



**Medical Practitioners Questionnaire for Self Employed Physicians and Medical Providers v.16**

Please fill in the total amount of expenses and income.

It is your responsibility to have supporting documents/receipts for all your expenses and income.

Career information:

Month and year residency expected to be completed:

Specialty/area of practice:

Locum/moonlighting/professional income? Yes No

Do you have plans to work in the US or elsewhere for fellowship of further training? Yes No

<b>Income</b>	<b>Amount</b>
✓ OHIP	\$ _____
✓ Fees for Service/Locum	\$ _____
✓ Honoraria	\$ _____
✓ AFP funding	\$ _____
✓ Emergency/On call coverage	\$ _____
✓ Recruiting bonus	\$ _____
✓ Stripend	\$ _____
✓ CMPA Reimbursements	\$ _____
✓ Other (incl. description)	\$ _____

<b>Expenses</b>	<b>Amount</b>
✓ Advertising	\$ _____
✓ Books, subscriptions, journals	\$ _____
✓ CMPA Insurance *Details on page 3*	\$ _____
✓ Computer related (do not incl. new equipment purchases)	\$ _____
✓ Gifts for staff and colleagues	\$ _____
✓ Insurance (Prof. overhead and liability)	\$ _____
✓ Interest on practice LOC	\$ _____



345 Steeles Ave E., Suite 300 Milton ON L9T 3G6

	<b>Amount</b>
✓ Legal, accounting and other professional fees	\$ _____
✓ Meals and entertainment	\$ _____
✓ Office expenses and supplies	\$ _____
✓ Patient medical/drug supplies	\$ _____
✓ Professional development/CME	\$ _____
✓ Rent	\$ _____
✓ Shared overhead expenses	\$ _____
✓ Telephone and utilities	\$ _____
✓ Travel & conference (no meals)	\$ _____
✓ Wages for employees (incl. employer contributions)	\$ _____

**Motor vehicle expenses**

	<b>Amount</b>
✓ Car lease	\$ _____
✓ Finance payment (please include loan details)	\$ _____
✓ Fuel costs	\$ _____
✓ Insurance	\$ _____
✓ Repairs and maintenance	\$ _____
✓ 407 ETR	\$ _____
✓ Car wash	\$ _____
✓ License and registration	\$ _____
✓ Parking	\$ _____

**Total Km Driven:**

**Total km for business:**

**Calculation of business-use-of home**

	<b>Amount</b>
✓ Heat	\$ _____
✓ Hydro	\$ _____
✓ Insurance	\$ _____
✓ Mortgage Interest	\$ _____
✓ Property taxes	\$ _____

**Total sq footage of house:**

**Total sq footage of office:**



345 Steeles Ave E., Suite 300 Milton ON L9T 3G6

**List the cost of all *new* business assets**

***\*Provide invoices\****

- ✓ Vehicle \$ \_\_\_\_\_
- ✓ Computer hardware \$ \_\_\_\_\_
- ✓ Furniture and Fixtures \$ \_\_\_\_\_
- ✓ Equipment \$ \_\_\_\_\_
- ✓ Other: (explain) \$ \_\_\_\_\_

**Professional Membership fees/dues and CMPA Insurance**

**Amount**

- ✓ CMPA Insurance paid in the year \$ \_\_\_\_\_
- ✓ CMPA rebate received in the year \$ \_\_\_\_\_
- Total CMPA (net of reimbursements)** \$ \_\_\_\_\_

**Professional membership fees/dues**

**Amount**

*(Note: Only mandatory membership fees are eligible to be claimed as an MD resident)*

- ✓ PARO union dues (Box 44 from T4 slip) \$ \_\_\_\_\_
- ✓ Ontario Medical Assoc. & Cdn Medical Assoc (OMA & CMA) \$ \_\_\_\_\_
- ✓ College for Physicians and Surgeons on ON (CPSO) \$ \_\_\_\_\_
- ✓ Royal College of Physicians & Surgeons of Cdn dues (RCPSC) \$ \_\_\_\_\_
- ✓ College of Family Physicians of Canada (CFPC) \$ \_\_\_\_\_
- Total Professional membership dues** \$ \_\_\_\_\_

**Professional exam fees**

**Amount**

*(Note: Professional exams must be claimed in the year written not when they were pd.)*

- ✓ CFPC Exam \$ \_\_\_\_\_
- ✓ Other: \$ \_\_\_\_\_
- ✓ Other: \$ \_\_\_\_\_
- ✓ Other: \$ \_\_\_\_\_

*Any further questions regarding any of these items please do not hesitate to contact our office at*

*(905) 693-8269*