

Name: _____

Date: _____

Partnership (if applicable): _____

LOCUM OR INCOME AND EXPENDITURE PROFORMA

For the Year Ended _____

MOTOR EXPENSES-

**Please note that travel expenses between home to permanent place of work are not allowable.
A claim can only be made in respect of home visits, working at different sites, attending courses etc.**

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Main Driver	_____	_____
Estimated Private Usage (%)	_____	_____
<i>(Please note: We will not claim over 50% for motor expenses unless proof of usage can be verified)</i>		
Make, Type and Reg. No.	_____	_____
CO2 Emmissions <i>(required to calculate capital allowances)</i>	_____	_____
	£	£
Petrol	_____	_____
Servicing, Repairs and MOT	_____	_____
Insurance	_____	_____
Road Tax	_____	_____
AA/RAC Membership	_____	_____
Cleaning	_____	_____
Congestion Charges	_____	_____
Car Loan/HP Agreement (enclose details)	_____	_____
Other (please specify)	_____	_____
Was there a change of vehicle during the year?		YES/NO
		£
Sales Proceeds of Old Car		_____
Purchase Price of New Car		_____
<i>Please attach details and, if possible, copies of the sale and purchase invoices and HP agreement if relevant.</i>		

USE OF HOME AS OFFICE

Do you want to claim a fixed amount of £10 per week? **YES/NO**

TELEPHONE

	Estimated Private Usage (%)	£
Home Telephone Bill	_____	_____
Mobile Telephone Bill	_____	_____

COMPUTER EXPENSES

	Estimated Private Usage (%)	£
Consumables (include paper, ink cartridges and USB sticks)	_____	_____
Internet	_____	_____
Computer Hardware and Other Equipment Purchases (include date of purchase)	_____	_____

SUBSCRIPTIONS

	£
MDU/MPS	_____
BMA	_____
GMC	_____
RCGP	_____
Other (please specify)	_____

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OTHER EXPENSES

£

Courses and Conferences (including travel and accomodation) _____

Drugs and Instruments _____

Medical Books, Journals and Online Subscriptions _____

Postage and Stationery (include batteries) _____

Professional Laundry (dry cleaning) _____

Locum Fees / Deputising / Co-op Costs Paid _____

Locum Insurance (not Permanent Health Insurance) _____

Spouse's Salary Paid by You _____

Spouse's Pension Scheme Paid by You _____

Other (please specify) _____

PRIVATE EARNINGS (Not part of Practice Income)

£

This needs to be identified as NHS or Non-NHS for the calculation of superannuable profits.

NHS Income (please specify if any of this income has already been superannuated i.e. on SOLO form)

Locum Income (please forward copies of Locum B forms if applicable) _____

Out of Hours Income (please forward copies of GP Solo forms) _____

Other (please specify) _____

Non NHS Income

Private fees _____

Fees Earned but not received at the year end (split as above)
(exclude this income on next year's form) _____

Where you have had an employed role please include your P60 AND your March payslip