

## 2019 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, 2018) \$ \_\_\_\_\_

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.) \$ \_\_\_\_\_

Internet \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Private Health Service Plan \$ \_\_\_\_\_

Other (provide description) \$ \_\_\_\_\_



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

Copy of GST/HST Return Provided?

Yes  No

### 6. Automobile Checklist

KILOMETRES – If you used more than one vehicle for business in 2019, please provide information for each vehicle.  
Please note driving between work and home is considered as personal use.

- Odometer reading at December 31, 2019 \_\_\_\_\_ km
- Odometer reading at December 31, 2018\* \_\_\_\_\_ km
- Kilometres driven for business \_\_\_\_\_ km (total from mileage log)

\* or at date when business started in 2019

VEHICLE SPECIFICATIONS (Please provide purchase/lease documents if purchased or leased in 2019)

- Model \_\_\_\_\_
- Year \_\_\_\_\_
- Date of Purchase \_\_\_\_\_
- Purchase price including tax \_\_\_\_\_

AUTOMOBILE EXPENSES (total paid during the year)

- Gas / Fuel \$ \_\_\_\_\_
- Repairs and Maintenance \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_
- Lease payments \$ \_\_\_\_\_
- Loan interest (request a statement from your bank) \$ \_\_\_\_\_
- Parking (used for business only) \$ \_\_\_\_\_

### 7. Home Office Checklist

MEASUREMENTS

- Square footage of entire house \$ \_\_\_\_\_ sq. ft.
- Square footage of room used for office \$ \_\_\_\_\_ sq. ft.

EXPENSES

- Mortgage interest (statement from bank) \$ \_\_\_\_\_ or
- Rent \$ \_\_\_\_\_
- Property taxes paid (statement from bank or municipality) \$ \_\_\_\_\_
- House/apartment insurance \$ \_\_\_\_\_
- Repairs or maintenance to house/apartment \$ \_\_\_\_\_
- Water \$ \_\_\_\_\_
- Heat/electricity \$ \_\_\_\_\_