



## 2024 T1

# Self-employment income & expenses

**Business name:** \_\_\_\_\_

**Business number:** \_\_\_\_\_

**Main product or service:** \_\_\_\_\_ **Your % of ownership:** \_\_\_\_\_

**Was this your last year of business?**      **Yes**                      **No**

**Address, if different than personal:** \_\_\_\_\_

**City, Town, or Municipality:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Details of other partners, if any:**

First name	Last name	SIN	% Ownership
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*If you are HST registered, please provide the following breakdown.  
Otherwise, please only fill out the GROSS amounts.*

	NET (no HST included)	HST	GROSS (including HST)
Gross sales, commissions or fees	\$ _____	\$ _____	\$ _____
Cost of goods sold (purchases during the year, direct wages, subcontracts)	\$ _____	\$ _____	\$ _____
<b>Expenses</b>			
Advertising	\$ _____	\$ _____	\$ _____
Meals and entertainment	\$ _____	\$ _____	\$ _____
Bad Debts	\$ _____	\$ _____	\$ _____
Insurance			\$ _____
Interest and bank charges			\$ _____
Business taxes, licences and memberships	\$ _____	\$ _____	\$ _____
Office expenses	\$ _____	\$ _____	\$ _____
Office stationery and supplies	\$ _____	\$ _____	\$ _____
Professional fees (legal and accounting)	\$ _____	\$ _____	\$ _____
Management and administration fees	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____	\$ _____
Salaries, wages and benefits (including employer's contributions)			\$ _____
Travel	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____

## Business-use-of-home expenses

Total area used for business _____ sq ft	Heat	\$ _____
Total area of home _____ sq ft	Electricity	\$ _____
	Water	\$ _____
	Insurance	\$ _____
	Maintenance	\$ _____
	Mortgage interest	\$ _____
	Property taxes	\$ _____
	Other expenses (specify): _____	\$ _____

## Capital assets

List capital assets purchased during the year (over \$500):

	<u>NET (no taxes included)</u>	<u>HST</u>	<u>GROSS (including HST)</u>
	(1)	(2)	(1) + (2)
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

## Motor vehicle expenses

**New vehicle purchase:** please provide purchase document and loan information, if applicable.

Business km driven _____			
Total km driven _____			
	<u>NET (no taxes included)</u>	<u>HST</u>	<u>GROSS (including HST)</u>
	(1)	(2)	(1) + (2)
Gas or electricity for zero-emission vehicles	\$ _____	\$ _____	\$ _____
Interest			\$ _____
Insurance	\$ _____		\$ _____
License and registration	\$ _____	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____	\$ _____
Lease payments	\$ _____	\$ _____	\$ _____
Parking	\$ _____	\$ _____	\$ _____
Other expenses (specify): _____	\$ _____	\$ _____	\$ _____