

**EMPLOYMENT EXPENSE CHECKLIST**

For the year ending December 31, 2 \_\_\_\_\_

Name: \_\_\_\_\_

Are you paid by commission?    YES    NO (Circle one)

Do you have a completed T2200 - Declaration of Conditions of Employment?    YES    NO

Have you been reimbursed for any expenses    YES    NO    (If so, explain for what and how much)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**EXPENSES**

*Eligible for commissions only:*

Accounting & Legal \_\_\_\_\_  
Advertising & Promotion \_\_\_\_\_  
Meals & Entertainment \_\_\_\_\_

*Eligible for all:*

Travel expenses \_\_\_\_\_  
Parking \_\_\_\_\_  
Office Supplies \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Others (Specify) \_\_\_\_\_

**USE OF HOME**

Total square footage of home _____	Sq footage used for office _____
Total yearly utility bills _____	Total yearly heating cost _____
House insurance (see note) _____	Rent (or Mortgage Interest) _____
Property Taxes (see note) _____	Home telephone _____

**AUTOMOBILE** - Same vehicle as last year?    YES or NO (circle one)

Total KM used in year \_\_\_\_\_    KM travelled to earn income \_\_\_\_\_

**LEASED VEHICLE:**

Lease commencement date \_\_\_\_\_    Lease payments/month \_\_\_\_\_  
Manufacturers list price (if new) \_\_\_\_\_

**PURCHASED VEHICLE:**

Manufacturers list price (if new) \_\_\_\_\_    Purchase date \_\_\_\_\_  
Interest paid/year (if financed) \_\_\_\_\_

Please provide the total yearly costs for the following auto expenses:

Insurance _____	Licence/Registration _____
Maintenance/Repairs _____	Fuel and Oil _____
Other _____	

**NOTE:** Only commissioned employees may claim house insurance and property taxes.