PERSONAL AND CONFIDENTIAL

The University of Alberta

Statement of Professional Earnings

Of Geographic Full-time Members of Staff in Clinical

Departments of the Faculty of Medicine and Dentistry

One copy of this statement is to be submitted to the Finance Office of the Faculty of Medicine and Dentistry under confidential cover by **June 30 of this calendar year following the end of the staff member’s elected income tax fiscal year**. 1

Staff Member

Department

Elected income tax fiscal year ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The University of Alberta deals with individual staff members and not with Professional Corporations. Total gross earnings from clinical practice of an individual staff member for the period must be reported whether or not these earning are reportable as income by a Professional Corporation.

**INCLUDE:**  All professional earnings such as fees for service (including receivables required to be reported by the income tax authorities but excluding collections of accounts earned prior to appointment), salary or honoraria paid by or on behalf of an affiliated hospital, remuneration “in lieu of fees” paid by an affiliated hospital or regional program, distributions from partnerships or group practice plans, and income from the private sector for professional activity which includes consulting or other fees from private corporations.

**DO NOT INCLUDE:** Remuneration paid by the University as salary under the basic contract of appointment and, where applicable, market supplements or market components, normal administrative honoraria for Associate Deans or Department Chairmen, clinical honoraria for Directors of designated services in the University Hospital or in other affiliated teaching hospitals, administrative or teaching stipends paid by other Faculties of the University, salary, honoraria or visiting speaker fees paid by professional organizations (including the Medical Council of Canada, Royal College of Physicians and Surgeons of Canada and other Medical Schools), or Clinical On-Call fees received.

**i. Professional Earnings:**

a. Salary, affiliated hospital or program (specify) $

b. Payment in lieu of fees for services from affiliated hospital or program (specify)

c. Distribution from Partnership or Practice Plan (specify)

d. Other (inclusive of Special Honorarium) (specify)

e. Professional fees (including receivables required to be reported by the income tax

Authorities)

**Total Professional Earnings**

1. **Deduct Professional Earnings Limitation**  ($150,000)
2. **Excess Earnings** (Total Professional Earnings less Professional Earning Limitation - if negative, enter zero**)**
3. **University share of excess earnings (2% x Excess Earnings)** $

I hereby certify that the information given in this statement is true, correct and complete in every respect and fully discloses my total professional earnings from Clinical Practice and as reported to Revenue Canada Taxation. I further certify that there have been no changes in my statement of professional earnings for my last reporting period arising out of any reassessment by Revenue Canada Taxation.

Date

Staff Member

Date

## Accountant or Auditor