

**Are you self-employed?**

If YES, please answer the following below.

**Business Name:** \_\_\_\_\_

**Business Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Main Product/Service:** \_\_\_\_\_

**Industry Code:** \_\_\_\_\_

**Business gross Income in 2024 (without HST):** \_\_\_\_\_

**Business HST collected in 2024:** \_\_\_\_\_

**Home Office Expenses**

House Total Sq. Ft. \_\_\_\_\_

Office Sq. Ft. \_\_\_\_\_

Office Expense		Amount	Office Expense		Amount
Gas		\$ _____		Mortgage Interest	\$ _____
Electricity		\$ _____		Property Taxes	\$ _____
Insurance		\$ _____		Other: _____	\$ _____
Repairs/Maintenance		\$ _____		Other: _____	\$ _____
Rent		\$ _____		Other: _____	\$ _____

**Personal Vehicle (used for business, if any)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Total km travelled for business purposes: \_\_\_\_\_ Total km travelled all year: \_\_\_\_\_

Vehicle Expense		Amount	Vehicle Expense		Amount
Gas Expense		\$ _____		Interest on Financing	\$ _____
Repairs/Maintenance		\$ _____		Cost of New Vehicle	\$ _____
Insurance		\$ _____		Proceeds on Sale or Trade	\$ _____
License		\$ _____		Lease Costs	\$ _____
Other Costs		\$ _____		Parking Costs	\$ _____

**Other Expenses:**

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**Date:**

**Signature:**