



Medical Practitioners Questionnaire for Self Employed Paramedical Providers v.18

Please fill in the total amount of expenses and income below.

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 regulatory College are you currently registered? _____

Are you an HST registrant?: yes no Are any of your services HST exempt?: yes no

Do you work in multiple locations? yes no

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

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



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

- ✓ Meals and entertainment \$ _____
- ✓ Office expenses \$ _____
- ✓ Clinical supplies \$ _____
- ✓ Paid to other providers \$ _____
- ✓ Rent (also add commissions paid back to clinic if applicable) \$ _____
- ✓ Shared clinic expenses (your portion) \$ _____
- ✓ Telephone (incl. land line and cellular) \$ _____
- ✓ 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: _____



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 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 contact our office at (905) 693-8269