

Office Use Only	
Client Number	
Date Received	

#202 - 879 Anders Road West Kelowna, BC V1Z 1K2 Phone: 250-454-9483

Self-Employment Personal Tax Checklist 2016

Business Name: Start date of business: (If new this year)	Start date of business: (If new this year)				
Business Address:					
City: Postal Code:					
Phone Number: Email:					
Main Product or Service: Website:					
Sole Proprietorship Partnership					
Partners Information					
First Name Last Name SIN Partnership					
%					
					
%					
GST Registered? YES NO Business Number: RT Have you previously filed a GST return for the 2016 year? YES NO Sales Sales Does this figure include GST? YES NO Web Based Income? %					

Assets (Over \$200 – ex. New Computer, Auto, etc. – Please provide original receipts or invoices)

Item Purchased	Date Purchased (yyyy/mm/			
		\$		
		\$		
		\$		
		\$		
Home Office				
Square footage of entire hous	e sq. ft.			
Square footage of room used	for office (including areas used for	r business storage)	sq. ft.	
Home Office Expenses (Pleas	e provide original receipts or invoic	es)		
Heat		\$		
Electricity		\$		
House/Apartment Ins		\$		
Repairs & Maintenar		\$		
Mortgage Interest		Φ.		
Rent		\$		
Internet		\$		
Water and Sewer		\$		
Other (Please Specify		\$		
provide all documents)	g is required. If a new vehicle was le	ased, purchased or sold in the	year, please	
Kilometers driven in 2016	Persona	al Use Percentage	%	
Vehicle Make		e Year		
<u> </u>				
☐ Vehicle Maintenance	and Renairs	\$		
Vehicle Fuel	una repuis	\$		
	t (please provide loan agreement)	\$		
_	ents (please provide lease agreemen			
Vehicle Insurance	ones (pieuse provide ieuse ugreemen	\$ \$		
		Ψ		
Additional Information				
2016 Income Statement or working papers (Excel or Accounting Software Backups)				
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