



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

Medical Practitioners Questionnaire for Self Employed Paramedical Providers v.21

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	\$ _____



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

✓ 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: _____	



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

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*