

STATEMENT OF BUSINESS OR PROFESSIONAL ACTIVITIES

Identification

| | | | |
|--|----------------|---------------------------------------|-------------|
| Your name | | Your social insurance number | |
| Business Name | | Business Number (15 characters) RT | |
| Business Address Number | Street, PO Box | Apartment or Suite | |
| City | | Province or Territory | Postal Code |
| Fiscal Period From: Year/Month/Day to: Year/Month/Day | | Your percentage of the partnership | |
| Main product or service | | | |

Business Income

Type of income ☐ Business ☐ Commission ☐ Professional (Include work in progress)

| | | |
|---|-------|----------|
| Gross sales, commissions, or fees (including GST/HST collected or collectible) | _____ | A |
| Minus PST, GST/HST, returns, allowances, discounts included in sales, and GST/HST adjustments | _____ | B |
| Adjusted gross sales (Line A minus line B) | _____ | C |

If GST/HST has been remitted and/or an input tax credit has been claimed, do not include GST/HST in the calculation of cost of goods sold, expenses or net income (loss).

Cost of Goods Sold and Gross Profit

Complete this area if applicable.

| | | |
|---|-------|----------|
| Gross business income | _____ | I |
| Opening inventory (include raw materials, goods in process, and finished goods) | _____ | |
| Purchases during the year (net of returns, allowances, and discounts) | _____ | |
| Direct wage costs | _____ | |
| Subcontracts | _____ | |
| Other costs (Please list) | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| Total of the above lines | _____ | |
| Minus | | |
| Closing inventory (include raw materials, goods in process, and finished goods) | _____ | |
| Cost of goods sold | _____ | J |
| Gross profit (line I minus line J) | _____ | |

Net Income (Loss) Before Adjustments

Gross profit from line 8519

K

Expenses (enter only the business part)

Advertising

Meals and entertainment x 50%

Meals and entertainment (long haul truck drivers) x 80%

Bad debts

Insurance

Interest

Business tax, fees, licenses, dues, memberships, and subscriptions

Office expenses

Supplies

Legal, accounting, and other professional fees

Management and administration fees

Rent

Maintenance and repairs

Salaries, wages, and benefits (including employer's contributions)

Property taxes

Travel (including transportation fees, accommodations, and allowable part of meals)

Telephone and utilities

Fuel costs (except for motor vehicles)

Delivery, freight, and express

Other expenses:

Total other expenses

=

Total business expenses

▷

L

Net income (loss) before adjustments (line K minus line L)

Details of Other Partners

(If a partnership you make has expenses that you pay on your own not included above - please provide on a separate form)

| | | |
|----------------------|-----------|------------------|
| Partner's First Name | Last Name | SIN: |
| | | % of partnership |
| Address: | | \$ share |
| Partner's First Name | Last Name | SIN: |
| | | % of partnership |
| Address: | | \$ share |
| Partner's First Name | Last Name | SIN: |
| | | % of partnership |
| Address: | | \$ share |