



A separate statement is required for each business. If the operation is a partnership, refer to Chapters 2, 5 and 9 of the 1989 Business and Professional Income Tax Guide for further information on the completion of this form.

Name	Social Insurance Number											
Name of business	Employer's Remittance Account Number											
Type of business	Principal Commodity											
For the period: Day		Month		19	to: Day		Month		19	Is this the final year of business?	Yes	No

Income

Sales, Gross Revenue

Add: Reserves allowed in the prior year

Subtotal

Less: Returns and Allowances

Provincial Sales Tax (if included in sales)

Subtotal

Other Income Including Recoveries for Bad Debts Previously Written Off (Specify):

Gross Income (enter this amount on appropriate line on page 1 of your return)

Cost of Goods Sold

Inventory at the beginning of the period

Add: Purchases (including delivery, freight, express)

Subtotal

Deduct: Inventory at the end of the period

Cost of Goods Sold (deduct from Gross Income)

Gross Profit (excess of income over Cost of Goods Sold)

Expenses and Allowances

Accounting, Legal, Collection, Consulting

Advertising

Bad Debts

Business Tax, Fees, Licenses, Dues

Convention Expenses

Delivery, Freight

Equipment Rental

Insurance (fire, theft, liability)

Interest, Bank Charges

Light, Heat, Water

Maintenance and Repairs (except motor vehicle)

Management and Administration Fees

Meals and Entertainment Expenses

Motor Vehicle Expenses (fuel, insurance, repairs)

Office Expenses (postage, stationery, telephone, other supplies)

Property Taxes or Rent on Business Property

Salaries (including employer's contribution to CPP, QPP, UIC, Workers' Compensation etc.)

Travelling Expenses (except motor vehicle)

Allowable Reserves (specify):

Other Expenses (specify):

Add: Capital Cost Allowance (as per schedule)

Allowance on Eligible Capital Property

Total Expenses

Net Income (Loss) before adjustments

Adjustments to Partnership or Proprietorship Income

Add: (a) salary or wages, and interest on partnership capital paid to self and/or partner(s) if included in expenses

(b) cost of saleable products consumed

(c) other (specify):

Net Income (Loss) after adjustments (If in partnership, enter your share of this net income on the Partnership Schedule on the reverse of this form)

Deduct: Business use of home expenses (enter the lesser of amounts (Y) and (Z) below)

Business use of home expenses - carried forward from 1988		Total	(Y)
- incurred in 1989			
Subtract: Net Income (Loss) after adjustments (if a loss, enter zero)			(Z)
Business use of home expenses available for carry forward (if negative, enter zero)*			

Net Business Income (Loss) (enter this amount on page 1 of your return)

* (For details see Chapter 5 of the 1989 Business and Professional Income Tax Guide)
(CETTE FORMULE EST DISPONIBLE EN FRANÇAIS)

Please do not use this area

PARTNERSHIP SCHEDULE - BUSINESS INCOME

- A separate schedule is required for each partnership.
- Enter the names of all partners in the business operation in AREA I and show each partner's share of the Net Income (Loss) after adjustments from the front of this form.
- Enter your share of amount (A) in AREA II and specify any additional expenses that relate solely to your portion of that income.

AREA I - DETAILS OF INCOME (LOSS) ALLOCATION	%	Share of
Full Names of Partners	Share	Net Income
Total Partnership Net Income (Loss)	100%	(A)

AREA II - OTHER EXPENSES DEDUCTIBLE FROM YOUR SHARE OF TOTAL PARTNERSHIP NET INCOME (LOSS)		
Your share of Total Partnership Net Income (Loss); (Amount (A) above or from copy 2 of form T5013 Supplementary)		
Deduct: Other expenses incurred by you and not included in the Partnership Statement of Income and Expenses (Specify):		
Total		
Net Business Income (Loss) before deducting Business use of home expenses		
Deduct: Business use of home expenses (enter the lesser of amounts (Y) and (Z) below)		
Business use of home expenses - carried forward from 1988 _____ - incurred in 1989 _____ Total (Y) _____ Subtract: Net Business Income (Loss) before deducting Business use of home expenses (if a loss, enter zero) _____ (Z) _____ Business use of home expenses available for carry forward (if negative, enter zero)* _____ * (For details see Chapter 5 of the 1989 Business and Professional Income Tax Guide)		
Net Business Income (Loss) (enter this amount on page 1 of your return)		