

2017 BUSINESS INCOME AND EXPENSE STATEMENT

Please complete the following:

1. Name of your Business: _____

Address of your Business: _____

Business Operating from _____ to _____

Main Product/Service: _____

Final Year of Business: Yes/No (please circle one)

Business Number (if registered): _____

2. Identify your partners if the business is a partnership:

3. List of ASSETS and their values used in your business (i.e. Auto, computer, furniture, equipment costs of more than \$200)

4. Receipts for all Income Generated:

	Pre-Bankruptcy	Post-Bankruptcy
Total Income:	\$ _____	\$ _____
GST Amount (if included in total income):	\$ _____	\$ _____

5. Receipts for all Expenses Generated:

Inventory/Supplies:	\$ _____	\$ _____
Advertising:	\$ _____	\$ _____
Business Tax, Fees, Licenses, Dues, Memberships:	\$ _____	\$ _____
Delivery, Freight, Express:	\$ _____	\$ _____
Business Insurance:	\$ _____	\$ _____

	Pre-Bankruptcy	Post-Bankruptcy
Maintenance & Repairs on Business Property:	\$ _____	\$ _____
Bank Charges:	\$ _____	\$ _____
Management Fees:	\$ _____	\$ _____
Meals & Entertainment (for business purposes):	\$ _____	\$ _____
Office Expenses/Supplies:	\$ _____	\$ _____
Consulting Fees:	\$ _____	\$ _____
Rent of Premises:	\$ _____	\$ _____
Salaries/Wages:	\$ _____	\$ _____
Travel:	\$ _____	\$ _____
Telephone & Utilities:	\$ _____	\$ _____
Other Expenses (specify):	\$ _____	\$ _____

6. Home Office Expenses:

Total Area in Home Used for Business:	_____	_____
Heat:	\$ _____	\$ _____
Electricity:	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____
Maintenance:	\$ _____	\$ _____
Mortgage Interest:	\$ _____	\$ _____
Property Taxes:	\$ _____	\$ _____
Rent:	\$ _____	\$ _____

7. Motor Vehicle Expenses

	Pre-Bankruptcy	Post-Bankruptcy
Total KM Driven in the Business Year:	_____	_____
Total KM Driven in the Year to Earn Income:	_____	_____
Fuel & Oil:	\$ _____	\$ _____
Interest:	\$ _____	\$ _____
Auto Insurance:	\$ _____	\$ _____
License & Registration:	\$ _____	\$ _____
Maintenance & Repairs:	\$ _____	\$ _____
Business Parking:	\$ _____	\$ _____

8. Auto Lease Expenses

Starting Lease Date:	_____	
Ending Lease Date (if finished in 2017):	_____	
Total Lease Paid in 2017:	\$ _____	\$ _____
Total Lease Payments Deducted in Previous Years:	\$ _____	\$ _____
Manufacturer's List Price:	\$ _____	\$ _____