



CHARTERED
PROFESSIONAL
ACCOUNTANTS

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STATEMENT OF BUSINESS OR PROFESSIONAL ACTIVITIES

Identification

Your Full Name: _____
Business street address: _____
City: _____ Province: _____ Postal Code: _____

Business Income Details

Main product or service: _____
Type of Income: Business Commission Professional (Include work in progress)
Total Sales (excluding GST): _____

If GST has been remitted and/or an input tax credit has been claimed, do not include GST 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		_____
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 above lines:	=====
	Minus -	
Closing inventory (include raw materials, goods in process, and finished goods)	_____	
	Cost of goods sold =	_____
Gross Profit		=====

Net Income (Loss) Before Adjustments

Gross Profit _____

Expenses (Enter only the business part)

Advertising _____

Meals and entertainment x50% (x80% for long haul truck drivers) _____

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 parts of meals) _____

Telephone and utilities _____

Fuel costs (except for motor vehicles) _____

Delivery, freight, and express _____

Other Expenses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total other expenses: _____

Total business expenses: _____

NET income (loss) before adjustments: _____

Are you registered for GST?

YES

NO

Business Number: _____

Are you registered for PST?

YES

NO

Total Sales (excluding GST) _____

GST billed _____

GST paid (on cost of goods and other expenses) _____

Have you filed your current year GST return?

YES

How much have you remitted this year? _____

NO

Please provide us with your GST forms