Bromwich + Smith

Statement of Business Income and Expenses

Timeframe: From _____ to _____

Instructions

Step 1: Please complete the questionnaire, below.

Step 2: When you've completed filling out the questionnaire, please upload a copy to your Supportal account. Remember to **save a copy to your computer before uploading the completed questionnaire**, and don't forget to **upload any additional documents or forms required by the questionnaire**.

The questionnaire may seem long, but don't worry! Some of the items below may not apply to you. You can leave those items blank!

Personal Information

First Name	
Middle Initial (optional)	
Last Name	
Business Name	
Type of Business	

Revenue

Line	Item	Amount
1	Gross Business Income	$
2	GST/HST Collected	$
3	**Total Business Income (line 1 less line 2)**	**$** 0.00

☐ A T4A was issued for this income, and the amounts on the slip are included above.

Expenses

The expenses below include GST/HST: ☐ Yes or ☐ No

Line	Expense Category	Amount
4	Advertising	$
5	Licenses, dues, memberships	$
6	Delivery, freight, courier	$
7	Insurance and WCB (exclude vehicle insurance)	$
8	Interest and bank charges	$
9	Materials and supplies	$

10	Office expenses (including stationery and other office supplies)	$
11	Professional, legal, and accounting fees	$
12	Rent	$
13	Repairs and maintenance	$
14	Salaries and wages paid (do not include salary and wages paid to yourself)	$
15	Telephone and cellular phone	$
16	Utilities and fuel costs (exclude fuel charges for a vehicle)	$
17	**Total Expenses (add up lines 4 to 16)**	**$** 0.00

Vehicle Expenses

If applicable. Expenses related to business use of the vehicle only.
The expenses below include GST/HST: ☐ Yes or ☐ No

Line	Category	Amount
18	Fuel	$
19	Maintenance and repairs	$
20	Insurance	$
21	**Total Vehicle Expenses (add up lines 18 to 20)**	**$** 0.00

Other Expenses

The expenses below include GST/HST: ☐ Yes or ☐ No

Line	Description	Amount
22		$
23		$
24		$
25		$
26		$
27		$
28		$
29		$
30	**Total Other Expenses (add up lines 22 to 29)**	**$** 0.00

Total Business Expenses

Line	Description	Amount
31	**Total of lines 17, 21, and 30**	**$** 0.00

Please retain all receipts; however, you do not have to remit them with this form.