

BUSINESS OR PROFESSIONAL INCOME Preparation Form



Name: _____

Complete **one** of these forms for **each type of business or professional activity that you are engaged in**. Although we do not need receipts to support these amounts, please keep them for your records in case of a review. If your income is generated by a small business / sole proprietorship which has inventory and sales, please list your income in the Business Income section. If your income is generated as a result of fees charged, please list your income in the Professional Income section.

BUSINESS OR PROFESSIONAL ACTIVITY DETAILS

Business Name _____
Business Number _____
Business Address _____
Fiscal Period (MM/DD/YY) to (MM/DD/YY) _____
Is this the last year in which the business operated? (Y/N) _____
Main Product or Service _____
Your Percentage of Business (%) _____

BUSINESS INCOME	AMOUNT
Gross Sales (GST / HST Inclusive)	
Total GST / HST Collected	

PROFESSIONAL INCOME	AMOUNT
Gross Professional Fees (GST / HST Inclusive)	
Total GST / HST Collected	

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BUSINESS OR PROFESSIONAL EXPENSES	AMOUNT
Advertising	
Meals and Entertainment	
Bad Debts	
Insurance	
Mortgage Interest	
Business Taxes, Licenses and Memberships	
Office Expenses	
Office Stationary and Supplies	
Professional Fees (includes legal and accounting fees)	
Management and Administration Fees	
Rent	
Repairs and Maintenance	
Salaries, Wages and Benefits (including employer cont.)	
Property Taxes	
Travel Expenses	
Utilities	
Fuel Costs	
Other (specify)	
Other (specify)	

Optimize Inc. does not require receipts or other documentation to support the amounts listed above as we do not provide bookkeeping services. However, please keep any supporting documentation on record in case of a review. If you are in need of specific advice regarding tax related issues or legal matters, you should consult with a lawyer, accountant, and other professionals outside of the Optimize Inc. or any of its related companies or its representatives.

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MOTOR VEHICLE EXPENSES

(Please provide the full expense for the year and the amount will be pro-rated based on KMs driven for business)

1. Kilometers driven for business _____ KM
2. Total Kilometers driven in the year _____ KM
Percentage for business use (1 divided by 2) _____ %

Specify vehicle make, model, year and date acquired	
Insurance	
Maintenance	
Fuel	
License and Registration Fees	
Leasing Costs	
Other (specify)	