

Mount Sinai Professional Corporation

Business or Professional Activities Checklist

For each business you have, complete one of these forms. All information should be supported by receipts. Although we do not need to see these receipts, please keep them in case of an audit.

Business Information

Your name					
Business name					
Description					
Business number			GST/HST Number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
GST/HST Return	<input type="checkbox"/> Yes, please complete my GST/HST return <input type="checkbox"/> No, I will do my own return				
Business address					
	City		Province		Postal Code
Type of business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership (see below) % of partnership owned by you: _____				
Partner 1	Name			% partnership	
	Address				
Partner 2	Name			% partnership	
	Address				

Internet Activity

Do you have internet activity/generate income from the internet? ☐ Yes ☐ No

If yes, please list the top 5 websites from which you generate income. The CRA specifically requires these details now for various business activities.

Web Site	% of Revenue	Web Site	% of Revenue
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____		
			Total Revenue \$ _____

Websites to include:

- Web pages and sites that allow the completion and submission of an order form, checking out a shopping cart or similar transactions
- Online market place websites where your goods and/or services are sold
- Web pages and sites hosted outside of Canada that generate income

Websites to exclude:

- Telephone directory websites that list your web page or site.
- Information only web pages and sites (for example: directories or ads). These pages and sites give basic information such as a business name, address, telephone number, and general information about goods and/or services provided.

	Amount	GST/HST	Total ¹
Income			
Sales, commissions, income or fees			

¹ If you are not required or do not want to file a GST/HST return, you can just complete the last column.

	Amount	GST/HST	Total
Other income - please describe:			
Cost of Goods Sold			
Opening inventory = closing inventory in previous year			
Purchases during the year			
Sub-contracting costs			
Direct wage costs			
Freight and delivery charges			
Closing inventory - at year end			
Expenses			
Assets purchased costing over \$500. Description:			
Advertising, promotion and gifts			
Meals and entertainment			
Bad debts			
Insurance (excluding life insurance)			
Interest (bank, loans, credit cards, bank service charges)			
Business fees (memberships, dues, subscriptions)			
Office supplies (stationary, software, postage, courier)			
Supplies (any direct supplies to business)			
Professional fees (accounting and legal fees)			
Management fees			
Rent			
Repairs and maintenance at place of business:			
Computer parts and repairs			
Equipment repairs			
Building repairs			
Total repairs and maintenance			
Salaries, wages and benefits (incl. for family members) ²			
Property taxes			
Travel (meetings and conventions)			
Telecommunications (cell phone, internet telephone)			
Utilities			
Education expenses (courses, learning materials, books)			
Business planning and strategy fees			
Unclaimed start-up costs			
Other - please describe:			
Motor vehicles (attach Motor Vehicle Checklist)			
Home office (attach Workspace-in-the-Home Checklist)			
Small tools and equipment purchases (less than \$500)			

² Please include copies of T4 slips and a T4 Summary related to the wages. If you are claiming for an apprentice, please note: date of apprenticeship, name and SIN of apprentice.