



STATEMENT OF INCOME AND EXPENSES

DUE BY THE 10TH of the following month

(on cash basis only)

Name: _____
Current Address: _____

For the Month: _____
Occupation: _____
No. in Family: _____

Telephone: _____ Cell: _____ Email: _____ **New Address?** Yes No

INCOME

Net monthly earnings... (attach pay stub).....	\$ _____
Net earnings of spouse... (if living together attach pay stub)	\$ _____
Self-employed earnings... (carried forward from Page 2 on reverse).....	\$ _____
Pensions received... (attach bank statement)	\$ _____
Child tax benefit / spousal or child support (specify)... (attach bank statement)	\$ _____
Employment Insurance or Social Assistance (specify)... (attach stub or bank statement)	\$ _____
Other sources of income _____	\$ _____
Total Income	\$ _____

LESS: Allowable Deductions (NOT ALLOWED WITHOUT RECEIPTS)

Medical condition... (supply receipts)	\$ _____
Transportation costs... (allowed by employer for work purposes, supply T2200 income tax form) \$_____	
Child daycare... (supply receipts).....	\$ _____
Child support... (supply receipts)	\$ _____
Total Allowable Deductions	\$ _____
TOTAL Net Income (Total Income – Total Allowable Deductions)	\$ _____

(50% of excess over Guidelines submit to Trustee based on this total)

EXPENSES

Rent / mortgage payments (specify)	\$ _____
Condominium fees	\$ _____
Insurance (house).....	\$ _____
Groceries...\$_____ Restaurants / fast-food...\$_____	\$ _____
Clothing	\$ _____
Life insurance	\$ _____
Cable	\$ _____
Gas / electricity / fuel oil.....	\$ _____
Telephone	\$ _____
Cell phone.....	\$ _____
Medical and hospital insurance	\$ _____
Laundry and dry cleaning.....	\$ _____
Other lease / rent-to-own payments	\$ _____
Transportation (personal use) Car loan / lease (specify)	\$ _____
Vehicle gas / oil	\$ _____
Vehicle insurance	\$ _____
Bus / taxi	\$ _____
Recreation: entertainment \$_____ hobbies \$_____ liquor \$_____ cigarettes \$_____ babysitting \$_____	\$ _____
Other expenses (specify).....	\$ _____
Other expenses (specify).....	\$ _____
Payment to Trustee	\$ _____
Total Monthly Expenses	\$ _____
TOTAL balance remaining (Total net income – Total monthly expenses)	\$ _____

E. Sands & Associates Inc.
#302 – 5050 Kingsway
Burnaby, BC V5H 4H2

Date: _____

Signature: _____

INCOME

Sales, commissions or fees	(a) \$	_____
Minus - HST (include in above)	(b) \$	_____
Net Sales, Commissions or fees - line (a) minus line (b)	\$	_____
Other Income (specify)	\$	_____
Gross Income (Total of the above Lines)	\$	<input type="text"/>

EXPENSES

Purchases (used in job)	\$	_____
Advertising	\$	_____
Business / tax, fees, licenses, dues, memberships and subscriptions	\$	_____
Delivery, freight and express	\$	_____
Insurance (other than vehicle)	\$	_____
Interest / bank charges	\$	_____
Maintenance and repairs (specify)	\$	_____
Meals and entertainment \$ _____ x 50% = (allowable portion)	\$	_____
Motor vehicle or equipment lease payment	\$	_____
Motor vehicle or equipment: gas \$ _____ repairs \$ _____ insurance \$ _____ =	\$	_____
Office expenses	\$	_____
Supplies	\$	_____
Legal, accounting and other professional fees for business purposes	\$	_____
Business rent (office in home or other)	\$	_____
Salaries, wages and benefits paid (including employer's contributions)	\$	_____
Source deductions (EI, CPP, income tax: deducted from employees)	\$	_____
Travel expenses	\$	_____
Telephone and utilities	\$	_____
Other expenses (specify) _____	\$	_____
Other expenses (specify) _____	\$	_____
Total Expenses from Business	\$	<input type="text"/>

EXCESS OF INCOME OVER EXPENSES

* CANADA PENSION PLAN CONTRIBUTION: \$ _____ x 2 = _____

* INCOME TAX CONTRIBUTION: Federal \$ _____ Provincial \$ _____ = _____

NET INCOME TO INDIVIDUAL (to be carried forward to Page 1) \$

*** Note:** Payments to Canada Revenue Agency for tax installments must be submitted on a monthly basis. Please remit your proof of payment with your next Statement of Income and Expenses. To calculate your installments, please refer to <http://www.cra-arc.gc.ca/esrvc-srvce/tx/bsnss/pdoc-eng.html>