

Monthly Business Income and Expense Report



Name: _____ Case Number: _____

Address: _____ Postal Code: _____

Name of business: _____ Type: _____

Report for the month of _____ / _____

Income

Sales, Gross Revenue	
Less: Returns and Allowances	
Less: Provincial Sales Tax (if included in sales)	
Add: Other Income - specify (include cash draw)	
Gross Income	= <input type="text"/>

Cost of Goods Sold

Value of inventory at beginning of month	
Add: Purchased (including delivery, express, freight)	
Less: Value of inventory at end of month (total from page 2)	
Less: Cost of items withdrawn for purposes such as demonstration	
Cost of Goods Sold (deduct from Gross Income)	= <input type="text"/>
Gross Profit (Gross Income less Cost of Goods Sold)	= <input type="text"/>

(If above is zero or less, go to page 2)

Business Expenses - Please submit receipts

Accounting, Legal, Collection, Consulting	
Business vehicle (maintain any leasing/rental agreement in force at time of application)	
Mortgage interest or business holdings in existence at time of application	
Delivery, express, freight	
Office expenses (postage, stationery, etc.)	
Rental on business property	
Minor equipment costs/rental for essential business operations	
Fuel/maintenance/repairs for business vehicles	
Wages	
Contributions to employees (C.P.P., E.I., Workers' Compensation)	
Business property tax	
Licenses	
Insurance	
Utilities	
Advertising (Newspaper, Business pages, telephone directories, etc.)	
Mileage, Meals, and Accommodation for business trips	
Goods and Services Tax	
Other - specify	
Total Expenses	= <input type="text"/>
Net Income (Gross Income less Total Expenses)	= <input type="text"/>

I state that the information given in this Monthly Business Income and Expense Report, is true, correct and that I have not withheld any information which may have an effect on my social assistance benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

My Rights and Responsibilities

I have the right to the protection of my personal information pursuant to *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*. I have the right to access my personal information in the possession or control of the ministry.

I understand that the information provided in this application will be retained and disposed of in accordance with *The Archives Act* of the Province of Saskatchewan.

I am aware that I may appeal the assessment of my eligibility or the calculation of my benefits.

I agree to report to the Ministry of Social Services any changes in my circumstances, or the circumstances of my family members, that effect my eligibility for assistance or the eligibility of my family members. I understand some examples of such changes include changes in address, receipt or expected receipt of money, goods or other assets from any source, needs, number of family members, and marital status including common-law relationships. If I am in doubt as to whether any change in circumstances will affect my eligibility, I agree to report this to the Ministry of Social Services.

I, as applicant, understand that any payments I receive for which I am not entitled, will be deducted from future payments. I understand that excess payments result from a failure to report changes. I understand I am also responsible for re-paying excess payments which result from my spouse's failure to report changes.

I must make every effort to be self supporting. I understand this includes pursuing employment and child support, participating in training or attending educational programs or obtaining income from other sources.

Client Consent

I give consent to the Ministry of Social Services to obtain and verify information or documents required to confirm my eligibility, or the eligibility of family members for social assistance. I understand such information includes needs, money received from any source, assets, marital status (including common-law relationships), and living arrangements of myself or family members.

I give consent to any person having such information or documents to release them upon written or verbal request to employees of the Ministry of Social Services. I understand examples include, but are not restricted to, information or documents from: Human Resources and Skills Development Canada (Employment Insurance), Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord, and past employers. I give consent to use my Social Insurance Number and the Health Services Number of myself and my family members for purposes of determining our eligibility or benefits.

I give consent to the Ministry of Social Services to disclose my/our information to third parties where the information is necessary to verify and confirm my eligibility for benefits or to assist in providing additional benefits. I understand third party examples include, but are not restricted to, Canada Revenue Agency, The Ministry of Education, the Ministry of Economy, Workers' Compensation Board, Canada Pension Plan, Sask Power, Sask Energy, Indian Bands, Public Trustee and other provincial social assistance programs. I give consent to disclose and use my information for evaluation and research to improve programs and services.

I authorize Canada Revenue Agency to release to the Ministry of Social Services any information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of determining and verifying eligibility for, and the general administration and enforcement of the social assistance program under *The Saskatchewan Assistance Act*. This authorization is valid for the taxation year prior to the year of signature and each subsequent consecutive taxation year for which benefits are requested.

Signature of Client

Signature of Spouse (if present)

Signature of Trustee/Receiver

Witness (if signed by mark)

Year/Month/Day