**A close up of a sign

Description automatically generated**

**Self-employed Worksheet**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HST #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Main product or service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you require an HST return to be completed?**  **yes**  **no If yes, for which years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If self employment began or ended during the year provide date: Start \_\_\_\_\_\_\_\_\_\_\_\_, Stop \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If not an HST registrant, please use the last column for Total and include any HST in amounts.*

|  |  |  |  |
| --- | --- | --- | --- |
| BUSINESS INCOME | Subtotal (HST not included) | HST collectible | Total Income (HST included) |
|  | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| INVENTORY | Opening | Purchases | Closing |
|  | $ | $ | $ |
| Separate HST (if applicable) | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| EXPENSES | Subtotal (HST not included) | HST paid | Total expense (HST included) |
| Subcontractors | $ | $ | $ |
| Advertising | $ | $ | $ |
| Meals & entertainment | $ | $ | $ |
| Business insurance | $ | $ | $ |
| Interest | $ | $ | $ |
| Bank charges | $ | $ | $ |
| Licenses, dues & memberships | $ | $ | $ |
| Office expenses | $ | $ | $ |
| Small tools (under $500 or go to Purchases) | $ | $ | $ |
| Supplies |  |  |  |
| Legal & accounting | $ | $ | $ |
| Tax preparation fee | $ | $ | $ |
| Rent (business only) | $ | $ | $ |
| Maintenance & repair | $ | $ | $ |
| Salaries & benefits | $ | $ | $ |
| Property taxes (business property only) | $ | $ | $ |
| Utilities (business property only) | $ | $ | $ |
| Fuel costs (other than auto) | $ | $ | $ |
| Delivery & freight | $ | $ | $ |
| Travel (other than auto) | $ | $ | $ |
| Business portion of basic cell service | $ | $ | $ |
| Other: | $ | $ | $ |
|  |  |  |  |
|  |  |  |  |

**VEHICLE EXPENSES**

*If multiple vehicles used for business, please provide a breakdown of expenses per vehicle.*

|  |  |
| --- | --- |
| Vehicle #1: year, make & model: |  |
| Date purchased: | subtotal $ HST $ Total $ |
| Date leased: | subtotal $ HST $ Total $ |
| Date put into use for business: |  |
| Date sold: | subtotal $ HST $ Total $ |
| Date taken out of use for business: |  |
| Total kilometres for year: | Kilometres for business-use only: |

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle #1 Expenses: | Subtotal | HST | Total |
| Fuel | $ | $ | $ |
| Maintenance & repair | $ | $ | $ |
| Insurance | $ | $ | $ |
| License & registration | $ | $ | $ |
| Interest paid | $ | $ | $ |
| Lease payments | $ | $ | $ |
| Parking fees (business only) | $ | $ | $ |
| Other: |  |  |  |

|  |  |
| --- | --- |
| Vehicle #2: year, make & model: |  |
| Date purchased: | subtotal $ HST $ Total $ |
| Date leased: | subtotal $ HST $ Total $ |
| Date put into use for business: |  |
| Date sold: | subtotal $ HST $ Total $ |
| Date taken out of use for business: |  |
| Total kilometres for year: | Kilometres for business-use only: |

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle #2 Expenses: | Subtotal | HST | Total |
| Fuel | $ | $ | $ |
| Maintenance & repair | $ | $ | $ |
| Insurance | $ | $ | $ |
| License & registration | $ | $ | $ |
| Interest paid | $ | $ | $ |
| Lease payments | $ | $ | $ |
| Parking fees (business only) | $ | $ | $ |
| Other: |  |  |  |

**Other Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURCHASES**

May include items such as equipment, tools, machinery, appliances, electronic equipment, leasehold improvements, patents, etc. over $500 each (otherwise include in “Small tools or supplies” in Expenses).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description | Purchase date | Sub-total HST TOTAL |
| Item #1 |  |  | $ $ $ |
| Item #2 |  |  | $ $ $ |
| Item #3 |  |  | $ $ $ |
| Item #4 |  |  | $ $ $ |

**HOME OFFICE**

Sq ft of home: \_\_\_\_\_\_\_\_\_\_\_ Sq ft of office space: \_\_\_\_\_\_\_\_\_\_\_\_\_ = Percentage of home used: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Expense | Subtotal (HST not included) | HST | Total (HST included) |
| Heat | $ | $ | $ |
| Electricity | $ | $ | $ |
| Home Insurance | $ | $ ----- | $ |
| Maintenance & repair | $ | $ | $ |
| Mortgage interest | $ | $ ----- | $ |
| Property taxes | $ | $ ----- | $ |
| Internet access fees | $ | $ | $ |
| Other (eg. rent) | $ | $ | $ |

**Other Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If new to Black’s Financial, please provide your previous year’s Business Statement (T2125).*