LAKE COUNTRY
Accounting & Tax

55 Nottawasaga Street
Orillia, ON, L3V 3J5
Tel: 705-326-4125
www.lakecountryaccounting.ca

BUSINESS CHECKLIST

Please use a separate form for each business. All information provided on this form should be supported with receipts which you should keep in the event of an audit.

Your Name _____

Business Name _____

Business Description _____

Type of Business ☐ Sole Proprietor ☐ Partnership

Business Number _____

Do you have ☐ GST/HST No. ☐ WSIB No. ☐ Other _____

Fiscal Period From _____ To _____

Business Address _____
Street number and Name City Province Postal Code

Name of Owner /Partners _____ Ownership_____%

Partner Address _____
Street number and Name City Province Postal Code

Name of Owner /Partners _____ Ownership_____%

Partner Address _____
Street number and Name City Province Postal Code

Was this year your last year of business? ☐ Yes ☐ No

Did you use a personal vehicle for business? (If yes, attach Vehicle Checklist) ☐ Yes ☐ No

Did you use your home for business? (If yes, attach home office checklist) ☐ Yes ☐ No

Income	Amount	GST/HST Amount	Amount Including GST/HST
Sales, Commissions, or Fees	$	$	$
Interest Income	$	$	$
Other Income (specify)	$	$	$
	$	$	$

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Cost of Goods Sold	Amount	GST/HST Amount	Amount Including GST/HST
Opening Inventory	$	$	$
Purchases during year	$	$	$
Direct Wage Costs	$	$	$
Shipping and Delivery Costs	$	$	$
Subcontract Costs	$	$	$
Other Costs (Specify)	$	$	$
	$	$	$
Closing Inventory	$	$	$

Expenses	Amount	GST/HST Amount	Amount Including GST/HST
Advertising, Promotion, Gifts	$	$	$
Bad Debt	$	$	$
Computer and Software	$	$	$
Delivery and Courier	$	$	$
Dues and Memberships	$	$	$
Equipment Lease or rental	$	$	$
Fuel Cost (except Motor vehicle)	$	$	$
Home Office (attach Home Office Checklist)	$	$	$
Insurance	$	$	$
Interest and Bank Charges	$	$	$
Management fees	$	$	$
Meals and Entertainment	$	$	$
Motor Vehicle (attach Motor Vehicle Checklist)	$	$	$
Office Supplies	$	$	$
Professional Fees (legal, accounting)	$	$	$
Professional Development Courses	$	$	$
Property Taxes	$	$	$
Rent	$	$	$
Repairs and Maintenance			
Computer Parts and Repairs	$	$	$
Equipment Repairs	$	$	$
Building Repairs	$_____	$_____	$_____

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Total Repairs and Maintenance	**$**	**$**	**$**
Expenses (Cont'd)	**Amount**	**GST/HST Amount**	**Amount Including GST/HST**
Salaries, Wages and Benefits	$	$	$
Supplies	$	$	$
Telecommunications	$	$	$
Travel & Lodging	$	$	$
Utilities	$	$	$
Other (specify)	$	$	$
	$	$	$
	$	$	$

Capital Addition in Year (over $1000 each)	**Amount**	**GST/HST Amount**	**Amount Including GST/HST**
Furniture and Appliances	$	$	$
Computer Equipment	$	$	$
Other Assets (specify)	$	$	$
	$	$	$
	$	$	$

If you have any questions, please contact my office.