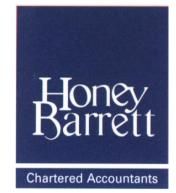
| LOCUM DOCTOR ACCOUNTS CHECKLIST | |
|---------------------------------|--|
| LOCUM NAME: | |
| YEAR END 5 APRIL 2014 | |
| | |
| IMPORTANT - Please Read | |



- It is a legal requirement to keep all records/documents etc for 7 years.
 Expenses must only be claimed where they are wholly and exclusively incurred for the purposes of the business.
- 3. Please note that with regard to expenses, HM Revenue & Customs require these to be justifiable. This means that if
- 3. Please note that with regard to expenses, HM Revenue & Customs require these to be justifiable. This means that if ever asked by the Revenue to prove an expense there must be evidence and/or explanations to support them, for example, mileage logs, expenses receipts etc.

Please complete the following checklist and provide supporting documentation where applicable:

SECTION 1 - INCOME

a) Locum Income

Please supply a detailed list of all income received/receivable during the year.

| Summary: | Total Income (per list) | Has this been pensioned?* | Supporting documents enclosed (√)** |
|--|-------------------------|---------------------------|-------------------------------------|
| - Locum income received in year - Income still waiting to be received for work done before year end 5 April 2014 | | | |
| Total locum income for the year | £ | | |

^{*} If income pensioned, please include copies of completed Locum A/B or C/D forms and/or GP Solo forms.

b) Expense reimbursements

Please provide details of any expenses which you have received a reimbursement for, for example, travel costs, course fees etc.

This is just a summary table. Please state the category of reimbursement received and the total amount for the year:

| Category of reimbursement | Is cost to you included in recorded expenses? | Total received during year £ | Supporting documents enclosed (√) * |
|---------------------------|---|------------------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

^{*} the supporting documentation should be a detailed breakdown of the reimbursement received, showing the date the actual expense was incurred, date of when the expense was charged (i.e. the sales invoice date and number), date reimbursement received, and the amount.

^{**} the supporting documentation should be a detailed breakdown of the income received, showing date work carried out, invoice date, date income received, name of practice, and amount.

c) Other medical income received in year.

Please provide details of any medical income that you have received during the year.

Examples of this type of income includes the following:

Out of Hours
 Cremation fees
 Mailing survey/questionnaire
 Medical reports
 Lecturing
 Training

Drug trials incomePrivate patientsBlue badgesAppraisals

This is just a summary table. Please state the category of income received and the total income for the year:

| | Total received | | State method | Supporting documents |
|----------------|------------------|------------------------|---------------------------------|------------------------------|
| Type of income | during year £ | Have you pensioned it? | of Pensioning (GP solo etc)* | documents enclosed (√) ** |
| Type of moonie | ~ | perioioried it: | (61 3010 610) | (,) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

^{*} If GP Solo'd, please provide copies of all GP SOLO forms.

d) Medical income from employments

If you were/are employed, please forward any P45(s) (received when leaving an employment) and/or P60(s) (received end of year by 31 May - usually blue in colour).

If you are sending a P45, please also send the last payslip received for that employment so we can check your National Insurance position.

If you are sending a P60, please also include your March 2014 payslip

| | Ρ | lease inclu | ıde an | y P11 | d(s |) - Return c | f E | xpenses and | Benefit | s which | you | have receive | d dı | uring | the ' | year. |
|--|---|-------------|--------|-------|-----|--------------|-----|-------------|---------|---------|-----|--------------|------|-------|-------|-------|
|--|---|-------------|--------|-------|-----|--------------|-----|-------------|---------|---------|-----|--------------|------|-------|-------|-------|

Were any of the employments Professional Executive Committee positions?

^{**} the supporting documentation should be a detailed breakdown of the income received, showing date income received, details of the income type, and amount.

SECTION 2 - EXPENSES

a) General Expenses paid during the year

| Detail | DAT | ES | Total cost paid in year | State percentage used for business use* | Supporting documents enclosed |
|-----------------------------------|------|----|-------------------------------|---|-------------------------------|
| | FROM | TO | £ | % | (✔) |
| Subscriptions: | | | | | |
| - GMC | | | | | |
| - BMA | | | | | |
| - MDU/MPS etc | | | | | |
| - RCGP | | | | | |
| - Other (please state) | | | | | |
| | | | | | |
| Telephone costs (Landline) | | | | | |
| Mobile phone costs | | | | | |
| Internet cost | | | | | |
| Printing, Postage, and stationery | | | | | |
| Technical books and magazines | | | | | |
| Course expenses and training | | | | | |
| Other travel expenses: | | | | | |
| - Taxi | | | | | |
| - Train | | | | | |
| - Bus | | | | | |
| - Other | | | | | |
| | | | | | |
| | | | | | |
| Chemist sundries | | | | | |
| Computer - repairs and servicing | | | | | |
| Computer - software support etc | | | | | |
| General repairs and renewals | | | | | |
| Accountancy | | | | | |
| Bank charges and interest | | | | | |
| Other: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

^{*} If any of the above expense incurred has an element of non-work related use, please state (being a fair and reasonable assumption) the percentage relating to business use.

N.B. Please make sure that you have some sort of supporting information for expenses that have an element of both business and non business use as HM Revenue and Customs may request proof of the business estimate.

b) Capital items

These are items purchased which are used by you to carry out your work but which have a useful life greater than 12 months. Items are usually considered capital if the cost is greater than £150. Anything lower, can be claimed as a general 'Repair and Renewal' item above.

Here is a list of a few examples of capital items:

- Telephone answer machine

- Computer, printer etc

- Office furniture

- Medical equipment

- Fax machine,

Please note: If you are unsure of whether the item bought is capital, just enclose the relevant documentation for review.

| | Total cost paid | State percentage used for | Supporting documents |
|--------------------|--------------------|---------------------------|----------------------|
| Detail | in year | business use* | enclosed |
| | £ | % | (✔) |
| | | | |
| Medical equipment | | | |
| Office equipment | | | |
| Computer equipment | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |

^{*} If any of the above expense incurred has an element of non-work related use, please state (being a fair and reasonable assumption) the business use percentage.

c) Spouse's wages

It is extremely rare to find wage's paid to spouses/partners for dealing with administration work of your locum business, however if this does apply to you, please contact us for advice.

Any monies paid to your spouse for work actually performed must be justifiable in terms of the level of work performed, and the rate paid. The wages must also be seen to be physically paid.

d) Motor Vehicles & associated running expenses

i) Details

| | Main car | Second car |
|---------------------|----------|------------|
| Make | | |
| Model | | |
| Registration number | | |
| | | |

ii) If you have changed your vehicle in the year, please include:

| | | | | Supporting documents |
|--|-------------|-------------|---------------|----------------------|
| | Date | Price | Method of | documents |
| | Bought/sold | Bought/sold | payment - | enclosed |
| | dd/mm/yy | £ | Cash/HP*/Loan | (✔) |
| Purchase (please state make, model, reg.no.) | | | | |
| | | | | |
| | | | | |
| | | | | |
| Sold (please state make, model, reg.no.) | | | | |
| | | | | |
| | | | | |
| | | | | |

^{*}Hire purchase.

| iii' |) Running | expenses |
|------|-----------|-----------|
| | , | CAPCITICO |

| | Main car | Second car |
|--|----------|------------|
| | | |
| Total miles travelled during the year | | |
| In order to determine how much of the above is work related, please either state: | | |
| a) Total mileage relating to work (excluding normal home to work commuting), | miles | miles |
| or | | |
| b) a fair/reasonable percentage relating to work usage of the car (if no log kept) | % | % |
| Have you kept a Mileage Log for the year? * | | |

*Under HM Revenue & Customs rules for record keeping, they require that a mileage log should be kept as evidence to justify any motor expenses claimed, should the need arise. This is best practice and protects you in the event of an enquiry.

If no mileage log is kept, we suggest that one is started for the following year. Please ask if you are unsure what information is needed to be logged. Even a sample log kept for 2 months is better than none at all.

Other information required:

(Please state the total costs/expenses incurred during the year)

| | Amount | Amount | Supporting |
|---------------------------|----------|------------|----------------------|
| | paid for | paid for | Supporting documents |
| Detail | Main Car | second Car | enclosed |
| | £ | £ | (✔) |
| | | | |
| Fuel | | | |
| Servicing/repairs and MOT | | | |
| Insurance | | | |
| Extended warranty cover | | | |
| Road fund licence | | | |
| Breakdown cover | | | |
| Cleaning | | | |
| Parking | | | |
| | | | |

e) Use of home

There are two methods of claiming a proportion of household costs for running your locum business from home;

i) Method One:

The Revenue will accept an estimated rate based on hours worked. This is calculated in tiers. Please tick the box that best fits the hours of work you do at home per month.

| Number of hours worked per month | Claim per month | Hours worked (✓) |
|----------------------------------|-----------------|------------------|
| under 25 | NIL | |
| 25 to 50 | £10 | |
| 51 to 100 | £18 | |
| over 100 | £26 | |

OR

| any family member | avg hrs | |
|---|-------------|------------|
| Other information required: | | |
| (Please state the total costs/expenses incurred during the year) | | |
| | | Supporting |
| | Total paid | documents |
| Detail | in year | enclosed |
| | £ | (✔) |
| Mortgage - Please provide an annual certificate if you are on a repayment mortgage as you can | | |
| only claim the interest element. If you are on an interest only mortgage, then please just note the | | |
| total amount paid during the year. | | |
| Insurance (Building and Contents) | | |
| Electricity | | |
| Gas | | |
| Coal/Oil etc | | |
| Council tax | | |
| Repairs & decorations (General repairs only or repairs to office area) | | |
| Cleaning/domestic help | | |
| Security costs e.g. Burglar alarm - Other: | | |
| | | |
| | | |
| | | |
| Please note that water rates are excluded from the calculation. | | <u> </u> |
| riease note that water rates are excluded norm the calculation. | | |
| | | |
| PLEASE USE THIS SPACE FOR ANY FURTHER DETAILS (| OR COMMENTS | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

The "actual" method. If you want to claim more than £4 per week, then we must complete a detailed calculation

rooms

rooms

avg hrs

ii) Method Two:

Details of property:

any family member

using the information requested below.

Number of rooms used for work

Total number of rooms (excluding Kitchen and Bathrooms/WC)

Average medical related working hours per week from home Average hours per week that room is used for personal use by