

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>	_____	_____
	<b>£</b>	<b>£</b>
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?		<b>YES/NO</b>
		<b>£</b>
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 (%)	<b>£</b>
Home Telephone Bill	_____	_____
Mobile Telephone Bill	_____	_____

**COMPUTER EXPENSES**

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

**SUBSCRIPTIONS**

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

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**PERSONAL PROFESSIONAL EXPENSES CLAIM**

For the Year Ended \_\_\_\_\_

**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**