

**Business Income and Expenses INSPIRE Report****Client Information**

Name:	Name of Business:
Address:	Tel./Email:
Report for the Month: From: ____/____/____ To: ____/____/____ (dd/mm/yy)	

Gross Monthly Income

Sales	
Add: Other Business Income - (Specify)	

Gross Income =**Business Expenses/Allowable Deductions** (The following eligible expenses may be deducted from gross business income.)

Cost of Good Sold/Services Provided	
Accounting, Legal, Consulting	
Licenses, Fees	
Office Expenses (postage, stationary, etc.)	
Telephone	
Delivery, Courier, Freight	
Bank Charges	
Advertising (business cards, directories, business cards, etc.)	
Supplies	
Home Based Business (Claim \$50 for utilities, insurance, repair, taxes, etc.)	
Business Facility Costs (Lease, utilities, insurance, taxes, maintenance, etc.)	
Employee wages & benefits	
Vehicle Expenses* (Personally Owned: Claim ____ kms x 30¢ = \$ ____) *Travel Log Required.	
Business Vehicle & Equipment (Insurance, rental, repair, operating, etc.)	
Approved Reinvestment, Business Loan repayments	
Other - (Specify)	
Assets: Approval Required - Contact Metro Business Opportunities for necessary form.	

Total Expenses =Income - Total Expenses) **Net Income =****Time Sheet** (Please record the number of hours worked per week.)

Week 1: ____/____/____	Total Hours = ____	Week 4: ____/____/____	Total Hours = ____
Week 2: ____/____/____	Total Hours = ____	Week 5: ____/____/____	Total Hours = ____
Week 3: ____/____/____	Total Hours = ____		

Confirmation

I certify that the information given here is accurate and complete, to the best of my knowledge.

Signature**Date:** ____/____/____ (dd/mm/yy)**Please return the completed form to:****DPU****Box 8790****St. John's, NL A1B 5E4 Fax: 709-729-2641**

Note: You must complete two copies of this report, keeping one copy for your records (along with all your sales receipts, invoices, deposit slips, etc.) and sending one copy to the DPU. These records must be made available upon request to verify reported

If you have any questions regarding this Form, please contact:
Metro Business Opportunities at 1-866-738-1626 or contact@mboc.ca





Travel Expense Report

Name _____

Per Mile Reimbursement

Date Submitted / / (dd/mm/yy)

Total Reimbursement Due

Date	Description	KMs	Rate	Subtotal	Other	Total
/ /			\$0.30			
/ /			\$0.30			
/ /			\$0.30			
/ /			\$0.30			
/ /			\$0.30			
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/ /			\$0.30			
/ /			\$0.30			

Note: The Travel Log must be kept confirming the distance travelled for business purposes. You can't claim the cost of driving your car between work and home.

Confirmation

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Signature _____

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St. John's, NL A1B 5E4 Fax: 709-729-2641

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