INCOME TAX RETURN FOR PROFESSIONAL CORPORATIONS

Medical & Legal Practitioners

TAX YEAR: _____

SECTION I - CORPORATE IDENTIFICATION

CORPORATION NAME

BUSINESS NUMBER / TAX ID

PROFESSIONAL DESIGNATION

PROFESSIONAL LICENSING BODY

LICENCE / REGISTRY NUMBER

INCORPORATION DATE

JURISDICTION OF INCORPORATION

PRINCIPAL ACTIVITY CODE

REGISTERED OFFICE ADDRESS

MAILING ADDRESS (IF DIFFERENT)

SECTION II - SHAREHOLDER & PROFESSIONAL DIRECTORY

FULL NAME OF PROFESSIONAL SHAREHOLDER	LICENCE / REG NO.	CLASS OF SHARES HELD	% OF OWNERSHIP

SECTION III - REVENUE & INCOME

DESCRIPTION OF REVENUE SOURCE	AMOUNT
Gross Billings / Professional Fees (Medical / Legal Services)	
Reimbursable Disbursements Billed to Clients / Patients	
Third-Party Contract / Consultant Revenue	
Investment / Interest Income earned by Corporation	
Other Corporate Revenue	
TOTAL GROSS REVENUE	

SECTION IV - PROFESSIONAL & OPERATIONAL EXPENSES

EXPENSE ITEM	AMOUNT
Professional Liability Insurance / Malpractice Protection	

EXPENSE ITEM	AMOUNT
Licensing Fees, Dues & Professional Association Memberships	
Specialized Medical Supplies / Legal Library & Research tools	
Salaries, Wages & Benefits paid to Licensed Professionals	
Salaries, Wages & Benefits paid to Administrative Support Staff	
Practice Management Software / Specialized IT Systems	
Office Rent, Occupancy Costs & Utilities	
Disbursement Costs incurred on behalf of Clients / Patients	
Other General and Administrative Expenses	
TOTAL EXPENSES	

SECTION V - NET TAXABLE INCOME & TAX CALCULATION

Net Income Before Tax (Gross Revenue minus Total Expenses)	
Adjustments (Non-deductible dues, penalties, entertainment limits)	
Taxable Income	
Applicable Corporate Tax Rate (%)	
TOTAL TAX LIABILITY	
Less: Installments & Prepayments Made	
NET BALANCE DUE / (REFUNDABLE)	

SECTION VI - DECLARATION AND SIGNATURE

I hereby certify that I am an authorized signing officer of this Professional Corporation, that this return (including any accompanying schedules and statements) has been examined by me, and is, to the best of my knowledge and belief, a true, correct, and complete tax return.

SIGNATURE OF AUTHORIZED PROFESSIONAL OFFICER / DIRECTOR

DATE (YYYY-MM-DD)

SIGNATURE OF PREPARER (IF OTHER THAN TAXPAYER)

PREPARER ID / REGISTRATION NUMBER