**A close up of a sign

Description automatically generated**

Conditions of Employment

Employment Expenses Worksheet

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tax Year: \_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is the **T2200/T2200S** – Declaration of Conditions of Employment - included? **Yes  No **

Did you work from home due to Covid-19 and are claiming only in-home expenses? **Yes**  **No** 

Do you want to claim the Simplified Method ($2/day, max 250 days, no employer form required) 

OR claim the Detailed Method (T2200/T2200S from employer and supporting documents required) 

How many days did you work from home due to Covid-19? \_\_\_\_\_\_ (Must have worked at least 50% of the time for at least 4 consecutive weeks. Do not include holidays, vacation days or sick days.)

Are you a: ****Tradesperson ****Apprentice mechanic  **** Employed artist **** Forestry worker

|  |  |  |
| --- | --- | --- |
| EXPENSES while employed with the above employer and based on what you are eligible to claim | For salary employee | For commission employee |
|  |  |  |
| Accounting or legal fees | **-----** | **$** |
| Advertising & promotion | **-----** | **$** |
| Meals (if required to be away for more than 12 hours) | **$** | **$** |
| Entertainment | **-----** | **$** |
| Travel - *meals* | **$** | **$** |
| * *lodging* | **$** | **$** |
| * *transportation* | **$** | **$** |
| Parking (for work only) | **$** | **$** |
| Supplies (office, tools, postage) | **$** | **$** |
| Salaries | **$** | **$** |
| Tax preparation fee | **$ -----** | **$** |
| Office rent | **$** | **$** |
| Licenses | **-----** | **$** |
| Equipment leasing | **-----** | **$** |
| Training costs | **-----** | **$** |
| Employment portion of basic cell service | **$** | **$** |
| Employment portion of long-distance phone calls |  |  |
| Other expenses (specify): |  |  |
|  |  |  |
|  |  |  |

**HOME OFFICE EXPENSE**

If you work from home, what percentage of duties are performed at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Is there an area in your home that is used exclusively to meet clients? Yes  No 

What is the area of your home that is used for work?

Square footage of house \_\_\_\_\_\_\_\_\_\_\_\_ vs. square footage used for work \_\_\_\_\_\_\_\_\_\_\_\_\_,

*or* percentage of house used for work \_\_\_\_\_\_\_\_\_\_\_\_\_%

|  |  |  |
| --- | --- | --- |
| Home office EXPENSES | For salary employee | For commission employee |
| Electricity | **$** | **$** |
| Heat | **$** | **$** |
| Water | **$** | **$** |
| Maintenance | **$** | **$** |
| Insurance | **-----** | **$** |
| Property taxes | **-----** | **$** |
| Rent | **$** | **$** |
| Internet access fees (not connection fees) | **$** | **$** |
| Other: | **$** | **$** |
|  | **$** | **$** |

**VEHICLE EXPENSE**

During the year did you begin using a vehicle for employment purposes?  **Yes**  **No** 

Did you purchase/lease a vehicle which is used for employment purposes? **Purchase**  **Lease** 

Did you sell/trade a vehicle that was used for employment purposes?  **Yes**  **No** 

Provide applicable details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VEHICLE: year, make & model | Date put into use (mm/dd/yyyy) | Date purchased or leased (mm/dd/yyyy) | Date sold or traded (mm/dd/yyyy) | Amount paid or received |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Number of Kilometres driven for business purposes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Kilometres driven in taxation year (in total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Vehicle EXPENSES | Total cost (annual) |
|  |  |
| Fuel | $ |
| Maintenance & repair | $ |
| Insurance | $ |
| License & registration | $ |
| Interest | $ |
| Lease payments | $ |
| Other (specify): | $ |