

Name \_\_\_\_\_

**Statement of Receipts and Disbursements**

Deliver this completed form to us by the 10th of the following month.

Also provide proof of (a) income such as pay stubs; ~~a) a) b)~~ payment of any non-discretionary expenses as listed below

Dated: \_\_\_\_\_

Signed as accurate \_\_\_\_\_

Have you this month received or become entitled to receive any amounts other than your normal income?

Please Check :    yes                  no

Number of Persons in Family Unit \_\_\_\_\_ Month and Year: \_\_\_\_\_

		<b>You</b>	<b>Others in Your Family Unit</b>	<b>Total</b>
<b>Received in the month:</b>				
Business Earnings (exclude HST if HST registrant):				
Gross Revenues		_____		
Less Expenses Pertaining to the Business:		_____		
%	Vehicle - Fuel	\$ _____	\$ _____	_____
	Vehicle - Insurance	_____	_____	_____
%	Vehicle - Repairs & Maintenance	_____	_____	_____
	Vehicle - Lease Payments	_____	_____	_____
	Vehicle - Purchase Payments (approx. depreciation)	_____	_____	_____
	Home Use - Rent	_____	_____	_____
%	Home Use - Utilities	_____	_____	_____
	Home Use - Mortgage Interest	_____	_____	_____
	Home Use - Property Taxes	_____	_____	_____
	Cell Phone	_____	_____	_____
	Stationery	_____	_____	_____
	Internet	_____	_____	_____
	Supplies / Materials	_____	_____	_____
	Tools	_____	_____	_____
	Advertising	_____	_____	_____
	Dues & Memberships	_____	_____	_____
	Other	_____	_____	_____
	Other	_____	_____	_____
	Total Expenses	_____	_____	_____
	Net Business Income Before Taxes	_____	_____	_____
	Income Taxes and CPP Installments Paid (attach receipts)	_____	_____	_____
	Net Business Income After Taxes	_____	_____	_____
	Net Employment Earnings (attach pay stubs)	\$ _____	\$ _____	_____
	Pensions - Employer	_____	_____	_____
	Pensions - CPP	_____	_____	_____
	Pensions - Old Age	_____	_____	_____
	Child Tax Benefit	_____	_____	_____
	Universal Child Care Benefit	_____	_____	_____
	Child Support Received	_____	_____	_____
	Employment Insurance	_____	_____	_____
	Other Amounts (describe)	_____	_____	_____
	Total Received	_____	_____	_____

**Subtract any Non-Discretionary Disbursements** (attach receipts):

Child Support Paid	\$	\$
Child Care Paid		
Employment-related Expenses Paid: <i>(work-use portion only, T2200 must be provided)</i>		
Gas / Oil / Repairs		
Insurance		
Lease / Purchase Payments		
Medical Condition Payments		
Total Monthly Non-Discretionary Disbursements		
<b>Available Monies This Month</b>		

**Subtract Other Disbursements of the Family Unit:**

Housing:

Rent	\$	
Mortgage		
Property Taxes / Condo Fees		
Telephone		
Cable		
Hydro		
Water		
Furniture		
Internet Service Provider		

Personal:

Smoking		
Alcohol		
Dining / Lunches / Restaurants		
Entertainment / Sports		
Gifts / Charitable Donations		
Allowances		
Cheque Cashing / Bank Charges		
Vitamins & Supplements		
Dental		
Alarm		

Total Discretionary Expenses

**Remaining Surplus (or Deficit)**

Living:

Food & Groceries	\$	
Laundry & Dry Cleaning		
Grooming & Toiletries		
Clothing		
Savings		

Transportation *(personal use portion)*:

Car Lease / Payments		
Repairs / Gas		
Public Transportation		
Parking		

Insurance:

Vehicle		
House		
Furniture / Contents		
Life / Disability		
Medical Services Plan		

Debt payments:

To the Trustee		
Partner's debts		
To secured parties		

Other comments:

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We strongly suggest that you save this form before submitting. Occasionally, it will need to be submitted as an email attachment.  
email: ken@debtsgo.com