

TAX ORGANIZER FOR THE SELF-EMPLOYED

TAXPAYER INFORMATION	
Full Name: _____	No. of Children under 19: _____
SIN #: _____ Date of Birth: _____	Name of Business: _____
Home Address: _____	Business Address: _____
Postal Code: _____ Tel#: _____	Postal Code: _____
Marital Status: _____	Business No.: _____
Spouse Full Name: _____	HST Account No.: _____
Spouse SIN #: _____	Fiscal Period: From _____ To _____

ENCLOSE THE FOLLOWING INFORMATION		
	<u>YES</u>	<u>N/A</u>
tax return & assessment:	<input type="checkbox"/>	<input type="checkbox"/>
All tax slips: eg. T4, T4A, T4RSP, T4U, T3, T5, T5013, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Charitable donation receipts:	<input type="checkbox"/>	<input type="checkbox"/>
Medical and dental receipts:	<input type="checkbox"/>	<input type="checkbox"/>
RRSP contribution receipts:	<input type="checkbox"/>	<input type="checkbox"/>
Other: eg. tuition, education, child care	<input type="checkbox"/>	<input type="checkbox"/>

Please fill out the below totals for each specified item. Please let us know if you have any questions.

BUSINESS INCOME & EXPENSES
Net sales, commissions, fees: \$ _____
Opening inventory: \$ _____
Closing inventory: \$ _____
Inventory purchases: \$ _____
Sub-contract fees: \$ _____
Advertising: \$ _____
Bad debts: _____
Business tax, fees, dues, etc.: \$ _____
Delivery and freight: \$ _____
Insurance: \$ _____
Interest: \$ _____
Repairs & maintenance: \$ _____
Meals & entertainment: _____
Office expenses: _____
Accounting & other professional fees: \$ _____
Property taxes: \$ _____
Rent: \$ _____
Salaries & wages: \$ _____
Travel: _____
Telephone & utilities: \$ _____
Other: \$ _____
Description of other: _____

AUTOMOBILE EXPENSE INFO
Total km driven during year: _____ km
Total km driven to earn income: _____ km
Fuel and oil: \$ _____
Repairs & maintenance: _____
Insurance: \$ _____
Licence & registration: \$ _____
Interest cost: \$ _____
Leasing cost: \$ _____
Other: \$ _____
Description of other: _____

HOME OFFICE EXPENSE
Total area available: _____ sq. feet
Total area used to earn income: _____ sq. feet
Heat: \$ _____
Electricity: _____
Insurance: \$ _____
Maintenance: \$ _____
Mortgage interest: \$ _____
Property taxes: \$ _____
Other: \$ _____
Description of other: _____

DETAILS OF BUSINESS FIXED ASSETS PURCHASED DURING YEAR		
Asset description	Total cost	Portion used for business (%)

DETAILS OF BUSINESS FIXED ASSETS SOLD DURING YEAR			
Asset description	Original cost	Sales price	Portion used for business (%)