



**BUSINESS CHECKLIST**

The Small Business Accountants Ltd. requires this checklist to be filled out every year prior to commencing the preparation of your Tax Return. Please fill it out completely and return it to our office along with any forms required to process your tax return. You are responsible to ensure that the information stated on this form is factually correct as we will use this form to file your tax returns.

If we are already processing your current bookkeeping, please fill in page 1 and 3 of this checklist and contact your manager for any special instructions.

**If we are processing your Personal Taxes, please submit the Personal Tax Checklist along with this form. If you have not received this form, please call our office at (403) 257-6235.**

**Please call if you have any questions – we’re here to help make your tax return simple and efficient.**

**Taxation Year** \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Number: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Date Business ceased \_\_\_\_\_

Date Incorporated \_\_\_\_\_ Nature of Business \_\_\_\_\_  
(Please include a copy of Incorporation Documents with Shareholder Structure and Minute Book)

Registered for GST? YES or NO (Circle one) Date of Registration: \_\_\_\_\_

Are you on the Detailed Method or the Quick Method for GST? \_\_\_\_\_

**AUTOMOBILE** – Provide description \_\_\_\_\_

Total KM used in year: \_\_\_\_\_ KM traveled to earn income: \_\_\_\_\_

**LEASE VEHICLE** – (Please include a copy of your lease contract)

Lease payments/month \_\_\_\_\_ Lease commencement date \_\_\_\_\_

Lease expiring date \_\_\_\_\_ Manufacturers list price (if new) \_\_\_\_\_

**PURCHASED VEHICLE:** (If financed please provide loan documents)

Purchase date \_\_\_\_\_

Manufacturers list price (if new) \_\_\_\_\_ Interest paid/year (if financed) \_\_\_\_\_

**Please provide the total yearly costs for the following auto expenses:**

Insurance \_\_\_\_\_ License/Registration \_\_\_\_\_

Repairs/Maintenance/Oil \_\_\_\_\_ Fuel Costs \_\_\_\_\_

Other \_\_\_\_\_

**Is GST included in all of the above amounts?**

**YES or NO (Circle one)**



**Business Checklist (cont'd)**

**INCOME** \$ \_\_\_\_\_

**INVENTORY**

Purchases in the year \$ \_\_\_\_\_

Open Inventory \$ \_\_\_\_\_ Ending Inventory \$ \_\_\_\_\_

**OPERATING EXPENSES**

Business tel & cell \$ \_\_\_\_\_ Advertising & Promotion \$ \_\_\_\_\_

Office Expenses \_\_\_\_\_ Meals & Entertainment \_\_\_\_\_

Office Supplies \_\_\_\_\_ Business Travel \_\_\_\_\_

Loan/Finance interest \_\_\_\_\_ Bus Tax/Licenses \_\_\_\_\_

Bank Charges \_\_\_\_\_ Business Insurance \_\_\_\_\_

Payroll Expenses \_\_\_\_\_ Accounting/Legal fees \_\_\_\_\_

Subcontractor's fees \_\_\_\_\_ Courses/Training \_\_\_\_\_

Equipment Rental \_\_\_\_\_ Private Health Premiums \_\_\_\_\_

Materials/Shop supplies \_\_\_\_\_ Bad Debts \_\_\_\_\_

Delivery expenses \_\_\_\_\_

**CAPITAL ASSETS** (acquired during the current year)

List all capital assets purchased this year (please note these amounts must not be listed above as expenses and must be over \$250.00)

Computer \$ \_\_\_\_\_ Office Equipment \_\_\_\_\_

Office Furniture \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Is GST included in all of the above amounts?**

**YES or NO (Circle one)**



**Business Checklist (cont'd)**

**USE OF HOME**

Total square footage of home _____	Sq footage used for office _____
Heat & Electricity _____	Property Taxes _____
House/contents insurance _____	Mortgage Interest _____
Home Telephone _____	Rent _____
Internet _____	Residents Assoc. _____

**Is GST included in all of the above amounts?      YES or NO (Circle one)**

**SHAREHOLDERS – Only if incorporated**

Person/Company _____	SIN # or BN # _____	% &Type of Shares _____
Person/Company _____	SIN # or BN # _____	% &Type of Shares _____
Person/Company _____	SIN # or BN # _____	% &Type of Shares _____
Person/Company _____	SIN # or BN # _____	% &Type of Shares _____

**Do you or your company own more than 10% shares in any other corporation? If yes, please provide the share structure as well as the business number.**

Person/Company _____	BN # _____	% &Type of Shares _____
Person/Company _____	BN # _____	% &Type of Shares _____

**Internet business activities:**

How many internet webpages and websites does your business earn income from? Enter "0" if none. \_\_\_\_\_

Please provide the main webpage or website address (es)

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

Percentage of your gross income generated from the web pages. Enter "0" if none. \_\_\_\_\_ %

**SIGNATURE** \_\_\_\_\_ **DATED:** \_\_\_\_\_

**Thank you!**