Name:				
Are you paid by commission?	YES or	NO (circle on	e)	
Do you have a completed T2200 – De				or NO (circle one)
,			. ,	,
Have you been reimbursed for any ex	penses? Y	ES or NO (in	f so, explain for wha	t and how much) \$
				\$ \$
				т
Expenses				
Accounting	\$			
Legal Fees	\$		_	
Food, Beverage & Entertainment	\$			
Lodging	\$		_	
Parking	\$		_	
Office Supplies	\$		_	
Other (specify)	\$		-	
Specialty			_	
Apprentice mechanic tools	\$			
Musical Instrument costs				
Capital cost allowance for instrument				
Artist's employment expenses	\$		- -	
USE OF HOME				
		Sa foot	age used for office	
Total yearly utility bills		•	early heating costs	
House insurance (see note)	•	Rent		
Property Taxes (see note)				
A translitta o little to	2 456	NO / : 1	,	
Automobile – Same vehicle as last ye	ear? YES		•	
Total KM used in year		Km tra	velled to earn incom	ie
Leased Vehicle:		Lease payments/month		
Lease commencement date:		Manufacturers list price (if new)		
Purchased Vehicle:		Purcha	se Date	
Manufacturers list price (if new)		Interest paid/year (if financed)		
F (- /			, ,, ,	,
Please provide the total yearly costs	for the follo	wing auto exp	enses:	
·		License	e/Registration	
Maintenance/Repairs		Fuel an	nd Oil	
Other				

For the year ending December 31, 20___

Employment Expense Checklist

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