

phone: email:

(604) 591-3193 (604) 591-3154 info@bouchardco.com www.bouchardco.com

EMPLOYMENT EXPENSES SUMMARY

Year		
Client Name		
Employer Name (T4) Please attach the completed T2200 signed by your employed	er.	_
INCOME		
Employment income		
Total commissions included in employment in	come	
EXPENSES INCURRED TO EARN SALARY O	R COMMISSION INCOME	
Food	x 50%	
Lodging expenses		
Other travelling expenses		
Parking		
Stationery supplies		
Telephone		
Other		
Salaries paid to an assistant		
Office rent		
EXPENSES INCURRED TO EARN COMMISSI	ON INCOME ONLY	
Legal and accounting fees		
Advertising		
Food Tickets and entrance fees	x 50% x 50%	
Other entertainment expenses	x 50% x 50%	
Licenses	x 6670	
Bonding premiums		
Rental of office equipment		
Training costs Travel fare		
Other expenses (please describe)		
		



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MOTOR VEHICLE EXPENSE SUMMARY

If more than one vehicle was used during the year, please complete this schedule for each one.

VEHICLE DETAILS	
Make	
Model	
Year	
Date of acquisition	
Date of disposition	
EMPLOYMENT USE CALCULATION (best practice is the	use of a log book to track KMs)
Number of kilometers driven to earn employment income	
Total number of kilometers driven during the year	
Odometer reading at January 1st	
Odometer reading at December 31st	
VEHICLE EXPENSES	
Fuel (gasoline, propane, oil, electricity)	
Maintenance and repairs	
Insurance	
License and registration	
Interest (interest portion only of car payments)	
Leasing costs (if applicable)	
Other expenses	
EMPLOYMENT USE OF HOME EXPENSE SUMMARY Please complete this summary if you had a home office	
Area for employment use only (square feet)	sq. ft.
Total house area (square feet)	sq. ft.
Percentage used for business	%
HOME OFFICE EXPENSES	
Heat	
Electricity	
Water	
Maintenance	
Insurance (commission employees only)	
Property taxes (commission employees only)	
Other expenses (Rent)	