

# STATEMENT OF INCOME AND EXPENSES

**DUE BY THE 10<sup>TH</sup> of the following month**

(on cash basis only)

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
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)..... \$ \_\_\_\_\_  
Universal Child Care Benefit ... (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 \$ \_\_\_\_\_  
Miscellaneous \_\_\_\_\_ \$ \_\_\_\_\_  
**Payment to Trustee**..... \$ \_\_\_\_\_  
**Total Monthly Expenses** ..... \$ \_\_\_\_\_  
**TOTAL balance remaining** (Total net income – Total monthly expenses)..... \$ \_\_\_\_\_

E. Sands & Associates Inc.  
#410 – 1100 Melville Street  
Vancouver, BC V6E 4A6

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**INCOME**

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

**EXCESS OF INCOME OVER EXPENSES**

* CANADA PENSION PLAN CONTRIBUTION: \$ _____ x 2 =	_____
* INCOME TAX CONTRIBUTION: Federal \$ _____ Provincial \$ _____ =	_____
<b>NET INCOME TO INDIVIDUAL</b> (to be carried forward to Page 1)	\$ <input type="text"/>

**\* 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/eservices/tax/business/pdoc-e.html>