

**Schedule 1 – Professional Income Schedule**

Below are income and expense categories required to complete your tax return. Please complete the attached summary or provide your own summary schedule.

<b>Income</b>	<b>Information Included (✓)</b>
Clinical Income	
Non-clinical Income (stipends, academic, on-call, etc.)	
Other Income	

<b>Expenses</b>	<b>Information Included (✓)</b>
Meals and entertainment	
Insurance (CMPA– net of rebates)	
Interest and bank fees	
Business tax, fees, licenses, dues, memberships, and subscriptions	
Office expenses	
Supplies	
Legal and accounting	
Salaries, wages, and benefits	
Travel (locums, etc.)	
Conference (airfare, fees, hotel, taxi, etc.)	
Cell phone and internet	
Management fees (clinic only)	
Rent (clinic only)	
Maintenance and repairs (clinic only)	
Insurance (Office/Overhead – net of any rebates)	
Property taxes (clinic only)	
Telephone and utilities (clinic only)	



**Schedule 1 – Professional Income Schedule (Continued)**

<b>Business use of home</b>	<b>Information Included (✓)</b>
Home area used for business (sq. ft.)	
Total area of home (sq. ft.)	
Oil	
Electricity	
Water	
Insurance	
Maintenance (max \$1,000)	
<b>Mortgage interest</b>	
Property taxes	

<b>Motor vehicle expenses</b>	<b>Information Included (✓)</b>
Description of vehicle	
Purchase price (Vehicle cost and HST paid should be separated)	
Purchase date (YYYY-MM-DD)	
Kilometers driven for business	
Total kilometers driven	
Fuel and oil	
Interest	
Insurance	
License and registration	
Maintenance	
Lease payments	
Other	
Parking	

<b>Please indicate any equipment purchased during the year or provide purchase invoices. Also, please provide details of any vehicle or equipment sold, including the proceeds of disposition.</b>
1.
2.
3.
4.
5.

