

Statement of Business Activities (Print this page & fax us after filling)

Your Name: _____ S.I.N. _____

Business Name: _____

Address of business: _____

Year ended: _____

Main product or service _____

Business Number _____ Percentage of Partnership = _____ %

	Gross	Net
Revenue/ Income:	\$ _____	
Cost of Goods Sold		_____
Gross Profit		\$ _____

Expenses:

Accounting and Legal	_____	
Advertising and Promotions	_____	
Bad Debts	_____	
Business tax, fees, licenses, dues	_____	
Delivery, freight and express	_____	
Insurance	_____	
Interest, bank charges	_____	
Internet	_____	
Maintenance and repairs	_____	
Meals and entertainment (limited to a 50% deduction)	_____	
Motor Vehicle (business portion only or complete <i>Automobile Expenses Statement</i>)	_____	
Office expenses	_____	
Property Taxes	_____	
Rent	_____	
Salaries, Wages and Benefits	_____	
Travel	_____	
Telephone & Utilities	_____	
Other (please specify): _____	_____	
Home Office Expenses (please complete <i>Home Office Expenses Statement</i>)	_____	
Total expenses		\$ _____

Net income (before cost of capital allowance)

Capital Expenditures:	_____	
Furniture and Fixtures	_____	
Vehicles	_____	
Computer equipment	_____	
Computer software	_____	
Other (please specify)	_____	