

## Ministry of Community and Social Services

## Business Income and Expenses Report

Name	Me	Member I.D.
Name of business	Re	Report for the month of
Before completing, see Business Income and Expenses Instruction Sheet.  Cash Receipts/Income from Business:  (total monthly amount)	int)	Office use Oats
sale of goods		
commissions, fees		
interest Income other business		
Total Income		
Cash Expenses from Business Operations (*less GST/HST paid)	id)	
supplies and equipment *		
accounting, bookkeeping, legal fees *		
advertising, business cards *		A the second
licenses, fees *		
bank charges (other than NSE charges)		
mandatory Income tax instalments (current year)		
approved business loan repayments		
approved reinvestment		
rent, mortgage, taxes (business only) *		
heating *		
telephone *		
Business insurance		
Contributions to Employment Insurance (EI)		
Other expenses (specify)		
Total Expenses		
Were any of the above expenses paid for, using money received from a loan or from re-investment savings?	<del>59</del>	Net Business Income (Total receipts less Total Expenses)
Child Care Expenses  Child Care  Expenses  Amount  Work Related Disability Expenses  Subsidized  Other Licensed	bility Expenses	
Unlicensed Child care and disal I declare the information given here to be accurate and complete.	ility expense rec	Child care and disability expense receipts must be attached.
Signature of Recipient/Participant  Notice with Respect to the Collection of Personal Information  (Freedom of Information and Protection of Privacy Act)  (Municipal Freedom of Information and Protection of Privacy Act)  This information is collected under the legal authority of the Optatio Disability Support Brogger Act 1997	Date	
at ( )	in your local o	in your local Ontario Works or ODSP office.
Critice Use Only  Trans.Type Today's date Office I.D. Caseload Case Identification  D M Y		Reference no.
Effective Date of Change Net Business Income Child Care Expenses	Child Care Type	Disability Expenses
tario 2		