



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

Medical Practitioners Questionnaire for Self Employed Physicians and Medical Providers V.21

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)	\$ _____
<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:	\$ _____