



Medical Practitioners Questionnaire for Self Employed Paramedical Providers v.19

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	\$ _____
✓ Occupational Therapy 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	\$ _____



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✓ Legal, accounting and other professional fees	\$ _____
✓ 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/ Rent	\$ _____
✓ Property taxes	\$ _____
Total sq. footage of house: _____ Total sq. footage of office: _____	



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List the cost of all <i>new</i> business assets <i>*Provide invoices*</i>	Amount
✓ Vehicle	\$ _____
✓ Computer hardware	\$ _____
✓ Furniture and Fixtures	\$ _____
✓ Equipment	\$ _____
✓ Other: (explain)	\$ _____
Professional exam fees	Amount
<i>(Note: Professional exams must be claimed in the year <u>written</u> not when they were pd.)</i>	
✓ Licensing Exam	\$ _____
✓ Other:	\$ _____
✓ Other:	\$ _____
✓ Other:	\$ _____

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