

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: _____

Rental Property (if any)

Property Address: _____

Total Revenue: \$ _____

Other info/details: _____

Expense	Amount		Expense	Amount
Advertising	\$ _____		Wages	\$ _____
Insurance	\$ _____		Property Taxes	\$ _____
Interest	\$ _____		Travel	\$ _____
Office Expenses	\$ _____		Utilities	\$ _____
Legal/Accounting	\$ _____		Vehicle Expense	\$ _____
Management/Admin	\$ _____		Condo Fees	\$ _____
Maintenance & Repairs	\$ _____		Occupancy Fees	\$ _____

Other Expenses:

Date:

Signature: