



Canada Revenue Agency

Agence du revenu du Canada

Statement of Business or Professional Activities

2

Identification

Your name <NoName>			Your social insurance number		
From: Year/Month/Day 2009/01/01			to: Year/Month/Day 2009/12/31		
2009/01/01 to: 2009/12/31			Calendar Year		
Business Name			Main product or service		
Business address			Industry code		
City, town, or municipality		Province/Terr.	Postal code	Partnership filer identification number H	
Name and address of person or firm preparing this form Edmondson Ball Davies LLP			Tax shelter identification number TS		
501 -10 Milner Business Court			Business number		
Toronto, Ontario M1B3C6			Your percentage of the partnership 100.0000 %		

Part 1 – Business income

2. If you have business income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Type of income Business Commission

Sales, commissions, or fees

Income reported on T4 slips

Income reported on T4A slips

_____		_____
_____		_____
_____		_____
		A

Minus

Goods and services tax and provincial sales tax (GST and PST) or harmonized sales tax (HST) (if included in sales above)

Returns, allowances, and discounts (if included in sales above)

Total of the above two lines

Adjusted gross sales (line A minus line B) (enter this amount on line 8000 in below)

_____		_____
_____		_____
		B
		C

Part 2 – Professional income

3. If you have professional income, tick this box and complete this part. **Do not complete parts 1 and 2 on the same form.**

Professional fees (includes work-in-progress)

Income reported on T4A slips

_____		_____
_____		_____
		D

Minus

Goods and services tax and provincial sales tax (GST and PST) or harmonized sales tax (HST) (if included in fees above)

Work-in-progress (WIP), end of the year, per election to exclude WIP (see Chapter 2 of the guide)

Total of the above two lines

Subtotal (line D minus line E)

Adjusted professional fees (total of the above two lines) (enter this amount on line 8000 in Part 3, below)

_____		_____
_____		_____
		E
		F

Part 3 – Gross business or professional income

Adjusted gross sales (from line C in Part 1) or adjusted professional fees (from line F in Part 2) **8000** _____ G

Plus

Reserves deducted last year

8290

Recapture of CCA and CEC

Other income

8230

Total of the above lines

Gross business or professional income (line G plus line H)

8299 <NIL>

Enter this amount on the appropriate line of your income tax and benefit return: business on line 162, professional on line 164, or commission on line 166

_____		_____
_____		_____
_____		_____
		H

Part 4 – Cost of goods sold and gross profit

If you have business income, complete this part. Enter only the business part of the costs.

Gross business income from line 8299 in Part 3					I
Opening inventory (include raw materials, goods in process, and finished goods)	8300				
Purchases during the year (net of returns, allowances, and discounts)	8320				
Direct wage costs	8340				
Subcontracts	8360				
Other costs	8450				
Total of the above five lines					
Minus					
Closing inventory (include raw materials, goods in process, and finished goods)	8500				
Cost of goods sold	8518				J
Gross profit (line I minus line J)				8519	

Part 5 – Net income (loss) before adjustments

Gross profit from line 8519 in Part 4 above, or gross income from line 8299 in Part 3

Gross profit from line 8519 in Part 4 above, or gross income from line 8299 in Part 3					K
Expenses (enter only the business part)					
Advertising	8521				
Meals and entertainment		x 50%			
Meals and entertainment (long haul truck drivers)	8523		x 70%		
Bad debts	8590				
Insurance	8690				
Interest	8710				
Business tax, fees, licences, dues, memberships, and subscriptions	8760				
Office expenses	8810				
Supplies	8811				
Legal, accounting, and other professional fees	8860				
Management and administration fees	8871				
Rent	8910				
Maintenance and repairs	8960				
Salaries, wages, and benefits (including employer's contributions)	9060				
Property taxes	9180				
Travel (including transportation fees, accomodations, and allowable part of meals)	9200				
Telephone and utilities	9220				
Fuel costs (except for motor vehicles)	9224				
Delivery, freight, and express	9275				
Motor vehicle expenses (not including CCA) (see Chart A) - from worksheet					
Motor vehicle expenses (not including CCA) (see Chart A) - other	9281				
Allowance on eligible capital property	9935				
Capital cost allowance (from Area A)	9936				
Other expenses =	9270				
Total business expenses	9368		<NIL>		L
Net income (loss) before adjustments (line K minus line L)				9369	<NIL>

Part 6 – Your net Income (loss)

Your share of the amount on line 9369 in Part 5 above				M
Plus : GST/HST rebate for partners received in the year (see Chapter 3)	9974			N
Total (line M plus line N)				O
Minus - Other amounts deductible from your share of net partnership income (loss) (from the chart on page 3)			9943	P
Net income (loss) after adjustments (line O minus line P)				Q
Minus - Business-use-of-home expenses (from the chart on page 3)			9945	R
Your net income (loss) (line Q minus line R)			9946	<NIL>

Enter this amount on the appropriate line of your income tax and benefit return: business on line 135, professional on line 137, or commission on line 139

Other amounts deductible from your share of net partnership income (loss)

Claim expenses you incurred that were not included in the partnership statement of income and expenses, and for which the partnership did not reimburse you.

Other amounts deductible from your share of the partnership
(total of the above lines) (enter this amount on line 9943, in Part 6)

Calculation of business-use-of-home expenses

Area of home used for business	(A)		
Total area of home	(B)		
Heat			
Electricity			
Insurance			
Maintenance			
Mortgage interest			
Property taxes			
		Subtotal	
Minus - Personal-use part		Subtotal	
Plus - Amount carried forward from previous year		Subtotal	1
Minus - Net income (loss) after adjustments (from line Q in Part 6) (If negative, enter "0")			2
Business-use-of-home expenses available to carry forward (line 1 minus line 2) (If negative, enter "0")			
Allowable claim (the lesser of amounts 1 or 2 above) (Enter this amount on line 9945 in Part 6)			

Details of other partners

Partner's first name	Last name	SIN	% of partnership	%
Address:			\$ share	
Partner's first name	Last name	SIN	% of partnership	%
Address:			\$ share	
Partner's first name	Last name	SIN	% of partnership	%
Address:			\$ share	
Partner's first name	Last name	SIN	% of partnership	%
Address:			\$ share	
Partner's first name	Last name	SIN	% of partnership	%
Address:			\$ share	

Details of equity

Total business liabilities	9931	
Drawings in 2009	9932	
Capital contributions in 2009	9933	