

MONTHLY INCOME AND EXPENSE STATEMENT

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

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		Linditi	
		New Addr	ress? Yes 🔲 No 🗆
		Main income source:	
NCOME: Please include o	opies of <u>all paystubs</u> or ban	k statements/other proof of	income.
Total Net Employment Inco	ome:	\$	
	t Income (complete page 2 fii	rst if self-employed): \$	
	OAS \$	Other \$ \$	
Total Spousal Support/Chi	ld Support (<i>detail</i> s):	\$	
	/PWD (details):	\$	
Total Other income (details	3):	\$	
Total Other Household Me	mbers Net Income (details):		
	TOTAL HOU	ISEHOLD INCOME \$	
ION-DISCRETIONARY (A	LLOWABLE) EXPENSES: Pl	ease include <u>all receipts</u> & pr	roof of payment.
hese expenses will be ded	ucted from your net income v	when calculating surplus inco	me.
Child or Spousal Support F	Paid (details):	\$	
Medical Condition Expenses: \$			
Medical Condition Expens	ნ ა.	Ψ	
		\$	
Other (details):	TOTAL NON-DISCRETION SES: Please do not include r	\$	enses. \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Other (details): DISCRETIONARY EXPENSE Rent/mortgage Property taxes/condo fees Utilities/bills Phone/cable/internet Home/renters' insurance Life/health insurance Groceries Entertainment/dining out	TOTAL NON-DISCRETION SES: Please do not include r \$ \$ \$ \$ \$ \$ \$	\$ eceipts for the following experience Vehicle payments Vehicle maintenance/gas Vehicle insurance Other transportation Laundry/dry cleaning Grooming/toiletries Gifts/charitable donations	enses. \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Other (details): DISCRETIONARY EXPENS Rent/mortgage Property taxes/condo fees Utilities/bills Phone/cable/internet Home/renters' insurance Life/health insurance Groceries	TOTAL NON-DISCRETION SES: Please do not include r \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s NARY EXPENSES eceipts for the following expense Vehicle payments Vehicle maintenance/gas Vehicle insurance Other transportation Laundry/dry cleaning Grooming/toiletries Gifts/charitable donations Miscellaneous	enses. \$\$ \$\$ \$\$ \$\$ \$\$ \$\$



Business travel

Telephone and utilities

Saarracis		, 20 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 h	nome rent) \$		
Maintenance and repairs of equipment	\$		
Salaries, wages and benefits paid (attach pro	oof) \$		
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.