



## Employment and Commission Expense Worksheet

Mouse over these  for an example

Click these  for the tax tip

### Section 1

#### General Employment Information

For which taxation year are you filing this return?

How many employers did you have for which you are claiming employment expenses?

Do you have form  signed for each employer authorizing the expenses you are claiming?  Yes  No

If no, can you get them to sign it in the future, authorizing the expenses you are claiming?  Yes  No  N/A

Does part of your salary/compensation include commissions or bonuses as a result of your sales or productivity?  Yes  No

Details

What is your occupation or main job function(s)?

Do you qualify for GST rebate?  Yes  No

If you answered yes, do you have form  signed by your employer?  Yes  No  N/A

If no to above, can you get your employer to sign one in the future, authorizing your GST rebate?  Yes  No  N/A

Details

Is there any information regarding your employment expenses that you feel we should know, whether relevant to the above or not?

### Section 2

#### General Employment Expenses

Please tell us how much you spent on the expenses listed below.  
 All amounts are business only and **do not include personal, in-home office/business, or motor vehicle expenses.**

|  |                      |
|--|----------------------|
| 1. Advertising   | <input type="text"/> |
| 2. Business tax, fees, licenses, dues, memberships, and subscriptions  | <input type="text"/> |
| 3. Delivery, freight, and express (including postage)  | <input type="text"/> |
| 4. Fuel costs <b>(except for motor vehicles and in-home office)</b>  | <input type="text"/> |
| 5. Insurance <b>(except for motor vehicles and in-home office)</b>   | <input type="text"/> |
| 6. Interest and bank charges   | <input type="text"/> |
| 7. Maintenance and repairs <b>(except motor vehicle and in-home)</b>   | <input type="text"/> |
| 8. Management and administration fees  | <input type="text"/> |
| 9. Meals and entertainment   | <input type="text"/> |
| 10. Office expenses  | <input type="text"/> |
| 11. Supplies   | <input type="text"/> |
| 12. Legal, accounting, and other professional/consulting fees  | <input type="text"/> |
| 13. Property taxes <b>(except in-home office)</b>  | <input type="text"/> |
| 14. Rent and rentals <b>(except in-home office)</b>  | <input type="text"/> |
| 15. Salaries, wages, and benefits  | <input type="text"/> |
| 16. Travel expenses  | <input type="text"/> |
| 17. Telephone, utilities, cell phone, pager, internet, and communication expenses  | <input type="text"/> |
| 18. Conventions  | <input type="text"/> |
| 19. Any other employment expenses or information not covered, except in-home office and motor vehicles <b>(please specify cost type, and amount)</b> | <input type="text"/> |
| A. _____   | <input type="text"/> |
| B. _____   | <input type="text"/> |
| C. _____   | <input type="text"/> |
| D. _____   | <input type="text"/> |
| E. _____   | <input type="text"/> |

### Section 3

#### Musical Instruments Used During Employment

**A) Did you purchase any musical instruments during the year?**       Yes    No  
If yes, please list and provide the purchase price.

|    | Item Description | Purchase Price |
|----|------------------|----------------|
| 1. | _____            |                |
| 2. | _____            |                |
| 3. | _____            |                |
| 4. | _____            |                |
| 5. | _____            |                |

**B) Did you sell or dispose of/scrap/donate any musical instruments during the year?**       Yes    No  
If yes, please list and provide the sold price.

|    | Item Description | Sold price (\$0 if scrapped) | Original or last year's tax value |
|----|------------------|------------------------------|-----------------------------------|
| 1. | _____            |                              |                                   |
| 2. | _____            |                              |                                   |
| 3. | _____            |                              |                                   |
| 4. | _____            |                              |                                   |
| 5. | _____            |                              |                                   |

**C) What are the current musical instruments you use during employment (you may consult your previous year's tax return if necessary)?**

|    | Item Description | Fair Market Value |
|----|------------------|-------------------|
| 1. | _____            |                   |
| 2. | _____            |                   |
| 3. | _____            |                   |
| 4. | _____            |                   |
| 5. | _____            |                   |

**D) Is there any information regarding your employment expenses that you feel we should know, whether relevant to the above or not?**

### Section 4

#### Motor Vehicle Expenses

**To be filled out for each vehicle used during employment**

**A) Vehicle mileage and value (we recommend using a logbook to keep track of your mileage)**

1. Total kilometres driven (**including personal**) during the year \_\_\_\_\_
2. Total business only, kilometres driven during the year \_\_\_\_\_
3. Fair market value of vehicle at beginning of year from last year's tax return (or you may consult the blue book, a local car dealer, or newspaper ads for evaluation). \_\_\_\_\_

|      |       |      |
|------|-------|------|
| Make | Model | Year |
|      |       |      |

This section continued on next page...

**B) Total expenses, including personal amount**

- 1. Fuel and oil \_\_\_\_\_
- 2. Maintenance and repairs \_\_\_\_\_
- 3. Insurance \_\_\_\_\_
- 4. License and registration \_\_\_\_\_
- 5. Interest on car loan (check original loan agreement and fill in interest section D below) \_\_\_\_\_
- 6. Lease payments (check original lease and fill in lease section C below) \_\_\_\_\_
- 7. Washes \_\_\_\_\_
- 8. AMA (motor league) \_\_\_\_\_
- 9. Parking \_\_\_\_\_
- 10. Other (please specify) \_\_\_\_\_

**C) If you lease the vehicle, please fill in the following:**

- 1. Manufacturer's suggested retail price or purchase price \_\_\_\_\_
- 2. Total paid towards the lease since the beginning \_\_\_\_\_
- 3. Date acquired Date \_\_\_\_\_
- 4. Date terminated Date \_\_\_\_\_
- 5. Total number of days this vehicle was leased this year \_\_\_\_\_
- 6. Did you receive any interest on a refundable deposit?  Yes  No \_\_\_\_\_  
 If yes, date and amount? Date \_\_\_\_\_
- 7. Were you reimbursed in any way for your lease?  Yes  No \_\_\_\_\_  
 If yes, date and amount? Date \_\_\_\_\_
- 8. Any other leasing information?

**D) If you had a car loan on which you paid interest, please fill in the following:**

- 1. Date Interest payments started this year \_\_\_\_\_
- 2. Date Interest payments stopped this year \_\_\_\_\_
- 3. Total interest paid in year \_\_\_\_\_
- 4. Date vehicle was purchased \_\_\_\_\_
- 8. Any other information you feel we should know

**E) If you purchased any vehicles during the year, please fill in the following:**

|          | Purchase Date | Purchase Amount |
|----------|---------------|-----------------|
| 1. _____ | _____         | _____           |
| 2. _____ | _____         | _____           |
| 3. _____ | _____         | _____           |

**F) If you sold any vehicles during the year, please fill in the following:**

|          | Sold Date | Sold Amount |
|----------|-----------|-------------|
| 1. _____ | _____     | _____       |
| 2. _____ | _____     | _____       |
| 3. _____ | _____     | _____       |

**G) Any other information regarding your vehicles that you feel we should know, whether relevant to the above or not?**

## Section 5

### In-Home Business Expenses

**Fill in this section if you use a space in your home for employment/office**

**A) Space and/or rooms used**

|  | Area | Rooms |
|--|------|-------|
| 1. What is the area or number of rooms used for employment in your home? |      |       |
| 2. What is the total area or rooms in the home?                          |      |       |

**Note:** If you changed in-home office spaces during the year due to moves, etc., please fill in this section for each in-home office and average out.

**B) Expenses: Please list the total for the year, including personal portion.**

|                                     |  |
|-------------------------------------|--|
| 1. Heat                             |  |
| 2. Electricity                      |  |
| 3. Insurance                        |  |
| 4. Maintenance                      |  |
| 5. Property taxes                   |  |
| 6. Condo fees                       |  |
| 7. Rent                             |  |
| 8. Telecommunications               |  |
| 9. Alarm                            |  |
| 10. Other expenses (please specify) |  |
| _____                               |  |

**C) Is there any information regarding your in-home business/office expenses that you feel we should know, whether relevant to the above or not?**

## Section 6

### Disclosure

I , Social Insurance Number   
(Your full name)  (Your SIN)

have read, understood, and completed all relevant procedures required for tax preparation. I have conducted all necessary research and sought all required assistance, and all data submitted is true and accurate to the best of my knowledge. I will not hold PTC Canada or its associates liable in any way or at any time, and I accept responsibility for all information supplied.

Use this for submitting printed form

Signature \_\_\_\_\_

Date \_\_\_\_\_

Use this for submitting electronic form

Electronic Signature \_\_\_\_\_

Date \_\_\_\_\_