



City of
Peterborough

**Children's Services
Social Services Division**

178 Charlotte Street, P.O. Box 4138
Peterborough, ON, K9J 8S1
Phone: 748-8830 Fax: 748-8858

STATEMENT OF BUSINESS INCOME AND EXPENSES

TIME PERIOD FROM: _____ TO: _____

Please note: If your business is run from your principal residence, the expenses are not to be included on this form – they will be deducted in the next step of determining your eligibility.

INCOME (Please list type, ie. Sales, Commission ext.)	
TOTAL INCOME	

EXPENSES	
Salaries and Wages	
Employee Expenses (CPP, UIC, Worker's Compensation)	
Telephone, Light, Heat and Water (excluding principal residence)	
Supplies, Materials	
Rent (excluding principal residence)	
Property Taxes (excluding principal residence)	
Vehicle Expenses (Gasoline, Insurance, Repairs)	
Maintenance and Repairs	
Fire and Liability Insurance	
Accounting, Legal, Collection Expenses	
Advertising and Promotion	
Business Tax, Fees, Licenses	
Bank Charges and Interest	
Traveling and Convention Expenses (Please provide details)	
Other	
TOTAL EXPENSES	
NET INCOME (TOTAL INCOME LESS TOTAL EXPENSES)	

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Please print name

Date

Signature

Date

Witness

Date