

## Schedule E – Statement of Employment Expenses

Employer Name: \_\_\_\_\_

### Expenses

Advertising	\$ _____
Union, professional or like dues	_____
Office expenses	_____
Supplies	_____
Travel expenses	_____
Parking	_____
Telephone and utilities	_____
Tradespersons tools	_____
Home office (See schedule C)	
Motor Vehicle Expenses (See schedule B)	
Other (please specify):	_____
Other (please specify):	_____
Other (please specify):	_____
Other (please specify):	_____
<b>Total Expenses</b>	<b>\$ _____</b>

### Other Items:

Please include a copy of form *T2200 – Declaration of Conditions of Employment* completed and signed by your employer.

Do you earn commission income? Yes / No

Is your employer registered for HST? Yes / No

Do any of these expenses above include HST – If so, please indicate which amounts