

## **Business or Professional Activities Worksheet**

Complete one form for each business you have. All information entered below should be supported by receipts. Although we do not need to see the receipts, please keep them in case the CRA requests to see them.

			Business info	ormation				
Your name								
Business na	ame							
Fiscal perio	od	From (YYYY-MM-DD): To (YYYY-MM-DD):						
Main produ	ict/service							
Business nu	umber	Quebec ID number (if applicable)						
	gistered for							
GST/HST/C		☐ Yes, please complete my GST/HST/QST return ☐ No, I will complete my GST/HST/QST return						
Business ac	dress							
City		•	Province Postal Code					
Type of bus		□ Sole Proprietorship □ Partnership (enter information below)						
Your perce	ntage of th	e partnership						
Partner 1	Name	% partnership						
Turtion .	Address							
Partner 2	Name		% partnership					
	Address							
			Internet a	ctivity				
Do you hay	e internet	activity/generate incom						
		eb pages and websites d						
		to list up to five main w						
1	9	to not up 11	rob pago 1.	di coco.				
2								
3								
4								
Doroontogo	of vour ar	ass income generated fr	the week negles and we	ha!too		<b>[</b>		
Percentage	or your gr	oss income generated fr	om web pages and wei	osites				
			Income and expe	nse summary				
If you are r	not required	d to file a GST/HST retu	· ·	•	column.			
			Amount	GST/HST	QST (if applicable)	Total		
Business/professional income								
Cost of goo								
Advertising								
	entertainm	ent			<u> </u>			
Bad debts								
Insurance			-	_	-			
Interest	was licone	os and momhorshins						
		es, and memberships						
		onery, postage/courier			+			
Supplies (used to provide good or services)								
Professional fees (legal and accounting fees)  Management and administration fees								
Management and administration fees  Rent								
Repairs and maintenance								
•	ages, and b				<del> </del>			
		s of T4 slips and a T4 Sur	mmary related to the v	wages. If you are cla	iming for an apprentic	re inlease note: date		
		me, and SIN of apprentic		ragos, ii you are ora	g ror arr approve	, prodes noter date		

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	ome and expense s	•		
If you are not required to file a GST/HST ret	urn, you only need to Amount	GST/HST		Total
Dog a surface de sur	Amount	G\$1/H\$1	QST (if applicable)	Total
Property taxes				
Travel - moving				
Travel - meetings and conventions				
Light, heat, water				
Telephone and utilities				
Fuel costs (except for motor vehicles)	Complete motor veh	iolo ovnoncoo work	/oh o o t	
Motor vehicle expenses Delivery, freight, and express	Complete motor ven	T	Sileet	
Private health services plan premiums				
Business use of home office	Complete workspace	_in_the_home evne	ansas workshaat	
Other expenses (specify):	Complete workspace	e-in-the-nome expe	HISES WOLKSHEET	
other expenses (speen y).				
		•		
Capital	asset purchases/di	ispositions (if app	licable)	
Date I	Description		Bought for	Sold for
				]
Allocatio	n of immediate exp	pensing limit (if a	pplicable)	
	·			n may be able to
Eligible persons, privately owned Canadian page significantly increase the writeoff of certain				
of an assoicated group of eligible persons or			appry and must be snar	ca among members
https://www.bdo.ca/en-ca/insights/tax/tax	•			
Do you have an ownership interest in a priva				
other private Canadian corporations as partn	□ Yes □ No			
	□ Vaa □ Na			
Did any of these entities also purchase asset	□ Yes □ No			
Did any of these entities use the immediate		•	ets purchased?	□ Yes □ No
	If yes, complete	the following:		
	Entity Type	Details of investm	ant owned (share type	Amount of
Name of privately owned entity	(sole proprietor/	Details of investment owned (share type, percent owned, etc.)		immediate
Traine or privately clinical charty	partnersnip/		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	expensing limit
	corporation)			allocated
	I			I

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