

Name	Member I.D.
Name of business	Report for the month of

Before completing, see Business Income and Expenses Instruction Sheet.

Cash Receipts/Income from Business:	(total monthly amount)	Office use Only
sale of goods	\$ _____	_____
service Income	_____	_____
commissions, fees	_____	_____
interest Income	_____	_____
other business	_____	_____
_____	_____	_____
_____	_____	_____
Total Income	_____	_____

Cash Expenses from Business Operations	(*less GST/HST paid)	
cost of goods	_____	_____
supplies and equipment *	_____	_____
repairs and maintenance *	_____	_____
accounting, bookkeeping, legal fees *	_____	_____
advertising, business cards *	_____	_____
licenses, fees *	_____	_____
delivery, freight, express costs *	_____	_____
bank charges (other than NSF charges)	_____	_____
mandatory Income tax instalments (current year)	_____	_____
approved business loan repayments	_____	_____
vehicle expenses *	_____	_____
approved reinvestment	_____	_____
rent, mortgage, taxes (business only) *	_____	_____
heating *	_____	_____
water, hydro *	_____	_____
telephone *	_____	_____
Business insurance	_____	_____
Contributions to the Canada Pension Plan (CPP)	_____	_____
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? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____	Net Business Income (Total receipts less Total Expenses) \$ _____
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Child Care	Expenses		Amount
	Ages 0 – 5	Ages 6 & over	
Subsidized			
Other Licensed			
Unlicensed			

Work Related Disability Expenses

Child care and disability expense receipts must be attached.

I declare the information given here to be accurate and complete.

Signature of Recipient/Participant _____ Date _____

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 *Ontario Disability Support Program Act, 1997*, sections 5, 10, 45 & 46 or the *Ontario Works Act, 1997*, sections 7, 8, 15, 57 & 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact

_____ at () _____ in your local Ontario Works or ODSP office.

Office Use Only					
Trans.Type	Today's date	Office I.D.	Caseload	Case Identification	Reference no.
<input type="checkbox"/>	D M Y				
Effective Date of Change	Net Business Income	Child Care Expenses	Child Care Type	Disability Expenses	
M Y	3 0 4				