property taxes: \$ _____

Other expenses (provide description & amount): _____ \$ _____
_____ \$ _____

Total square footage of home: _____
Total square footage of your home office: _____

Please provide a floor plan of your home indicating the space occupied for business use.

Vehicle Expenses

Make, model & year: _____,
_____, _____
Date purchased or leased: _____
Original cost of vehicle: _____
Interest charges (if you are financing your vehicle): \$ _____
Leasing cost (if you are leasing your vehicle): \$ _____
How many km did you drive for business purposes: _____

How many km did you drive in total: _____
Fuel: \$ _____
Auto insurance: \$ _____
Parking fees during business activity: \$ _____
Other expenses (please provide description & amount): _____ \$ _____
_____ \$ _____
License & registration: \$ _____
Repairs & Maintenance: \$ _____

Capital Cost Expenses (Furniture & Office Equipment including cell phones)

Description:	Purchase date:	Cost:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TAXPAYER RESPONSIBILITY

As a taxpayer, I understand it is imperative to provide complete and accurate information and to ensure I keep all supporting documents, including receipts and contracts, related to my tax return. Further, I understand that failure to do so could result in serious financial consequences from the Canada Revenue Agency (CRA) under the General Anti-Avoidance Rules (GAAR).

Pay your balance owing on or before April 30 to avoid interest and penalties.