

BUSINESS INCOME/EXPENSE STATEMENT

This document must be completed in full starting from January to the most recent completed month in the current calendar year. If the document has not been fully completed, it will be returned to you.

| | | |
|------------------------|-----------------------------|--------------------------|
| Your Name | From : dd/mm/yyyy | To: dd/mm/yyyy |
| Business Name | Business Address | |
| Business Number | | |

Income

Sales, commissions or fees \$_____ a

Minus – Goods and services tax/harmonized sales tax (GST/HST) and

Provincial sales tax (if included in sales above) \$_____

- Returns, allowances, and discounts (if included in sales above) \$_____

Total of the above two lines \$_____ → \$_____ b

Net Sales, commissions, or fees (line a minus line b) \$_____

Reserves deducted last year \$_____

Other income \$_____

Gross Income (total of the above 3 lines) \$_____ c

Calculation of cost of goods sold (enter business part only)

Opening inventory (include raw materials, goods in process, and finished goods) \$_____

Purchases during the year (net of returns, allowances, and discounts) \$_____

Subcontracts \$_____

Direct wage costs \$_____

Other costs \$_____

Total of the above 5 lines \$_____

Minus – closing inventory (include raw materials,

goods in process, and finished goods) \$_____

Cost of goods sold \$_____ → \$_____ d

Gross profit (line c minus line d) \$_____ e

Please complete both sides of the document

Expenses (enter business part only)

| | | |
|--|----------|--------------|
| Advertising | \$ _____ | |
| Bad Debts | \$ _____ | |
| Business tax, fees, licenses, dues, memberships, and subscriptions | \$ _____ | |
| Delivery, Freight and express | \$ _____ | |
| Fuel costs (except for motor vehicles) | \$ _____ | |
| Insurance | \$ _____ | |
| Interest | \$ _____ | |
| Maintenance and repairs | \$ _____ | |
| Management and administration fees | \$ _____ | |
| Meals and entertainment (allowable part only) | \$ _____ | |
| Motor Vehicle expenses (not including CAA) | \$ _____ | |
| Office expenses | \$ _____ | |
| Supplies | \$ _____ | |
| Legal, accounting, and other professional fees | \$ _____ | |
| Property taxes | \$ _____ | |
| Rent | \$ _____ | |
| Salaries, wages, and benefits (including employer's contributions) | \$ _____ | |
| Travel | \$ _____ | |
| Telephone and utilities | \$ _____ | |
| Other expenses | \$ _____ | |
| Subtotal | \$ _____ | |
| Allowance on eligible capital property | \$ _____ | |
| Capital cost allowance | \$ _____ | |
| Business use of home | \$ _____ | |
| Total business expenses | \$ _____ | ➔ \$ _____ f |
| Net income (loss) before adjustments (line e minus line f) | \$ _____ | |

I confirm that the information I have provided in this package is accurate and complete and fully describes all business activity I conduct.

All employment income reported to City of Windsor Children's Services, for the purpose of accessing Child Care Fee Assistance must be reported to CRA. If not, child care fee assistance will be terminated and an overpayment may be assessed.

Name (please print)

Signature

Date