



T2125 - SELF EMPLOYMENT
TAX YEAR: _____

If you have **Business** or **Professional Income** please complete the following that applies.

Business Name: _____
 Business Address: _____ Same as Taxpayer: **Y / N**
 City: _____ Postal Code: _____
 Nature of Business (NAICS): _____
 Is your business GST registered? **Y / N** Is this the first year of business? **Y / N**
 Business Number: _____ Gross Business Income: _____

Did you pay any of the following expenses:	
Advertising \$ _____	Business Tax, Fees, Licensing, Dues, Memberships \$ _____
Bad Debts \$ _____	Legal, Accounting and other Professional Fees \$ _____
Insurance \$ _____	Management and Administration \$ _____
Interest \$ _____	Fuel Costs (except for motor vehicles) \$ _____
Office Expenses \$ _____	Maintenance and Repairs \$ _____
Supplies \$ _____	Salaries, Wages and Benefits \$ _____
Rent \$ _____	Telephone and Utilities \$ _____
Property Tax \$ _____	Delivery and Freight \$ _____
Travel \$ _____	Meals & Entertainment \$ _____
Other Expenses: _____	

Motor Vehicle Expenses	Make	Model	Year
Total KM driven for business purpose			
Total KM driven		Percentage	%
Motor vehicle expenses \$ _____		Insurance \$ _____	Leasing Y / N
Fuel and Oil \$ _____		License and Registration \$ _____	
Interest \$ _____		Maintenance and Repairs \$ _____	
Parking & Tolls \$ _____			
Other Expenses: _____			

Business Use of Home	
Total square feet of home used for business purpose	Percentage: _____ %
Total square feet of home	
Heat \$ _____	Maintenance \$ _____
Electricity \$ _____	Mortgage Interest \$ _____
Insurance \$ _____	Property Taxes \$ _____
Water \$ _____	
Other Expenses: _____	

Please ensure to retain all documents for qualifying expenses.