

2025 SELF-EMPLOYMENT OR UNINCORPORATED BUSINESS CHECKLIST

1. BUSINESS INFORMATION

Registered Business Name: _____ Partnership [yes/no]: _____

Date business commenced: _____ Fiscal year end: _____

Business Number: _____ GST registered: _____

	Attached
Summary of income and expenses by category	_____
Detailed listing of capital assets purchased or disposed of during the year	_____
Detailed listing of GST collected and paid, included GST returns filed and instalments paid	_____
List of accounts receivable	_____
List of accounts payable	_____

2. AUTOMOBILE EXPENSES

Business kilometers driven: _____

Total kilometres driven: _____

Total operating costs by category:	
Parking	
Gas	
Maintenance and Repairs	
Insurance	
Lease payments or purchase date	
Finance Agreement	
Other Expenses <i>[please list on separate sheet]</i>	

3. WORK SPACE IN THE HOME EXPENSES

Office Area (sq. ft.): _____

Total Home Area (Sq. Ft.): _____

Provide total expense where applicable:	
Heat	
Electricity	
Insurance	
Maintenance	
Mortgage Interest	
Property Taxes	
Other Expenses <i>[please list on separate sheet]</i>	

If you require more space, please attach sheet or use back of this sheet