

Name: _____ Year: _____

Business Name: _____

Business # _____

Self Employed or Partnership Business

T2125

INCOME:

Office Use

Total Business Income (before HST) 8000

Cost of Good Sold

Resale: Purchases during year 8320
Direct Wage costs 8340
Subcontracts 8360
Other Costs 8450
Closing Inventory Value 8500

Operation Expenses

Advertising 8521
Meals and Entertainment 8523
Bad Debts , write offs 8590
Insurance(not vehicle) 8690
Interest & Bank charges 8710
Business fees, memberships 8760
Office expenses 8810
Office stationery, supplies 8811
Professional Fees 8860
Management Fees 8871
Rent 8910
Repairs & Maintenance 8960
Salaries, Wages, Benefits 9060
Property Taxes 9180
Travel Expenses 9200
Utilities 9220
Fuel cost (not vehicles) 9224
Delivery, Freight, shipping 9275
Other expenses: 9270
Other expenses:
Other expenses:
Other expenses:

See other side for Vehicle Expenses

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Business Owned Motor Vehicle Expenses

	Vehicle 1	Vehicle 2	Vehicle 3
Description: Year Make Model			
Gas/Fuel			
Repairs & Maintenance			
Insurance			
Licenses			
Interest on loans			
Lease costs			

Please List Capital Purchases or Disposals in the Year

Please check

Capital Asset Type:	Description	Date	Price	Buy/Sold
Tools over \$500 each				
Class 6 - Buildings and additions				
Class 8 Equipment - (Non driving)				
Class 10 Equipment/Vehicles:				
Any other major Purchases:				

If more space needed to list assets bought and sold please use another sheet of paper

Business Use of Home: *IF you use part of your home for office or business purposes*

Percentage of Home Used for Business? _____ %

Home Heating _____

Home Electricity _____

Home Insurance _____

Maintenance *non capital** _____

Property Taxes *Residential portion* _____ (Attach copy of Final Tax bill)

Other expenses - specify _____

* Do not claim capital expenditures to home such as window/door replacements/ permanent fixtures