



Medical Practitioners Questionnaire for Self Employed Physicians and Medical Providers v.19

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)	\$ _____
Operating 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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{Expenses continued}	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/ Rent	\$ _____
✓ Property taxes	\$ _____
Total sq. footage of house:                      Total sq. footage of office:	



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List the cost of all new business assets <i>*Provide invoices*</i>	Amount
✓ 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
<i>(Note: Only mandatory membership fees are eligible to be claimed as an MD resident)</i>	
✓ 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
<i>(Note: Professional exams must be claimed in the year <u>written</u> not when they were pd.)</i>	
✓ CFPC Exam	\$ _____
✓ Other:	\$ _____
✓ Other:	\$ _____
✓ Other:	\$ _____

*Any further questions regarding any of these items please contact our office at (905) 693-8269*