



**Medical Practitioners Questionnaire for Self Employed RMT and Paramedical 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.

Specialty/area of practice:

Do you operate in a clinic owned and operated by another person: Yes No

With which Medical Colleges are you a registrant with?:

Are you an HST registrant?: Yes No Are any of your services HST exempt?: Yes No

Do you work in multiple locations? Yes No

<b>Income</b>	<b>Amount</b>
✓ Acupuncture services	\$ _____
✓ Chiropractic services	\$ _____
✓ Naturopathy services	\$ _____
✓ Osteopathy services	\$ _____
✓ Physiotherapy services	\$ _____
✓ Registered Massage Therapy	\$ _____
✓ Product Sales	\$ _____
✓ Other (incl. description)	\$ _____

<b>Expenses</b>	<b>Amount</b>
✓ Advertising	\$ _____
✓ Books, subscriptions, journals	\$ _____
✓ College annual dues	\$ _____
✓ Computer related (do not incl. new equipment purchases)	\$ _____
✓ Gifts for staff and colleagues	\$ _____
✓ Continuing education courses (CEU)	\$ _____
✓ Insurance (Prof. liability and commercial liability)	\$ _____
✓ Interest, bank charges and merchant fees	\$ _____
✓ Legal, accounting and other professional fees	\$ _____



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- ✓ Meals and entertainment \$ \_\_\_\_\_
- ✓ Office expenses \$ \_\_\_\_\_
- ✓ Paramedical supplies \$ \_\_\_\_\_
- ✓ Paid to other providers \$ \_\_\_\_\_
- ✓ Rent (also add commissions paid back to clinic if applicable) \$ \_\_\_\_\_
- ✓ Shared clinic expenses \$ \_\_\_\_\_
- ✓ Telephone and utilities \$ \_\_\_\_\_
- ✓ Travel & conference (no meals) \$ \_\_\_\_\_
- ✓ Wages paid for staff (incl. employer contributions) \$ \_\_\_\_\_

**Motor vehicle expenses**

**Amount**

- ✓ 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**

**Amount**

- ✓ Heat \$ \_\_\_\_\_
- ✓ Hydro \$ \_\_\_\_\_
- ✓ Insurance \$ \_\_\_\_\_
- ✓ Maintenance \$ \_\_\_\_\_
- ✓ Mortgage Interest \$ \_\_\_\_\_
- ✓ Property taxes \$ \_\_\_\_\_

**Total sq footage of house:**

**Total sq footage of office:**



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

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

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

**Professional exam fees**

**Amount**

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

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

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

*(905) 693-8269*