

Statement of Business Activities

Personal Information:

Name: _____
Business Name: _____
Business Number: _____
Business Address: _____
Partnership %: _____

A. Income:

Total Sales, Commissions, Revenues, etc. _____
Minus (PST & GST if included in sales): _____
Total Income: _____

B. Calculation of Cost of Goods Sold:

a. Opening Inventory: _____
b. Purchases during year: _____
c. Closing Inventory: _____
Total COGS (A + B - C): _____

C. Expenses (Business Expenses only):

Employee Salaries, Wages, Benefits: _____
Advertising (Gifts, Business Cards, etc.): _____
Delivery Freight (Mail, Shipping Fees, etc.): _____
Business Insurance: _____
Interest on Business Loans: _____
Maintenance and repairs: _____
Meals & Entertainment (Full Amount): _____
Office Expenses (Paper, Printer, etc.): _____
Other Supplies: _____
Professional Fees (Lawyer, Accountant, etc.) _____
Membership Fees (Costco, Profession dues, etc.) _____
Travel (Meals, Hotels, Parking, etc.): _____
Telephone and Utilities (Cellphone, Internet): _____
Rent or Leases (Business-only location): _____
Property Taxes (Business-only location): _____
Other (Please Describe): _____
Total Business Expenses: _____

