

MONTHLY INCOME AND EXPENSE STATEMENT

For the month of _______, 20____ Due by the 10th of the following month

email: incomereports@csvan.com fax: 604 821 9870 mail: 300-9850 King George Blvd, Surrey BC V3T 0P9

Page 1

Name:	Phone:	Email:	
Address:		New Addr	ress? Yes 🔲 No 🗆
		Main income source:	
NCOME : Please include c	opies of <u>all paystubs</u> or ba	nk statements/other proof of	income.
Total Net Employment Inco	me:	\$	
	Income (complete page 2 f	irst if self-employed): \$	
	OAS \$	_ Other \$ \$	
Total Spousal Support/Chil	d Support (<i>detail</i> s):	\$	
	PWD (details):	\$	
Total Other income (details):	\$	
Total Other Household Mer	nbers Net Income (<i>details</i>):		
	TOTAL HO	USEHOLD INCOME \$	
ION-DISCRETIONARY (AI	LOWARIE) EXPENSES: P	lease include <u>all receipts</u> & pr	roof of navment
		when calculating surplus inco	
Child or Spousal Support P	aid (details):	\$	
Child Care Costs:	, ,		
Medical Condition Expense	es:	\$	
Other (details):			
	TOTAL NON-DISCRETIO		
DISCRETIONARY EXPENS	ES: Please <u>do not</u> include	receipts for the following expe	enses.
Rent/mortgage	\$	Vehicle payments	\$
Property taxes/condo fees	\$	Vehicle maintenance/gas	\$
Utilities/bills	\$	Vehicle insurance	\$
Phone/cable/internet	\$	Other transportation	\$
Home/renters' insurance	\$	Laundry/dry cleaning	\$
Life/health insurance	\$	Grooming/toiletries	\$
Groceries	\$	Gifts/charitable donations	\$
Entertainment/dining out	\$	Miscellaneous	\$
Smoking/alcohol	\$	Payment to Trustee	\$
	TOTAL DIS	CRETIONARY EXPENSES	\$
OTAL INCOME ¢	MINITE ALL EVDENCES	s \$ = \$	EVCESS/DEEICIT
OTAL INCOME \$	PHNOS ALL LAF LINGLS	, φ – φ	_ EXCESS/DEFICIT
IOTEO (i a manus amandaman d	ge in family situation):		
NOTES (i.e. new employer, chan			
certify that this is an accu		ithly income and expenses.	



Business travel

Telephone and utilities

campbell Saunders Licensed Insolvency Trustees Since 1980 email: incomereports@csvan.com fax: 604 821 987	For the month of Due by the 10 th o	f the following month	
Name: Pho	ne:	Email:	
Type of Business:			
GROSS INCOME - Please attach copies of invoices	s and proof of paymen	nt	GST charged
Business/self-employment income	\$		
Commission income			
Other income:			
TOTAL GROSS	\$		
	TOTA	AL GST CHARGED:	
Advertising	\$		
Advertising	\$		
Business meals and entertainment (\$	x 50%) \$		
Insurance (non-motor vehicle)			
Interest and bank charges			
Business fees, dues, memberships & subscriptions			
Legal, accounting, and other professional fees			
Office expenses & general supplies			
Inventory used for business			
Tools and Equipment			
Motor Vehicle Costs (% business use)			
Business rent (or% business use of home rent)			
Maintenance and repairs of equipment			
Salaries, wages and benefits paid (attach proof)			
Source deductions for employees (EI, CPP, tax)			

Other _____ Other ___ TOTAL SELF-EMPLOYMENT EXPENSES TOTAL GST PAID: **GST to be remitted or refunded** (*GST Charged - GST Paid*):

Self-Employment Income after Expenses Less: Income tax installments paid (attach proof) Less: CPP contributions <u>x 2</u> (you are both employer and employee) (Use the online CRA Payroll Deduction Calculator to determine the amount of monthly tax and CPP to be remitted) **NET SELF-EMPLOYMENT INCOME** (enter on page 1)

Note: As a self-employed person, we advise that you should consult with an accountant to determine what expenses can be claimed as business, and to have your tax installment amounts determined. Payments to CRA for income tax, GST & employee deductions should be calculated and paid on a monthly basis.