

Required Information for Health Professionals

Dr		
Fees:	T4A:	\$
	T4A:	\$
	T4A:	\$
	RL-27* : \$ *Including payment for retroactive adjustment to the R	AMQ fee schedule
	Less : \$ Amount paid to clinic(s)	
	Net amount from RL-27:	\$
	Fees not included on a T4A/RL-27:	\$
Total fees (please ensure that this amount reflects your bar	nk deposits):	\$
Advertising (newspaper ads, etc.):		\$
Meals and entertainment (including liquor - SAQ):		\$
Gifts to clients (other than liquor - SAQ):		\$
Insurance - liability (FARPODQ):		\$
Dues and memberships - required contributions:	ODQ:	\$
	ACDQ:	\$
Total dues and memberships - required contributions	:	\$
Other dues and memberships (please provide receipts):		
		\$
		\$
		\$
		\$
Total contributions for other dues and memberships	:	\$

Required Information for Health Professionals (cont'd)

Interest on line of credit and bank charges:		\$
Interest on professional loans (not including interest on s	student loans):	\$
Office expenses (stationery, etc.):		\$
Reference books:		\$
Professional fees:	Accounting:	\$
	Legal:	\$
Total professional fees:		\$
Rent (other than home office):		\$
Salaries, including employer contributions:	Salaries:	\$
	Employer contributions - Federal:	\$
	Employer contributions - Québec:	\$
Total salaries and employer contributions:		\$
Travel expenses and conventions:	Convention (registration fees):	\$
	Meals during convention:	\$
	Parking and taxi for convention:	\$
	Travel expenses: (out-of-town travel: transportation, hotel, etc.)	\$
Total expenses for travel and conventions:		\$
Telecommunications expenses:	Cell phones:	\$
	Internet:	\$
Total expenses for telecommunications:		\$

Required Information for Health Professionals (cont'd)

Dry cleaning and uniforms:		\$
Maintenance and repairs of equipn	nent:	\$
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Examination fees:	ODQ:	\$
	National Dental Examining Board of Canada (NDEB):	\$
Total examination fees:		\$
Continuing education fees:	Registration fees:	\$
	Meals during continuing education:	\$
	Travel expenses during continuing education:	\$
Total fees for continuing education:		\$
Laboratory fees (if not deducted from fees for services rendered):		\$
Supplies paid by you (dental, medical, podiatric):		\$
Insurance - prescription drugs and medical health plan (please provide receipts): (Do not include premiums for life or disability insurance, these are not deductible)		\$
Other expenses:		\$
Other expenses:		\$
Other expenses:		\$
Leasing contracts (please provide contract):		\$

Required Information for Health Professionals (cont'd)

Purchase (please provide invoices)	Date of purchase	Amount (\$)
Equipment:		\$
Equipment:		\$
Total for equipment:		\$
Instruments:		\$
Instruments:		\$
Total for instruments:		\$
(please include receipts if these were acquired during your stud	es and this is your first year of practice)	
Computer:		\$
		\$
Total for computers:		\$ \$
		\$
Software:		\$
Software:		\$ \$
Total for software:		\$ \$
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