



# Monthly Business Income and Expense Report

Name \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of business: \_\_\_\_\_ Type: \_\_\_\_\_

Report for the month of \_\_\_\_\_ / \_\_\_\_\_.

## Income

Sales, Gross Revenue					
<b>Less:</b> Returns and Allowances	-				
<b>Less:</b> Provincial Sales Tax (if included in sales)	-				
<b>Add:</b> Other Income - specify (include cash draw)	+				
<b>Gross Income</b>			⇒ <table border="1"><tr><td></td><td></td></tr></table>		

## Cost of Goods Sold

Value of inventory at beginning of month					
<b>Add:</b> Purchased (including delivery, express, freight)	+				
<b>Less:</b> Value of inventory at end of month (total from page 2)	-				
<b>Less:</b> Cost of items withdrawn for purposes such as demonstration	-				
<b>Cost of Goods Sold</b> (deduct from Gross Income)			⇒ <table border="1"><tr><td></td><td></td></tr></table>		
<b>Gross Profit</b> (Gross Income less Cost of Goods Sold)			⇒ <table border="1"><tr><td></td><td></td></tr></table> (If above is zero or less, go to page 2)		

## Business Expenses - please submit receipts

Accounting, legal, collection, consulting					
Business vehicle (maintain any leasing/rental agreement in force at time of application)					
Mortgage interest or business holdings in existence at time of application)					
Delivery, express, freight					
Office expenses (postage, stationery, etc.)					
Rental on business property					
Minor equipment costs/rental for business vehicles					
Fuel/maintenance/repairs for business vehicles					
Wages					
Contributions to employees (C.P.P., U.I., Workers' Compensation)					
Business property tax					
Licenses					
Insurance					
Utilities					
Advertising (newspaper, business pages, telephone directories, etc.)					
Mileage, meals, and accommodation for business trips					
Goods and Services Tax					
Other - specify					
<b>Total Expenses</b>			⇒ <table border="1"><tr><td></td><td></td></tr></table>		
<b>Net Income</b> (Gross Profit less Total Expenses)			⇒ <table border="1"><tr><td></td><td></td></tr></table>		



I state that the information given in this monthly Business Income and Expense Report, is true, correct and complete and that I have not withheld any information which may have an effect on my social assistance benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

## My Responsibilities

I/We agree to report to Community Resources any changes in my circumstances or my family members, that effect my eligibility for assistance or the eligibility of my family members. I/We understand some examples of such changes include changes in address, receipt or expected receipt of money, goods or other assets from any source, needs, number of family members, and marital status including common-law relationships. If I/we are in doubt as to whether any change in circumstances will effect my eligibility, I/we agree to report this to Community Resources.

I, as applicant, understand that any payments I receive for which I am not entitled, will be deducted from future payments. I understand that excess payments result from a failure to report changes. I understand I am also responsible for re-paying excess payments which result from my spouse's failure to report changes.

I must make every effort to be self supporting. I understand this includes pursuing employment and child support, participating in training or attending educational programs or obtaining income from other sources.

## Client Consent

I/We give consent to Community Resources to obtain and verify information or documents required to confirm my/our eligibility, or the eligibility of family members for social assistance. I/We understand such information includes needs, money received from any source, assets, marital status (including common-law relationships), and living arrangements of myself or family members.

I/We give consent to any person having such information or documents to release them upon written or verbal request to employees of Community Resources. I/We understand examples include, but are not restricted to, information or documents from : Employment Insurance, Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord, and past employers.

I/We give consent to Community Resources to disclose my/our information to third parties where the information is necessary to verify and confirm my/our eligibility for benefits or to assist in providing additional benefits. I/We understand third party examples include, but are not restricted to, Canada Customs and Revenue Agency, Department of Learning, Workers' Compensation Board, Canada Pension Plan, Sask Power, Sask Energy, Indian Bands, Public Trustee and other provincial social assistance programs.

I authorize Canada Customs and Revenue Agency to release to Community Resources any information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of the social assistance program under *The Saskatchewan Assistance Act*. This authorization is valid for the taxation year prior to the year of signature and each subsequent consecutive taxation year for which benefits are requested.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Spouse (if present)

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Witness (if signed by mark)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

