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Self-Employment Business Tax Preparation Checklist

--- General Information ---

- | | |
|--|---|
| <input type="checkbox"/> Copy of your previous tax return (for new clients only) | <input type="checkbox"/> Business address _____ |
| <input type="checkbox"/> Business name _____ | <input type="checkbox"/> The main product or service of your business _____ |
| <input type="checkbox"/> GST/HST number _____ | |

--- Gross Business Income ---

- Your gross business income (net of GST/HST)

--- Business Expenses --- (net of GST/HST)

- | | |
|---|---|
| <input type="checkbox"/> Purchase of materials _____ | <input type="checkbox"/> Office stationery and supplies _____ |
| <input type="checkbox"/> Subcontracts _____ | <input type="checkbox"/> Professional fees _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Management and administration fees _____ |
| <input type="checkbox"/> Meals and entertainment _____ | <input type="checkbox"/> Rent _____ |
| <input type="checkbox"/> Bad debts _____ | <input type="checkbox"/> Maintenance and repairs _____ |
| <input type="checkbox"/> Insurance _____ | <input type="checkbox"/> Salaries, wages, and benefits _____ |
| <input type="checkbox"/> Interest _____ | <input type="checkbox"/> Travel _____ |
| <input type="checkbox"/> Business fees, licenses, dues, and memberships _____ | <input type="checkbox"/> Telephone and utilities _____ |
| <input type="checkbox"/> Office expense _____ | <input type="checkbox"/> Delivery, freight, and express _____ |
| | <input type="checkbox"/> Other expenses _____ |

--- Business-use-of-home expenses ---

- | | |
|--|---|
| <input type="checkbox"/> Heat _____ | <input type="checkbox"/> Mortgage interest _____ |
| <input type="checkbox"/> Electricity _____ | <input type="checkbox"/> Property taxes _____ |
| <input type="checkbox"/> Insurance _____ | <input type="checkbox"/> Other expenses _____ |
| <input type="checkbox"/> Maintenance _____ | <input type="checkbox"/> Percentage of personal usage _____ |

--- Motor Vehicle Expenses ---

- | | |
|---|---|
| <input type="checkbox"/> The kilometres you drove in the tax year to earn business income _____ | <input type="checkbox"/> License and registration _____ |
| <input type="checkbox"/> The total kilometres you drove in the tax year _____ | <input type="checkbox"/> Maintenance and repairs _____ |
| <input type="checkbox"/> Fuel and oil _____ | <input type="checkbox"/> Leasing cost _____ |
| <input type="checkbox"/> Interest _____ | <input type="checkbox"/> Other expenses (please specify) _____ |
| <input type="checkbox"/> Insurance _____ | <input type="checkbox"/> Business parking fees _____ |
| | <input type="checkbox"/> Supplementary business insurance _____ |

--- Capital Cost Allowance – Assets used in your business ---

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Vehicle _____ | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Equipment _____ | |