

EXELBY & PARTNERS LTD.

NET INCOME FROM SELF-EMPLOYMENT

Name of Bankrupt: _____

Month Covered: _____

INCOME: (<i>Proof of Income MUST be attached to this statement in the form of cheques, invoices, bank statements, etc.</i>)	
Income from Sales, Sub Contract Income, Commissions or Fees	\$ _____
(less GST collected and submitted to CRA – <i>proof required</i>)	*(\$ _____)
Net Income	\$ _____
LESS BUSINESS EXPENSES:	
Rent	\$ _____
Salaries & Wages (paid to third parties, not spouse or child)	\$ _____
Office Expenses (stationary, postage, etc.)	\$ _____
Business Meals & Expenses	\$ _____
Advertising & Promotion (ads, business cards, etc.)	\$ _____
Travel Expenses (hotel, bus/air fare, etc.)	\$ _____
Motor Vehicle (Allowable Business Expenses)	\$ _____
Telephone & Utilities (business related only)	\$ _____
Delivery, Freight & Courier Charges	\$ _____
Supplies (small tools, paint, materials, etc.)	\$ _____
Insurance	\$ _____
Other Allowable Business Expenses (list below)	\$ _____

Total Expenses	\$ _____
Sub-Total (Net Income less Total Expenses)	\$ _____
TOTAL PROFIT FROM BUSINESS	\$ _____
Less: Income Tax Installment <u>Paid</u> to Canada Revenue Agency (suggested minimum 25% of profit recommended) <i>(Please provide proof of payment made to Canada Revenue Agency. If proof is not provided, this deduction is not allowed)</i>	(\$ _____)
Net Self Employed Income (enter on front page of Monthly Statement of Net Income)	\$ _____

I acknowledge that the Trustee is required to follow the rules of the Income Tax Act to determine my allowable expenses. I further acknowledge that I must attach copies of all Business Bank Account Statements to this Net Income from Self-Employment form.

Bankrupt

Date