



# SWEENEY BRIDE

STRATEGIC WEALTH ADVISORY

## 2025 TAX ORGANIZER FOR EMPLOYMENT EXPENSES

YOU MUST ALSO PROVIDE A COMPLETED AND SIGNED DECLARATION OF CONDITIONS OF EMPLOYMENT(T2200. IF YOU HAVE EMPLOYMENT EXPENSES FROM MORE THAN ONE EMPLOYER, PLEASE COMPLETE SEPARATE ORGANIZERS.

<b>YOUR NAME</b>	
<b>YOUR JOB TITLE</b>	
<b>BRIEF DESCRIPTION OF DUTIES</b>	
<b>TRADESPERSON/MECHANIC EMPLOYEE* Y/N</b>	
<b>FORESTRY/ARTIST/MUSICIAN EMPLOYEE* Y/N</b>	
<b>NAME OF EMPLOYER</b>	
<b>EMPLOYER ADDRESS</b>	
<b>NAME/TITLE OF AUTHORIZED PERSON</b>	

\* WE WILL CONTACT YOU TO CONFIRM DETAILS FOR RELATED PURCHASES AND EXPENSES

INCOME DETAILS			
<b>EMPLOYMENT COMMISSIONS</b> BOX 42 OF T4			
<b>DID YOU RECEIVE AN EXPENSE ALLOWANCE THIS YEAR</b> Y/N			
IF YES, PLEASE PROVIDE DETAILS:  A) EXPENSE TYPE (i.e. TRAVEL) B) FULL YEAR AMOUNT RECEIVED C) AMOUNT INCL. ON T4 BOX 30-34, 40	<b>A</b>	<b>B</b>	<b>C</b>
<b>DID YOU RECEIVE REIMBURSEMENT OF EXPENSES THIS YEAR</b> Y/N			
IF YES, PLEASE PROVIDE DETAILS:  A) EXPENSE TYPE (i.e. TRAVEL) B) FULL YEAR AMOUNT RECEIVED C) AMOUNT INCL. ON T4 BOX 30-34, 40	<b>A</b>	<b>B</b>	<b>C</b>





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EXPENSES INCURRED TO EARN SALARY OR COMMISSION		
TRAVEL NOT INCL. ENTERTAINMENT	FOOD FULL AMOUNT	
	LODGING	
	OTHER TRAVEL EXPENSES	
	PARKING	
SUPPLIES CONSUMABLES	STATIONERY	
	POST/ COURIER/ FREIGHT	
	OFFICE INK,DESK,ETC.	
	OTHER* _____	
CELL / PHONE CHARGES FOR EMPLOYMENT USE ONLY		
WORKSPACE RENT**		
SALARIES PAID FOR SUB OR ASSISTANT		

\* DO NOT INCLUDE TOOLS, HARDWARE, EQUIPMENT \*\* DO NOT INCLUDE HOME OFFICE EXPENSES HERE

EXPENSES INCURRED TO EARN COMMISSION INCOME ONLY		
LEGAL & ACCOUNTING FEES		
ADVERTISING AND PROMOTION		
ENTERTAINMENT	FOOD	
	TICKETS/ENTRANCE	
	OTHER _____	
LICENCES		
INSURANCE BONDING PREMIUMS		
OFFICE EQUIPMENT RENTAL		
TRAINING COSTS		
TRAVEL FARES FLIGHTS, FERRIES, ETC.		
OTHER _____		

WORK-SPACE-IN-THE-HOME DETAILS		
A	WORK SPACE IS A DESIGNATED ROOM i.e. SPARE ROOM (CAN ALSO HAVE COMMON ENTRANCE BATHROOM ETC.)	Y/N
B	WORK SPACE IS A COMMON / SHARED AREA i.e. WORK FROM DINING TABLE OR FAMILY ROOM	Y/N
TOTAL SQ FT OF HOME		
SQ FT OF WORK SPACE IN A OR B INCL. ADJACENT USE AREA i.e. HALL, WASHROOM, KITCHEN OF 30-50 SQ FT		
BASEMENT/ GARAGE IF APPLICABLE* TOTAL/ USED SQ FT		
IF B: # HOURS OF WORK PER WEEK		

\*i.e. WORK SPACE OR ADD. STORAGE NOT IN FINISHED AREAS OF HOME MEASURED SQ FOOTAGE

WORK-SPACE-IN-THE-HOME EXPENSES INCLUDE TOTAL EXPENSE WE WILL PRORATE TO USAGE	
HEAT GAS, PROPANE	
HYDRO ELECTRICITY	
OTHER UTILITIES WATER, GARBAGE	
STRATA FEES	
HOME INTERNET ACCESS FEES	
RENT YOU CAN NOT INCL. MORTGAGE INTEREST OR EXPENSE	
ELIGIBLE FOR COMMISSION INCOME ONLY	
HOME INSURANCE	
PROPERTY TAXES	
MAINTENANCE	
SOLELY FOR WORK SPACE	
FOR ENTIRE HOME INCL. WORK SPACE	



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<b>VEHICLE EXPENSES*</b> INCLUDE TOTAL EXPENSE WE WILL PRORATE TO USAGE	#1	#2
YEAR/ MAKE/ MODEL OF VEHICLE		
TOTAL KM DRIVEN IN THE YEAR		
BUSINESS KM DRIVEN IN THE YEAR		
FUEL GAS, PROPANE, OIL, ELECTRICITY		
VEHICLE LOAN INTEREST ONLY		
INSURANCE		
LICENCE REGISTRATION FEES		
REPAIRS & MAINTENANCE		
VEHICLE LEASE PAYMENTS		
LEASE DETAILS DATE STARTED / ENDING		
BUSINESS PARKING/TOLLS		
STORAGE COSTS		

\*INCL. BOAT, TRAILER, RV

<b>NEW VEHICLE CCA DETAILS*</b> FILL IN DETAILS OR PROVIDE THE PURCHASE AGREEMENT	
DO YOU WANT TO ADD VEHICLE TO CCA Y/N	
PURCHASE DATE	
NEW OR USED N/U	
PURCHASE COST BEFORE GST/PST	
GST/PST	
HYBRID ELECTRIC VEHICLE Y/N	
DID YOU SELL PAST WORK VEHICLE Y/ \$/ N	
LIKELY TO SELL IN 2-5 YEARS Y/N	

\*COMPLETE THIS IF YOU WANT TO CLAIM YOUR VEHICLE FOR CAPITAL COST ALLOWANCE (IT DOES NOT NEED TO BE NEW IN THIS YEAR)

