

A partnership of incorporated professionals

230—9600 Cameron Street Burnaby, BC V3J 7N3

Tel: 604.444.0344 Fax: 604.444.0366 Email: accting@arpartners.ca Web: www.arpartners.ca

2014 SELF-EMPLOYED BUSINESS ACTIVITY CHECKLIST

1. General Information		
Taxpayer Name		
Start Date of		
Business		
2. Revenue (including GST/HST if Quick Method used for GST/HST return filing)		
Please provide us with your total sales or other income for the year:		\$
3. Inventory/Purchases (including GST/HST if Quick Method used for GST/HST return filing or not a GST/HST registrant)		
Inventory count (December 31, 2014)		\$
Total purchases during the year \$		\$
4. Expenses (including GST/HST if Quick Method used for GST/HST return filing or not a GST/HST registrant)		
Please provide us with the following amounts:		
Interest		\$
Other bank charges		\$
Tax preparation (last year)		\$
Postage/Freight		\$
☐ Wages paid		\$
Telephone (cellular, long distance etc.)		\$
		\$
Advertising expenses - meals & entertainment expenditures		\$
Office (business cards, faxes, paper, envelopes, etc.)		\$
Travel (airfare, hotels, transportation)		\$
Capital Assets, acquisitions and dispositions over \$200 (computers, furniture, etc.)		
please list:		\$
Licenses, dues & subscriptions		\$
		\$
		\$
Private Health Service Plan		\$
Other (provide d	escription)	\$



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5. Copy of GST/HST Return if Quick Method Used

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6. Automobile Checklist KILOMETRES - If you used more than one vehicle for business in 2014, please provide information for each vehicle. Please note driving between work and home is considered as personal use. Odometer reading at December 31, 2014 km Odometer reading at December 31, 2013* km Kilometres driven for business km (total from mileage log) * or at date when business started in 2014 VEHICLE SPECIFICATIONS (Please provide purchase/lease documents if purchased or leased in 2014) Model Year Date of Purchase Purchase price including tax AUTOMOBILE EXPENSES (total paid during the year) Gas / Fuel \$_____ Repairs and Maintenance \$_____ Insurance \$_____ Safety Inspection & AirCare (Service Centre) \$_____ \$_____ Lease payments Loan interest (request a statement from your bank) \$_____ \$ Parking (used for business only) 7. Home Office Checklist MEASUREMENTS \$______sq. ft. Square footage of entire house \$ sq. ft. Square footage of room used for office **EXPENSES** \$_____ or Mortgage interest (statement from bank) \$ Rent Property taxes paid (statement from bank or municipality)

\$_____ House/apartment insurance \$_____ Repairs or maintenance to house/apartment \$_____ Water \$_____ \$ Heat/electricity