



Please complete this form and return it by

File number (CP-12)	
Return address	
Name of officer assigned to your file	
Telephone	Extension

The Ministère du Travail, de l'Emploi et de la Solidarité sociale requires the personal information that you provide in this form in order to fulfil the responsibilities assigned to it under *the Individual and Family Assistance Act*. Access to the information that you provide is limited to the persons who are authorized to consult it as part of their employment duties. Failure to provide information may lead to the closure of your file. You are entitled to be informed about the information about you held by the Ministère, to receive such information and to ask for corrections by sending a written request to the person responsible at the Ministère for access to documents and the protection of personal information.

Information about the business

Provide or correct the following information as required.

Business name		Business name	
Start-up date	Québec enterprise number (NEQ)	Start-up date	Québec enterprise number (NEQ)
Québec sales tax registration number (QST)	Goods and services tax registration number (GST/HST)	Québec sales tax registration number	Goods and services tax registration number (GST/HST)

Period covered		to	
Year/Month			

Section A – Gross Income

1	Gross sales (excluding GST/HST and QST)	1	1	1
2	Fees	2	2	2
3	Contract work	3	3	3
4	Gratuities	4	4	4
5	Other income from self-employment (specify):	5	5	5
6		6	6	6
7		7	7	7

Section B – Cost of products sold (if applicable)

8	Inventory at start of period	8	8	8
9	Purchases during period	9	9	9
10	Inventory at end of period	10	10	10

Section C – Expenses

Vehicle expenses

11	Odometer reading at the end of the period	11	Km	11	Km	11	Km
12	Odometer reading at the start of the period	12	Km	12	Km	12	Km
13	Number of kilometres driven (line 11 – line 12)	13	Km	13	Km	13	Km
14	Number of kilometres driven for business purposes	14	Km	14	Km	14	Km
15	Fuel	15		15		15	
16	Maintenance, repairs	16		16		16	
17	Insurance	17		17		17	
18	Registration, driver's licence	18		18		18	
19	Interest on vehicle loans	19		19		19	
20	Other vehicle expenses (specify):	20		20		20	

Business premises expenses

21	Business premises or dwelling (if you are tenant)	21		21		21	
22	Mortgage interest (if you are the owner)	22		22		22	
23	Property taxes (municipal and school)	23		23		23	
24	Insurance (fire, theft, liability)	24		24		24	
25	Electricity, heating	25		25		25	
26	Maintenance, repairs	26		26		26	
	Percentage of use for business purposes		%		%		%

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Year/Month			
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Section C – Expenses (continued)
Miscellaneous business expenses

27	Wages (other than those paid to you and your spouse)	27	27	27
28	Employer contributions (Québec Pension Plan, Québec Health Insurance Plan, Québec Parental Insurance Plan, etc.)	28	28	28
29	Professional fees (accounting, etc.)	29	29	29
30	Professional dues, fees, permits	30	30	30
31	Supplies, material	31	31	31
32	Shipping, courier service, mail, office expenses	32	32	32
33	Advertising, promotion	33	33	33
34	Bank charges (business account only)	34	34	34
35	Travel (excluding vehicle expenses)	35	35	35
36	Liability insurance (excluding insurance for business premises)	36	36	36
37	Meals	37	37	37
38	Home telephone (business use)	38	38	38
39	Business telephone	39	39	39
40	Cellphone, Beeper (business use)	40	40	40
41	Internet (business use)	41	41	41
42	Equipment rentals	42	42	42
43	Equipment maintenance, repairs	43	43	43
44	Other expenses (specify):	44	44	44
45		45	45	45
46		46	46	46
47		47	47	47
48		48	48	48
49		49	49	49

Section D – Adjustment of net income

50	Cost of products used for personal consumption	50	50	50
51	Percentage of your ownership of the business	51	51	51

Section E – Personal assets used by the business

Description	Market value

Have you temporarily or permanently ceased your self-employment activities? Yes No

If "Yes," indicate the date of the end of your activities. _____
 Year Month Day

Give the reason for the end of your activities.

If you expect to restart your activities, indicate the expected date. _____
 Year Month Day

I hereby affirm, as if under oath, that the information provides in this form is true and complete, and agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale without delay of any change in this information.

 Date Signature of adult self-employed worker

 Date Signature of spouse of self-employed worker