

Partner Name: _____
Partnership: _____

Date: _____

PERSONAL PROFESSIONAL EXPENSES CLAIM

For the Year Ended _____

MOTOR EXPENSES

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Main Driver	_____	_____
Estimated Private Usage (%)	_____	_____
(last year's private usage %, up to a maximum of 50%, will be used if not specified)		
Make, Type and Reg. No.	_____	_____
	£	£
Petrol	_____	_____
Servicing, Repairs and MOT	_____	_____
Insurance	_____	_____
Road Fund Licence	_____	_____
AA/RAC Membership	_____	_____
Cleaning	_____	_____
Car Hire	_____	_____
Car Loan/HP (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		_____
Please attach details and, if possible, copies of the sale and purchase invoices and HP agreement if relevant.		

HOUSEHOLD EXPENSES

Are patients seen at home?	YES/NO
Is your home used for other practice purposes (eg. Writing medical reports)?	YES/NO
Do you want to claim a fixed amount of £10 per week?	YES/NO
(If YES ignore expenses below)	£
Electricity	_____
Gas/Oil	_____
Water Rates	_____
Insurance	_____
Garden - maintenance of approach to front door	_____
(N.B. only if you see patients at home)	_____
Domestic Help (N.B. only if you see patients at home)	_____
Burglar Alarm Maintenance	_____
Other (please specify)	_____

TELEPHONE

	Estimated Private Usage	£
	(%)	
Total amount billed (Home Telephone)	_____	_____
Answering Service	_____	_____
Modem Line	_____	_____
Mobile	_____	_____

COMPUTER EXPENSES

	Estimated Private Usage	£
	(%)	
Consumables (include paper and discs)	_____	_____
Internet	_____	_____
Computer Hardware and Other Equipment Purchases	_____	_____
(include date of purchase)		

Partner Name: _____

Date: _____

Partnership: _____

PERSONAL PROFESSIONAL EXPENSES CLAIM (Cont.)

For the Year Ended _____

SUBSCRIPTIONS

£

MDU/MPS

BMA

GMC

RCGP

Other (please specify)

OTHER EXPENSES

£

Courses and Conferences (including travel and accomodation)

Drugs and Instruments

Medical Books, Journals and Medical Videos

Postage and Stationery (include batteries)

Professional Laundry (dry cleaning)

Locum Fees/Deputising/Co-op Costs

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

Out of Hours Income

Other (please specify)

Non NHS Income

Private fees

Other (please specify)

Fees Earned but not received at the year end (split as above)

(exclude this income on next year's form)
