|      |                         | <u>J</u> .         | .R. Accounting Sei          | rvices CPA's Ltd           |     |     |
|------|-------------------------|--------------------|-----------------------------|----------------------------|-----|-----|
|      |                         |                    | Business Fo                 | orm 2125                   |     |     |
|      |                         |                    |                             |                            |     |     |
|      |                         | La                 | st Year of Business         | Start                      | End |     |
| BUSI | NESS DATES              | YES ( )            | NO ( )                      |                            |     |     |
|      |                         | 1.5                |                             |                            |     |     |
| 1    | in the proper format.   | nd Expenses are I  | isted below                 |                            |     |     |
|      | in the proper format.   |                    |                             |                            |     |     |
| 2    | Please ensure we have   | supporting invoice | ces for each asset purchase | d or sold during the year. |     |     |
|      |                         |                    | <u> </u>                    |                            |     |     |
| 3    | If revenue is from T4A, | please check box   | and include T4A.            |                            |     |     |
|      |                         |                    |                             |                            |     |     |
| _    |                         |                    |                             | Gross                      | GST | Net |
| Rev  | enue - Sales and Se     | rvice              |                             |                            |     |     |
|      | - CEWS                  |                    |                             |                            |     |     |
|      | - 10% Temp W            |                    |                             |                            |     |     |
|      | - Taxable CEB           |                    |                             |                            |     |     |
|      | - Provincial Gr         | ants               |                             |                            |     |     |
| Tota | al Revenue              |                    |                             |                            |     |     |
|      |                         |                    |                             |                            |     |     |
| Cost | of Goods Sold           |                    |                             |                            |     |     |
|      | Opening Inventory       |                    |                             |                            |     |     |
|      | Purchases During tl     | ne Year            |                             |                            |     |     |
|      | Direct Wages            |                    |                             |                            |     |     |
|      | Sub Contractor (T5      | 018's are requi    | red per CRA)                |                            |     |     |
|      | Ending Inventory        |                    |                             |                            |     |     |
|      |                         |                    |                             |                            |     |     |
|      |                         |                    |                             |                            |     |     |
|      |                         |                    |                             |                            |     |     |
| -VD  | FNCEC                   |                    |                             |                            |     |     |
| EXP  | ENSES A division of     |                    |                             |                            |     |     |
|      | Advertising             |                    |                             |                            |     |     |
|      | Meals & Ent for bus     | siness purpose     | S                           |                            |     |     |
|      | Bad Debt                |                    |                             |                            |     |     |
|      | Insurance               |                    |                             |                            |     |     |
|      | Bank Charges            |                    |                             |                            |     |     |
|      | Credit Card charges     |                    |                             |                            |     |     |
|      | Interest on long ter    |                    |                             |                            |     |     |
|      | Business licenses ar    | nd membership      | os                          |                            |     |     |
|      | Office Expense          |                    |                             |                            |     |     |
|      | Office Supplies         |                    |                             |                            |     |     |
|      | Professional Fees       |                    |                             |                            |     |     |
|      | Management Fee          |                    |                             |                            |     |     |
|      | Rent                    |                    |                             |                            |     |     |
|      | Repairs and mainte      |                    |                             |                            |     |     |
|      | Salaries, wages and     | benefits           |                             |                            |     |     |
|      | Property Taxes          |                    |                             |                            |     |     |
|      | Travel expenses         |                    |                             |                            |     |     |
|      | Utilities               |                    |                             |                            |     |     |
|      | Fuel (except motor      |                    |                             |                            |     |     |
|      | Delivery and Freigh     |                    |                             |                            |     |     |
|      | Other expenses (pl      | ease list)         |                             |                            |     |     |
|      |                         |                    | Home O                      | ffice                      |     |     |
|      | Total Sq ft             |                    |                             | Business Sq ft             | t   |     |
|      | Heat                    |                    |                             | ·                          |     |     |
|      | Insurance               |                    |                             |                            |     |     |
|      | Repairs and Maint       |                    |                             |                            |     |     |
|      | Mortgage interest       |                    |                             |                            |     |     |
|      | Property Tax            |                    |                             |                            |     |     |
|      | Other expenses (pl      | ease list)         |                             |                            |     |     |

|   | <u>J.R. Accounting Service</u><br>Rental Form 7 |                 |                       |
|---|---|-----------------|-----------------------|
|   | <u>Rental Form 7.</u>                           | <u>/ 0</u>      |                       |
| Type of rent: Residential Rent (        | ) Commercial Rent ( )                           | Start:          | End:                  |
| Full Address                            | ) Commercial Kent ( )                           | Start:          | Ena:                  |
|   |   |                 |                       |
| Number of Units                         |   |                 |                       |
| Partner Name and % Ownership            |   |                 |                       |
| Gross Rents (Not including depo         | sits)   |                 |                       |
| Other Income (Parking, Laundry          | · · · · · · · · · · · · · · · · · · ·           |                 |                       |
| Other income (Farking, Lauriury         | , etc.,   |                 |                       |
| Expenses                                |   |                 |                       |
| Advertising                             |   |                 |                       |
| Insurance                               |   |                 |                       |
| Bank Charges                            |   |                 |                       |
| Interest on long term debt              |   |                 |                       |
| Office Supplies                         |   |                 |                       |
| Legal, accounting and other p           |   |                 |                       |
| Management and administra               |   |                 |                       |
| Maintenance and repairs                 |   |                 |                       |
| Salaries, wages and benefits            |   |                 |                       |
| Property Taxes                          |   |                 |                       |
| Travel                                  |   |                 |                       |
| Utilities                               |   |                 |                       |
| Other: please list                      |   |                 |                       |
| Equipment / Capital Additions -         |   |                 |                       |
| If a property was purchased or s        | old during the year, please                     | include all do  | cuments from lawyers. |
|   |   |                 |                       |
|   |   |                 |                       |
|   | Employment Expenses                             | Form 777        |                       |
| Do you have a signed and completed T220 | D? YES ( ) NO ( )                               |                 |                       |
| C = Commission Employees Only           | 3. 123 (  |                 |                       |
| C Advertising                           |   |                 |                       |
| C Meals & Entertainment                 |   |                 |                       |
| Office Supplies C Equipment Leasing     |   |                 |                       |
| Travel                                  |   |                 |                       |
| Telephone                               |   |                 |                       |
| C Professional Fees                     |   |                 |                       |
| Other                                   |   |                 |                       |
|   | or vehicles with shared use (b                  | usiness and per | sonal)                |
| Zero emmisison auto? (Y/ N)             |   |                 |                       |
| Year<br>Make                            |   |                 |                       |
| Model                                   |   |                 |                       |
| Date purchased or leased                |   | Cost:           |                       |
| Date sold, traded or written off        |   | Proceeds:       |                       |
| Total KM in Year                        |   |                 |                       |
| Total KM For Business (1)               | GST Paid  |                 | Net Expense           |
| Fuel                                    | USI FAIU  |                 | וופנ באףפווזפ         |
| Insurance                               |   |                 |                       |
| Repairs & Maintenance                   |   |                 |                       |
| Parking                                 |   |                 |                       |
| Lease Cost                              |   |                 |                       |
| Interest on Financing                   |   | 1               |                       |
| License                                 |   |                 |                       |

## J.R. Accounting Services CPA's Ltd T777s (Employment work from home - Covid) Use this form if you have a T2200S (Detailed Method) Reimbursed by Employer Yes No Commission Employee Yes No Office Supplies (Paper, Pens, Folders, Toner, Postage) Employment use of Basic Cell phone Long Distance Charges Lease of Cell, computer, fax, tablet (Commission only) **Home Office** Total Sq/Ft Work Sq/Ft Hours of work / Week Total Hours/Week 168 Electricity, Heat, Water, Internet Access Fee Maintenance (Light bulbs, cleaning supplies, minor repairs) Home Insurance (Commission only) Property Tax (Commission only) Rent (For period work from home)