

APPLIED ACCOUNTING

1. The following is a list of items which should be included in the Statement of Financial Position of a company. List the items which should be included in each of the following categories.

2. Complete the following table by writing the appropriate account name in the appropriate column.

3. Complete the following table by writing the appropriate account name in the appropriate column.

4. Complete the following table by writing the appropriate account name in the appropriate column.

Assets
Liabilities
Equity

EXERCISE 1

1. The following is a list of items which should be included in the Statement of Financial Position of a company. List the items which should be included in each of the following categories.

- 1. (a) Cash at bank
- 2. (b) Accounts receivable
- 3. (c) Inventory
- 4. (d) Accounts payable

2. Complete the following table by writing the appropriate account name in the appropriate column.

- 1. (a) Cash at bank
- 2. (b) Accounts receivable
- 3. (c) Inventory
- 4. (d) Accounts payable
- 5. (e) Prepaid expenses
- 6. (f) Depreciation expense
- 7. (g) Accumulated depreciation
- 8. (h) Retained earnings

3. Complete the following table by writing the appropriate account name in the appropriate column.

- 1. (a) Cash at bank
- 2. (b) Accounts receivable
- 3. (c) Inventory
- 4. (d) Accounts payable
- 5. (e) Prepaid expenses
- 6. (f) Depreciation expense
- 7. (g) Accumulated depreciation
- 8. (h) Retained earnings

1. **Introduction of the course**

Week	Topic	Reading	Assignment	Exam	Other
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2. **Week 1**

1.1. **Introduction**
 1.1.1. **Introduction to the course**
 1.1.2. **Introduction to the course**

1.2. **Week 2**
 1.2.1. **Introduction**
 1.2.2. **Introduction**

3. **Week 3**

3.1. **Week 3**

3.1.1. **Week 3**

3.1.2. **Week 3**

3.1.3. **Week 3**

3.1.4. **Week 3**

3.1.5. **Week 3**

3.1.6. **Week 3**

3.1.7. **Week 3**

3.1.8. **Week 3**

4. **Week 4**

4.1. **Week 4**
 4.1.1. **Week 4**

4.1.2. **Week 4**

4.1.3. **Week 4**

4.1.4. **Week 4**

4.1.5. **Week 4**

5. **Week 5**

5.1. **Week 5**

6. **Week 6**

6.1. **Week 6**

6.2. **Week 6**

- (ii) **Controlled Foreign Companies**
- (iii) **Controlled Foreign Corporations**

The report states that there are no anti-avoidance provisions in the Income Tax Act which apply to the above mentioned provisions. The report also states that the provisions of the Income Tax Act which apply to the above mentioned provisions are not intended to be applied to the above mentioned provisions. The report also states that the provisions of the Income Tax Act which apply to the above mentioned provisions are not intended to be applied to the above mentioned provisions.

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CONCLUSION

RECOMMENDATIONS

- (i) The provisions of the Income Tax Act which apply to the above mentioned provisions are not intended to be applied to the above mentioned provisions.
- (ii) The provisions of the Income Tax Act which apply to the above mentioned provisions are not intended to be applied to the above mentioned provisions.
- (iii) The provisions of the Income Tax Act which apply to the above mentioned provisions are not intended to be applied to the above mentioned provisions.

The report also states that the provisions of the Income Tax Act which apply to the above mentioned provisions are not intended to be applied to the above mentioned provisions.

1. **Company Name:** _____
 2. **Address:** _____
 3. **City:** _____ **State:** _____ **Zip:** _____
 4. **Phone:** _____
 5. **Business Hours:** _____
 6. **Website:** _____
 7. **Primary Contact:** _____

8. **Product/Service:** _____
 9. **Number of Units Sold:** _____

10. **Order Date:** _____
 11. **Expected Delivery:** _____

12. **Comments:** _____

13. **Signature:** _____

14. **Printed Name:** _____
 15. **Job Title:** _____

ACCOUNTING

ORDER FORM

- 1. **Product Name:** _____
- 2. **Quantity:** _____
- 3. **Unit Price:** _____
- 4. **Total Price:** _____
- 5. **Shipping & Handling:** _____
- 6. **Tax:** _____
- 7. **Grand Total:** _____

16. **Accepted:** _____
 17. **Date:** _____
 18. **Signature:** _____

My attention is drawn to the fact that the following information is being provided:

1. The following information is being provided to you in accordance with the provisions of the Access to Information Act (ATIA) and the Access to Information Regulations (AIR) and the Freedom of Information Act (FOIA) and the Freedom of Information Regulations (FIR) and the Privacy Act (PA) and the Privacy Regulations (PR) and the Personal Information Protection Act (PIPA) and the Personal Information Protection Regulations (PIPR) and the Access to Information Act (ATIA) and the Access to Information Regulations (AIR) and the Freedom of Information Act (FOIA) and the Freedom of Information Regulations (FIR) and the Privacy Act (PA) and the Privacy Regulations (PR) and the Personal Information Protection Act (PIPA) and the Personal Information Protection Regulations (PIPR).

2. The following information is being provided to you in accordance with the provisions of the Access to Information Act (ATIA) and the Access to Information Regulations (AIR) and the Freedom of Information Act (FOIA) and the Freedom of Information Regulations (FIR) and the Privacy Act (PA) and the Privacy Regulations (PR) and the Personal Information Protection Act (PIPA) and the Personal Information Protection Regulations (PIPR).

3. The following information is being provided to you in accordance with the provisions of the Access to Information Act (ATIA) and the Access to Information Regulations (AIR) and the Freedom of Information Act (FOIA) and the Freedom of Information Regulations (FIR) and the Privacy Act (PA) and the Privacy Regulations (PR) and the Personal Information Protection Act (PIPA) and the Personal Information Protection Regulations (PIPR).

Name: _____
Address: _____
City: _____

SCHEDULE

(as made of force)

- (1) Name: _____
- (2) Address: _____
- (3) City: _____
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- (15) _____

1. Name: _____
2. Address: _____

3. _____
4. _____

QUESTION

- (i) _____
- (ii) _____
- (iii) _____

5. _____
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7. _____

Total: _____

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13. _____

Name: _____
Address: _____

Name: _____
Address: _____

PART II

14. _____
15. _____

- (1) _____
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- 10. The _____ of the _____ is _____.
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21. _____ of the _____ is _____.

Name of the _____	Date of _____

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_____ of the _____ is _____.

I hereby certify that the above is a true and correct copy of the original as shown to me by the applicant and that the same has been compared with the original and found to be correct.

 Registrar

I hereby certify that the above is a true and correct copy of the original as shown to me by the applicant and that the same has been compared with the original and found to be correct.

 Registrar

No. _____
 Date _____
 Place _____

Signature of _____

SEAL OF THE INSTITUTION

Blanket signature will not be accepted