

Name: _____

Date: _____

Partnership (if applicable): _____

PERSONAL PROFESSIONAL EXPENSES CLAIM

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	_____	_____
Electricity (Calculated cost per App)	_____	_____
Electric Car Charging Points and other costs	_____	_____
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?

CAR DETAILS

Sales Proceeds of Old Car	YES/NO
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>	

TELEPHONE & INTERNET

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

COMPUTER EXPENSES

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

USE OF HOME AS OFFICE

Do you want to claim a fixed amount of £15 per week?

YES/NO

SUBSCRIPTIONS

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

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OTHER EXPENSES

Please provide actual figures - not estimates

	£
Courses and Conferences (including travel and accommodation)	_____
Drugs and Instruments	_____
Medical Books, Journals and Online Subscriptions	_____
Postage and Stationery (include batteries)	_____
Professional Laundry (dry cleaning)	_____
Spouse's Salary Paid by You (NI Limit £5,000)	_____
Spouse's Pension Scheme Paid by You	_____
Locum Fees / Deputising / Co-op Costs Paid	_____
Locum Insurance (not Permanent Health Insurance)	_____
Other (please specify)	_____

EARNINGS

Please provide your dedicated tax manager with all details of your non-Partnership income as this will be declared directly on your Self Assessment Tax Return.