

STATEMENT OF INCOME AND EXPENSES

(on cash basis only)

**DUE BY THE 10TH of the
following month**

Name: _____
Current Address: _____

Telephone: _____
E-mail Address: _____

For the Month: _____
Occupation: _____
No. in Family: _____
Cell phone: _____
New Address/Email? Yes No

INCOME (Supply photocopies of all sources of income slips)

Net monthly earnings... (attach copies of ALL pay statements)	\$ _____
Net earnings of spouse... (if living together attach copies of ALL pay statements)	\$ _____
Self-employed earnings... (carried forward from Page 2 on reverse)	\$ _____
Pensions received... (attach bank statement)	\$ _____
Canada Child Benefit... (attach bank statement)	\$ _____
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 copies of prescription receipts)	\$ _____
Transportation costs... (allowed by employer for work purposes, supply T2200 income tax form)	\$ _____
Child daycare... (supply copies of receipts)	\$ _____
Child support... (supply copies of receipts)	\$ _____
Total Allowable Deductions	\$ _____
TOTAL Net Income (Total Income – Total Allowable Deductions)	\$ _____

EXPENSES

Rent / mortgage payments (specify)	\$ _____
Property taxes / condominium fees	\$ _____
Insurance (house)	\$ _____
Groceries...\$ _____ Restaurants / fast-food...\$ _____	\$ _____
Clothing	\$ _____
Life insurance	\$ _____
Cable / internet	\$ _____
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 \$ _____	\$ _____
Miscellaneous (Specify) _____	\$ _____
Payment to Trustee	\$ _____
Total Monthly Expenses	\$ _____
TOTAL balance remaining (Total Net Income – Total Monthly Expenses)	\$ _____

Email: budget@sands-trustee.com

Date: _____

Fax: 604-529-1047

Signature: _____

Monthly Self-Employed Schedule (on cash basis only)

INCOME (Self-Employment)

Sales, commissions or fees	(a) \$	_____
Minus - GST and PST invoiced (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 (Self-Employment portion)

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**. **Remit your proof of payment with your Statement of Income and Expenses**. To calculate your installments, please refer to

<http://www.cra-arc.gc.ca/ebci/rhpd/startLanguage.do?lang=English>

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