

BUSINESS DETAIL INFORMATION FORM

Client's Name: _____ Business Name: _____

Business address: _____ EMAIL: _____

Business number: _____ Type of Business: _____

EMPLOYMENT INSURANCE OPT IN _____ OPT OUT _____

- Income _____
- Opening Inventory/Assets Transferred _____ Subcontracts _____

EXPENSES

- Advertising _____
- Meals and entertainment _____
- Insurance, liability etc. _____
- Loan Interest _____
- Business tax, fees, licenses, dues, memberships and subscriptions _____
- Office expenses _____
- Supplies _____
- Legal, Accounting, and other professional fees _____
- Management and Administration fees _____
- Office rent _____
- Maintenance and Repairs _____
- Travel _____
- Business telephone and utilities _____ (Only if in business name)
- Delivery, freight _____
- Cell Phone _____
- Bank fees _____
- Internet _____
- _____
- _____
- _____

OTHER INFORMATION

- Payroll _____
- GST _____
- PST _____
- WCB _____

CAPITAL ASSET ADDITIONS FOR THE YEAR (CCA) Items over \$250.00

Type _____	Amount _____
_____	_____
_____	_____

OTHER

DISCLAIMER: Please note that this is a generalized form and not all information will apply to all individuals.