

t 250.390.4131 t 250.758.5557 e info@kmacpa.ca w www.kmacpa.ca 7190 Lantzville Road, PO Box 70 Lantzville, BC VOR 2H0



B. RUSHTON INC.

KMA CHARTERED PROFESSIONAL ACCOUNTANTS LTD. •

BARBER & HAIME

## STATEMENT OF BUSINESS OR PROFESSIONAL ACTIVITIES

Identification		
Your name	Your social insurance numbe	r
Business Name	Business Number	
	(15 characters)	RT
Business Address  Number Street BO Box	Apartment or Suite	
Number Street, PO Box	Apartment or Suite	
City Province or Territory	Postal Code	
Fiscal Period	Your percentage	of the partnership
Year/Month/Day Year/Month/Day		
From: to:		
Main product or service		
		_
Business Income		
Type of income $\square$ Business $\square$ Commission $\square$ Professiona	al (Include work in progress)	
Gross sales, commissions, or fees (including GST/HST collected or co	ollectible)	
Minus PST, GST/HST, returns, allowances, discounts included in sa	les, and GST/HST adjustments	
Adjusted gross sales (Line A minus line B)		
net income (loss).  Cost of Goods Sold and Gross Profit		
Complete this area if applicable.		
Gross business income		
On anima in contame (to all the contact th	de de cada	
Opening inventory (include raw materials, goods in process, and finite Purchases during the year (net of returns, allowances, and discounts are the process of the process		
Direct wage costs		
Subcontracts	<del></del> -	<del></del>
Other costs (Please list)		
	<del></del>	
Т	otal of the above lines	
Minus		
Closing inventory (include raw materials, goods in process, and finish		
a contract to the contract to	Cost of goods sold	
Gross profit (line I minus line J)		



t 250.390.4131 t 250.758.5557 e info@kmacpa.ca w www.kmacpa.ca 7190 Lantzville Road, PO Box 70 Lantzville, BC VOR 2H0



B. RUSHTON INC. - KMA CHARTERED PROFESSIONAL ACCOUNTANTS LTD. - BARBER & HAIME

Net Income (Loss) Before Adjustments	
Gross profit from line 8519	k
<b>Expenses</b> (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 subscrip	otions
Office expenses	
Supplies	
Legal, accounting, and other professional fees	
Management and administration fees	
Rent	
Maintenance and repairs	
Salaries, wages, and benefits (including employer's contribution	ons)
Property taxes	
Travel (including transportation fees, accommodations, and all	owable part of meals)
Telephone and utilities	
Fuel costs (except for motor vehicles)	
Delivery, freight, and express	
Other expenses:	
Total other evnences	
Total other expenses	Tatal huginasa ayyanasa
	Total business expenses
Net income (loss) before adjustments (line K minus line L)	
<b>Details of Other Partners</b> (If a partnership you	make has expenses that you pay on your own not
	ise 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