

Business Name:	
GST/HST	Are you registered for the GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide your GST/HST registration number
	Have you filed your 2020 GST/HST return(s)? (Provide Copy) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you require us to prepare your GST/HST return? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you purchased capital property, please indicate the date of each capital property purchased.	
Sales, commissions, fees (exclude GST/HST)	
Other:	
TOTAL INCOME (A)	
COST OF GOODS SOLD	
Opening inventory	
Purchases and other costs incurred during the year	
Less: closing inventory	
TOTAL COST OF GOODS SOLD (B)	
GROSS PROFIT (A - B) = (C)	
EXPENSES (Business Portion ONLY)	
Advertising	
Meals and entertainment ²	Total costs _____ x 50%
Bad debts	
Insurance	
Interest and bank charges	
Business taxes, fees, licenses, membership fees	
Office expenses	
Supplies	
Legal, accounting and other professional fees	
CPAPROS accounting fees	+ _____ = _____
Management and administration fees	
Rent (excluding home office)	
Maintenance and repairs	
Salaries, wages and benefits	
Property taxes (excluding home office)	
Travel	
Telephone and utilities (excluding home office)	
Delivery, freight, and express	
Motor vehicle (complete Motor Vehicle Worksheet)	Pulls from Motor Vehicle Worksheet Line I
Capital cost allowance ^{1,3}	
Home office costs (complete Home Office Worksheet)	Pulls from Home Office Worksheet Line N
Health and dental insurance premiums ⁴	
Other:	
TOTAL EXPENSES (D)	
NET INCOME (C - D)	

1 This amount can be computed by CPAPROS on your behalf.
 2 The deductible portion of meals and entertainment costs was 50% throughout 2020.
 3 Please provide details of any capital asset purchases or disposals (automobile, computer hardware and software, equipment, furniture, etc.) during 2020, including the cost and applicable taxes, net of any GST Input Tax Credits claimed or sales proceeds.
 4 Please provide details of coverage and premiums.

Property Address: _____	
Number of Partners: _____	Ownership Percentage: _____
Type of Property	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
GST/HST	If commercial, are you registered for GST/HST? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide your GST/HST registration number _____
	Have you filed your 2020 GST/HST return? (Provide Copy) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you require us to prepare your GST/HST return? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you purchased capital property, please indicate the date of each capital property purchased.	
Please calculate all amounts on a gross basis and we will adjust for your individual ownership percentage	
GROSS RENT	
Number of rental units: _____	
EXPENSES	
Advertising _____	
Insurance _____	
Mortgage and other interest _____	
Office expenses _____	
Legal, accounting and other professional fees _____	
CPAPROS accounting fees	+ _____ = _____
Management and administration fees _____	
Maintenance and repairs _____	
Salaries, wages and benefits _____	
Property taxes _____	
Bank fees _____	
Utilities:	water _____
	electricity _____
	gas _____
	internet _____
	phone _____
	Total: _____
Capital cost allowance ^{1,2} _____	
Other _____	
TOTAL EXPENSES	
NET INCOME	

1 This amount can be computed by CPAPROS on your behalf.

2 Please provide details of any capital asset purchases or disposals (major renovations, etc.) during 2020, including the cost and applicable taxes, net of any GST Input Tax Credits claimed or sales proceeds.

MOTOR VEHICLE	
<input type="checkbox"/> employment or <input type="checkbox"/> business purposes	
Make of vehicle _____	
Total kilometres traveled in 2020 _____	(E)
Portion related to business travel ² _____	(F)
Business use percentage _____	(F ÷ E) = (G)
Expenses⁵	
Fuel and oil _____	
Interest on financing _____	
Vehicle insurance _____	
Licence and registration _____	
Maintenance and repairs _____	
Leasing costs ^{1,3} _____	
Capital cost allowance ^{1,3} _____	
Other: _____	
Other: _____	
Total expenses _____	(H)
Percentage - business use _____	(G)
Business portion _____	(H x G) = (I)

HOME OFFICE	
<input type="checkbox"/> employment or <input type="checkbox"/> business purposes	
Homes address: _____	
Total square footage of home _____	(J)
Portion related to home office _____	(K)
Business use percentage _____	(K ÷ J) = (L)
Expenses⁵	
Heat _____	
Electricity _____	
Insurance _____	
Maintenance and repairs _____	
Mortgage interest ⁴ _____	
Property tax _____	
Rent _____	
Other: _____	
Other: _____	
Total expenses _____	(M)
Percentage - business use _____	(L)
Business portion _____	(M x L) = (N)

1 This amount can be computed by CPAPROS on your behalf.

2 A record of automobile business kilometers traveled would be required to satisfy any CRA queries.

3 The restriction on capital cost allowance claims for passenger vehicles acquired in 2020 is \$30,000 plus applicable taxes. The maximum deductible monthly lease cost is \$800 plus applicable taxes. Taxes should be net of any GST/HST Input Tax Credits claimed.

4 Only the interest portion of mortgage payments are deductible. It is therefore necessary to exclude the principal portion.

5 Expenses should include GST/HST if you use the quick method. Otherwise, expenses should be listed excluding the GST/HST. If you are registered for the regular method and would like our assistance preparing your GST/HST return, please include a summary of GST/HST paid for the purposes of claiming Input Tax Credits

EXPENSES INCURRED TO EARN SALARY OR COMMISSION INCOME	EXPENSES INCURRED TO EARN COMMISSION INCOME ONLY
Travelling expenses: (other than entertainment expenses)	Legal and accounting fees (other than for recovering a salary or for establishing the right to a salary)
Food and beverages _____	Advertising and promotion _____
x 50%	Entertainment expenses:
Lodging expenses _____	Food and beverages _____
Other travelling expenses _____	Tickets and entrance fees _____
Parking _____	Other _____
Supplies:	Subtotal:
Stationary _____	x 50%
Telecommunications _____	Total:
Other _____	Other expenses:
Other expenses:	Licenses _____
Salaries paid to a substitute or assistant _____	Rental of office equipment _____
Office rent _____	Training costs _____
	Travel fare _____
	Other _____
Total Expenses incurred to earn salary or commission income <input style="width: 100px; height: 20px;" type="text"/>	Total Expenses incurred to earn commission income only <input style="width: 100px; height: 20px;" type="text"/>