



Medical Practitioners Questionnaire for Self Employed Physicians and Medical Providers v.18

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

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

Expenses	Amount
✓ 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	\$ _____



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	Amount
✓ 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

	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	\$ _____
✓ 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 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 contact our office at (905) 693-8269