

Summary of Unincorporated Business and Professional Activities

Warning: This is not an official Canada Revenue Agency form and should not be filed with your tax return.

Client Name:							
Business Name:							
Business Address:							
Main Product or service:							
Year-end date: mm/dd/yyyy							
Contact information:	Phone:			Fax:		Cell:	
	E-mail:						
Sole Proprietor	Partner %		Partner Name:			Sin#	
	Partner %		Partner Name:			Sin#	
Business Number (GST/HST R	leg. Number) if ap	pplicable:					
Are we to complete GST remit	tance form(s)?	Yes No					
If No, please include copies of	GST remittance	e forms you hav	e submitted to CR	A (if applicable)	this year.		
NOTE: Complete "GST Collec	ted" or "GST Pa	nid" column <u>ON</u>	<u>LY</u> if you have a G	ST Registration	n Number (BN)		
If you do not have a GST Regis	stration Number	r; we do not req	uire the "GST Paid	l" amount.			
Business or Profession	nal Income						
т	ype of Business In	come		Total Income (include GST/HST & PST if applicable)	GST/HST Collected (if applicable)	PST Collected (if applicable)	Net Income
Sales, commissions, or fees							

Type of Business Income	Total Income (include GST/HST & PST if applicable)	GST/HST Collected (if applicable)	PST Collected (if applicable)	Net Income
Sales, commissions, or fees				
Professional fees (includes work-in-process)				
Income reported on T4 or T4A slips				
Other income (please specify)				

Returns, Allowances and Discounts (Complete ONLY if included in Business Income Above)

Type of Return/Allow/Disc.	Total (include GST/HST & PST if applicable)	GST/HST (if applicable)	PST (if applicable)	Net Returns & Disc.



Type of Cost of Goods Sold	Total (include GST/HST & if applicable)	GST/HST Paid (if applicable)	Net Paid
Opening Inventory (including raw material, goods ready for sale, and packaging)			
Purchases during the year (net of returns, allowances, and discounts)			
Direct wage costs			
Subcontracts			
Other costs (please specify)			
Minus: Closing Inventory (including raw materials, goods in process, and finished goods)			
Business Expenses			
Type of Business Expense	Total (include GST/HST if applicable)	GST/HST Paid (if applicable)	Net Paid
Advertising and promotion			
Meals & entertainment (total amount for year, we will calculate allowable portion)			
Bad debts			
Insurance (do not include life, health or vehicle insurance or amount for Home Office)			
Interest and bank charges			
Business tax, fees, licences, dues, memberships and subscriptions			
Office expenses			
Supplies (do not include any items that are part of COGS above)			
Legal, accounting, and other professional fees			
Management and administration fees			
Rent (do not include amount for Home Office)			
Maintenance and repairs (do not include amount for Home Office)			
Salaries, wages and benefits (including employer's contributions)			
Property taxes (do not include amount for Home Office)			
Travel (including transportation fees, accommodations, and allowable part of meals)			
Telephone and utilities (including cell phone)			
Fuel costs (except for motor vehicles)			
Delivery, freight, and express			
Convention fees			
Private health services plan premiums			
Other expenses (please specify)			
Other expenses (please specify)			

escription of Vehicle:				Own	Lease	
Description of Vehicle:					Own	Lease
KM driven in the Year to earn Business	s income		Total KM driven for the Year			



Total Annual Vehicle Expenses

Total Annual Venicle E	xpenses					
	Type of Vehicle Expenses:			Total (include GST/HST if applicable)	GST/HST Paid (if applicable)	Net Paid
Fuel and oil						
Interest on vehicle loan						
Insurance						
License and registration						
Maintenance and repairs						
Lease payments						
Parking charges						
Tolls (407 ETR, etc)						
Other expense (please specify)						
Note: Parking tickets and traft	 -					
Did You Sell or Trade-in a Vehicle(s)	this Year? Yes No If yes,	complete line(s) below				
Description of Vehicle:			Amount r	eceived for Vehicle	:	
Description of Vehicle:			Amount r	eceived for Vehicle	:	
Home Office Expenses	(Total <u>including</u> GST/HST who	ere applicable)				
Area of Home used for Business (in sq	uare feet or metres)					
Total Area of Home (in square feet or n	netres)					
	Type of Hom	e Office Expense				Net Paid
Heat						
Electricity						
Insurance (Homeowner's or Tenant's)						
Maintenance and repairs						
Mortgage interest						
Property taxes						
Rent (if Home is rented)						
Other (please specify)						

Other (please specify)



Capital Asset additions

Include only new tools or items purchased during the year greater than \$500.00 in value. All other items should be included in "Supplies" above.

If you leased or purchased a new or used vehicle(s) during the Year, please provide a copy of the Lease or Purchase Agreement(s)

If you are a New Client, please include copies of any existing Vehicle Lease or Purchase Agreement(s)

Description	Total (include GST/HST if applicable)	GST/HST Paid (if applicable)	Net Paid

Capital Asset deletions

Include only items sold or disposed of during the year

Description	Total (include GST/HST if applicable)	GST/HST Collected (if applicable)	Net

Adobe Reader Users

To save the completed file for uploading to your Rumley & Associates account, use the "SAVE AS TEXT" option under the "FILE" menu. Submit the saved file as a (*.txt) file to Rumley & Associates through the secure "Client Login" area of our web site. Please note, you must register and obtain a username and password prior to accessing the "Client Login" area.

Adobe Acrobat (Standard and Professional) Users

Upon completing the form, please save as a "PDF" and submit to Rumley and Associates through the secure **"Client Login"** area of our web site.

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