

# TAX RETURN FORM CHECKLIST - Year Ending 5th April 2024

Complete this checklist and return with supporting documentation to  
[records@sandisonasson.co.uk](mailto:records@sandisonasson.co.uk)

Name: .....

Mobile Telephone Number: .....

Preferred Email Address: .....

## MAIN ITEMS

Please tick box as appropriate

Details  
Enclosed      Not  
Applicable

- |   |   |
|---|---|
| 1) Total Rewards Statement  | If in the NHS pension scheme, please provide a copy of your latest statement(s).  |
| 2) P60/P45  | NHS employment /pension income/other employment   |
| 3) March Payslip  | <b><u>March 2024 payslip is required for pension purposes.</u></b>  |
| 4) P11D form  | Shows Crown car benefit/taxable mileage/relocation expenses.  |
| 5) Annual Allowance Statement                                       | <b><u>If you have received an annual allowance statement from the NHS Pensions or SPPA, you must forward it immediately.</u></b>  |
| 6) Bank/Building Society Interest                                   | Complete the schedule below and return.   |
| 7) Gift Aid   | Full name of charity and actual amounts paid in the tax year.   |
| 8) Child Benefit  | <b><u>If you or your spouse received Child Benefit during the year Please complete the section below.</u></b>   |
| 9) Pension Policies Paid  | Complete the schedule below.  |
| 10) Pensions received   | If you have activated a pension in the year, please provide details.  |
| 11) Shareholdings   | Tax dividend counter foils required or composite tax voucher. <b><u>Including dividends paid via your own Limited Company.</u></b> Provide full details including contract notes, if shares purchased/sold. |
| 12) Partnership, Limited Liability Partnership (LLP) or Ltd Company | If you commenced in a partnership, Limited Liability Partnership or Ltd Company, please advise the date you joined and provide us with the name and address of the partnership/limited Co. accountant.      |
| 13) Foreign Income  | Please provide details of any foreign income and foreign tax paid, whether or not brought into the UK. Please provide documentation.  |
| 14) Capital Gains   | Please provide details of any assets sold/purchased. (Disposal of residential property must be declared initially within 60 days of conveyance)   |

## ADDITIONAL ITEMS (which may or may not be applicable)

- |   |   |
|---|---|
| 1) Sundry/Lecture Fees                          | Only required if not provided with Private Practice accounts.   |
| 2) State Pension                                | Weekly amounts, pre/post April 2024 increase.   |
| 3) Land & Property                              | If required, please ask for separate checklist.   |
| 4) Trust/Estate/Settlement Income               | Provide certificates.   |
| 5) Investment in EIS/VCT/EZT ventures           | Provide certificates.   |
| 6) Professional Subscriptions                   | Only required if not provided with Private Practice accounts.   |
| 7) Student Loans                                | If you have taken out a student loan after 1 <sup>st</sup> September 1998. <b>Please forward your latest statement.</b>   |
| 8) Any other information (eg. Cryptocurrencies) | Please forward any other documents you consider relevant to your personal tax affairs (eg. Chargeable event certificates on surrender of life policies or reason for increase in savings due to inheritance). |

# Interest Received, Child Benefit & Pension Premiums

## For the year ending 5th April 2024 (6th April 2023 to 5th April 2024)

### **BANK AND BUILDING SOCIETY RECEIVED - including interest on PP1/CCP payouts**

Name of Bank/ Building Society	Account Number	Total Amount of Interest Received	<input checked="" type="checkbox"/> As Appropriate		
			Self	Spouse	Joint

### **CHILD BENEFIT - if you or your spouse received child benefit in the year please provide the following details**

Name(s) of the Children	Date(s) of Birth <small>DD/MM/YYYY</small>	If the benefit ceased or commenced in the year, please confirm the date of cessation or date of commencement

### **PENSIONS POLICIES/PREMIUMS PAID**

Insurance Company	Policy Number	Net Premium Paid Per Month	If Policy Has Ceased Date Of Last Payment <small>DD/MM/YYYY</small>

NB

- a) Please forward interest statements/vouchers if available
- b) If your practice account pays interest - please send details
- c) If you have taken out a pension policy provide supporting documentation
- d) **GPS only - please exclude superannuation payments made through the surgery**