

914 Bison Way Sherwood Park, AB T8H 2C4 **Phone:** 780.400.3500 **Fax:** 780.467.8091

## TAXI OPERATORS FINANCIAL STATEMENT

- Complete this form if you are a taxi operator and/or a commercial ride-sharing operator to confirm income amounts for income calculations. You may submit your recent Income Tax Notice of Assessment in place of this form.
- Please ensure receipts are attached to verify income and expenses.

Please submit this form to us via mail, fax, in person at our office, or by email.

SECTION ONE - PERSONAL INFORMATION					
Please provide current contact information (legal names) for the applicant or tenant.					
First Name(s)	Last Name		Preferred Name (if different)		
Date of Birth (DD/MM/YYYY)		Applicant/Tenant Code			
SECTION TWO – BUSINESS INFORMATION					
Name(s) of Taxi Cab Company		Taxi Cab Number(s)			
Business Address		Business Phone Number			
First Day of Reported Month		Last Day of Reported Month			
SECTION THREE - QUESTIONS					
Do you drive for more than one taxi cab company?		□ No □	Yes		
Do you lease a taxi cab from another individual?		□ No □	Yes - please list their name & number below		
Name:		Phone #:			
Do you own your own taxi cab?		∐ No ∐	Yes		
If yes, do you receive a percentage of income earned by those drivers, or rental revenue?		□ No □	Yes		
Do you share ownership of your taxi cab with other drivers?		□ No □	Yes		
If yes, do you receive a percentage of income earned by these co-owners?		□ No □	Yes		
Do you split the cost of expenses with those co-owners?		□ No □	Yes		

SECTION FOUR - REVENUES				
Do not include GST collected as earnings in this statement				
Revenue from Fares (including tips):				
All Revenue from leasing/lending your taxi cab to other individuals:				
TOTAL REVENUE IN THE PAST 12 MONTHS:				
A:				
SECTION FIVE - EXPENSES				
Vehicle Expenses (Capital Cost Allowance	and Depreciation are not allowable expenses)			
Fuel & Oil				
Repairs				
Washing & Upkeep				
License				
Insurance				
Car Loan (including interest)				
Other (provide details)				
TOTAL Auto Expenses				
Less auto expenses paid by co-owner				
Subtotal				
Less 30% of subtotal auto expenses (personal use)				
TOTAL AUTO EXPENSES IN THE PAST 1	2 MONTHS:			
B:				
SECTION SIX – BUSINESS EXPENSE	S			
Fees paid to Cab Company (please provide receipts)				
Taxi Cab Rental/Lease				
Office & Supplies				
Bank Service Charges				
Accounting				
Legal				
Other				
TOTAL BUSINESS EXPENSES IN THE PAST 12 MONTHS C:				
Do not include the cost of GST in business expenses.				
TOTAL EXPENSES (B+C)				
D:				
TOTAL INCOME (A-D)				
Applicant/Tenant Name	Applicant/Tenant Signature	Date (DD/MM/YYYY)		
Witness Name	Witness Signature	Date (DD/MM/YYYY)		

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the tenant(s) stay, and for the participation in any programs will be used to provide services and ensure a safe and secure environment of all our tenants. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP act. Limited information may also be used by Heartland Housing Foundation for the purpose of developing programs or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have questions, please contact our FOIP Coordinator at 780-400-3500 or at info@heartlandhousing.ca