

## **Employment and Commission Expense Worksheet**

General Employment Information ——	
For which taxation year are you filing this return?	
How many employers did you have for which you a	re claiming employment expenses?
Do you have form	signed for each employer authorizing the expenses you are claiming? $$ O Yes $$ O No
If no, can you get them to sign it in the future, a	uthorizing the expenses you are claiming? $igcap  ext{Yes} igcap  ext{Yes} igcap  ext{No} igcap  ext{N/A}$
Does part of your salary/compensation include com	missions or bonuses as a result of your sales or productivity? $\bigcirc$ Yes $\bigcirc$ No
Details	
What is your occupation or main job function(s)?	
Do you qualify for GST rebate? O Yes O No	
If you answered yes, do you have form	signed by your employer? 🔿 Yes 🔿 No 🔿 N/A
If no to above, can you get your employer to s	sign one in the future, authorizing your GST rebate? $$ $$ $$ Yes $$ $$ No $$ $$ N/A
Details	
Is there any information regarding your employm	ent expenses that you feel we should know, whether relevant to the above or not?

## Section 2

General Er	nployment Expenses		
	us how much you spent on the expenses listed below. s are business only and <b>do not include personal, in-home office/business, or mot</b>	or vehicle expenses.	
1	. Advertising		
2	Business tax, fees, licenses, dues, memberships, and subscriptions		
3	Delivery, freight, and express (including postage)		
4	Fuel costs (except for motor vehicles and in-home office)		
5	Insurance (except for motor vehicles and in-home office)		
6	Interest and bank charges		
7	Maintenance and repairs (except motor vehicle and in-home)		
8	Management and administration fees		
9	Meals and entertainment		
10	Office expenses		
11	. Supplies		
12	Legal, accounting, and other professional/consulting fees		
13	Property taxes (except in-home office)		
14	Rent and rentals (except in-home office)		
15	Salaries, wages, and benefits		
16	Travel expenses		
17	Telephone, utilities, cell phone, pager, internet, and communication expenses		
18	Conventions		
19	Any other employment expenses or information not covered, except in-home office (please specify cost type, and amount)	e and motor vehicles	
Α.			
В.			
C.			
D.			
E.			

## Section 3

	ase any musical instrur lease list and provide t	ments during the year? he purchase price.	○ Yes ○ No	
		Item Description		Purchase Price
1.				
2				
2				
1				
-				
	dispose of/scrap/dona lease list and provide t	ite any musical instrumer he sold price.	nts during the year?	Yes 🔿 No
	Item Descrip	otion	Sold price (\$0 if scrapped)	Original or last year's tax value
1.				
4				
-				
5.			_	
<b>C)</b> What are the c	urrent musical instrum	ents you use during emp	loyment (you may consult you	r previous year's tax return if necess
	lte	m Description		Fair Market Value
1.				
h				
2				
2 3				
2 3 4				
2.         3.         4.         5.				
2 3 4 5	ormation regarding yo	ur employment expense		, whether relevant to the above or
2 3 4 5 D) Is there any inf	ormation regarding yo	ur employment expense	s that you feel we should know	
2 3 4 5 D) Is there any inf	ormation regarding yo	our employment expense Sect	s that you feel we should know	t
2	formation regarding yo ses To b	ur employment expense Sect e filled out for each veh nmend using a logbook	s that you feel we should know tion 4 icle used during employmen to keep track of your mileag	t
2	formation regarding yo ses ge and value (we recor	our employment expense Sect e filled out for each veh nmend using a logbook personal) during the ye	s that you feel we should know tion 4 icle used during employmen to keep track of your mileag	t
2	formation regarding yo ses tres driven ( <b>including</b> ess only, kilometres driv value of vehicle at beg	our employment expense Sect e filled out for each veh nmend using a logbook personal) during the ye	s that you feel we should know tion 4 icle used during employmen to keep track of your mileag ar ear's tax return (or you	t

This section continued on next page...

Т	otal expenses, including personal amount				
•	Fuel and oil				
•	Maintenance and repairs				
•	Insurance				
•	License and registration				
•	Interest on car loan (check original loan agreement and fill	in intere	st section D below)		
•	Lease payments (check original lease and fill in lease section	n C belov	v)		
•	Washes				
•	AMA (motor league)				
	Parking				
J.	Other (please specify)				
lf	you lease the vehicle, please fill in the following:				
	Manufacturer's suggested retail price or purchase pr	ice			
•	Total paid towards the lease since the beginning				
•	Date acquired	Date			
	Date terminated	Date			
	Total number of days this vehicle was leased this yea				
	Did you receive any interest on a refundable deposit		○ Yes ○ No		
	If yes, date and amount?	Date			
	Were you reimbursed in any way for your lease?	Dute	O Yes O No		
	If yes, date and amount?	Date			
	Any other leasing information?	Dute			
•					
•	you had a car loan on which you paid interest, please Date Interest payments started this year Date Interest payments stopped this year Total interest paid in year Date vehicle was purchased	e fill in t	he following:		
	Any other information you feel we should know				
lf	you purchased any vehicles during the year, please fi	ll in the	following:		
	Vehicle make, model, year		Purchase Date	Purchase A	Amount
It	you sold any vehicles during the year, please fill in the	e tollow			
	Vehicle make, model, year		Sold Date	Sold Am	ount
•					
•					

Section 5	
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-In-Home	Business	Expenses
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A)

## Fill in this section if you use a space in your home for employment/office

<ul> <li>Space and/or rooms used</li> </ul>		
	Area	Rooms
1. What is the area or number of rooms used for employment in your home?		
2. What is the total area or rooms in the home?		

Note: If you changed in-home office spaces during the year due to moves, etc., please fill in this section for each in-home office and average out.

**B)** Expenses: Please list the total for the year, **including personal portion**.

- 1. HeatHeat2. ElectricityInsurance3. InsuranceInsurance4. MaintenanceInsurance5. Property taxesInsurance6. Condo feesInsurance7. RentInsurance8. TelecommunicationsInsurance9. AlarmInsurance10. Other expenses (please specify)Insurance
- C) Is there any information regarding your in-home business/office expenses that you feel we should know, whether relevant to the above or not?

Section 6

		, Social Insurance Number
	(Your full name)	(Your SIN)
search and sought	all required assistance and all	
		data submitted is true and accurate to the best of my knowledge. any way or at any time, and I accept responsibility for all information supplied.