



Small Unincorporated Business Worksheet

Click these ✓
for the tax tip

Mouse over these 
for an example

Click the  to add
rows where needed

Section 1

- General Business Information

For which taxation year are you filing this return?

What is the name of your business?

What is the full address of your business?

Row	Apt # - Street# - Street Name	City	Province	Country	Postal Code

Is this the first year you have been in business? Yes No

Was this your last year of business? Yes No

What is your main product or service?

What is your GST or business number (must be 9 digits with no letters), if you have one?

Are you the only owner/active person? Yes No

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

Section 2

- Income and GST Collected or Paid by Your Business

What is the total income you collected, **including GST, PST, and HST**? Do you file: Yearly Quarterly Monthly

Did you have any other business income, in addition to the income entered above? Yes No

Enter the amounts of GST PST HST you collected in the total income amount? N/A

How much GST and HST did you pay on **eligible expenses**?

If you are not sure, please indicate.

Is there any information regarding your GST, PST, HST, or income that you feel we should know, whether relevant to the above or not?

Section 3

- Cost of Goods Sold

To be filled in for businesses that buy and sell inventory, not for consultant-oriented businesses

What is the value of your inventory at the beginning of the year?

How much did you purchase during the year to build your inventory?

How much did you pay to sub-contract work to build your inventory?

How much did you pay in direct wage costs to build your inventory during the year?

Were there any other costs incurred to build your inventory, including obsolete and discarded/scraped inventory?

Please specify:

How much was your inventory worth at the end of the year?

Is there any information regarding your cost of goods sold or inventory that you feel we should know, whether relevant to the above or not?

Section 4

- General Rental 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 | |
| 2. Bad debts | |
| 3. Business tax, fees, licenses, dues, memberships, and subscriptions | |
| 4. Delivery, freight, and express (including postage) | |
| 5. Fuel costs (except for motor vehicles and in-home office) | |
| 6. Insurance (except for motor vehicles and in-home office) | |
| 7. Interest and bank charges | |
| 8. Maintenance and repairs (except motor vehicle and in-home) | |
| 9. Management and administration fees | |
| 10. Meals and entertainment | |
| 11. Office expenses | |
| 12. Supplies | |
| 13. Legal, accounting, and other professional/consulting fees | |
| 14. Property taxes (except in-home office) | |
| 15. Rent and rentals (except in-home office) | |
| 16. Salaries, wages, and benefits | |
| 17. Travel expenses | |
| 18. Telephone, utilities, cell phone, pager, internet, and communication expenses | |
| 19. Conventions | |
| 20. Private health care premiums | |
| 21. Reserves | |
| 22. Terminal losses on sold assets | |
| 23. Any other business expenses or information not covered, except in-home office and motor vehicles
(please specify cost type, and amount) | |
| A. _____ | |
| B. _____ | |
| C. _____ | |
| D. _____ | |
| E. _____ | |

Section 5

- Assets, Equipment, Furnishings, and Other Physical Items Used in the Rental Property

- A)** Did you purchase any assets, equipment, or furnishings during the year? Yes No
- B)** Did you sell or dispose of/scrap/donate any assets, equipment, or furnishings during the year? Yes No
- C)** What are the current assets, furnishings, and equipment you use in the business (you may consult your previous year's tax return if necessary)?

Row	Item Description	Fair Market Value

- D)** Is there any information regarding your assets, equipment, and furnishings that you feel we should know, whether relevant to the above or not?

Section 6

- 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	

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?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, date and amount?	Date	
7. Were you reimbursed in any way for your lease?	<input type="radio"/> Yes <input type="radio"/> 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	
5. Any other information you feel we should know	

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

Row	Vehicle make, model, year	Purchase Date	Purchase Amount

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

Row	Vehicle make, model, year	Sold Date	Sold Amount

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

Section 7

- 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 calculate the amounts for each in-home office and average out, fill in this section with the averaged amounts .

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

1. Heat	
2. Electricity	
3. Insurance	
4. Maintenance	
5. Mortgage interest	
6. Property taxes	
7. Condo fees	
8. Rent	
9. 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 8

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 _____