GP TAX REFURN FORM CHECKLIST - Year Ending 5th April 2024

Complete this checklist and return with supporting documentation to records@sandisoneasson.co.uk

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			Please tick box as appropriate		
IVLA	IN ITEMS		Details	Not	
1)	Total Rewards Statement	If in the NHS pension scheme, please provide a copy of your latest statement(s).	Enclosed	Applicable	
2)	P60/P45	NHS employment /pension income/other employment			
3)	March Payslip	March 2024 payslip is required for pension purposes.			
4)	Practice Loan	Loan Interest certificate for loans not included in the practice account	nts.		
5)	Annual Allowance Statement	If you have received an annual allowance statement from the NHS Pensions or SPPA, your must forward it immediately.			
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	If you or your spouse received Child Benefit during the year, <u>please complete the section</u> below.			
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. <u>Inclue</u> <u>dividends paid via your own Limited Company.</u> Provide full details including contract notes, if shares purchased/sold.	ling		
12)	Partnership, Limited Liability Partnership (LLP) or Ltd Company	If you commenced in a partnership, Limited Liability Partnership or 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)			

ADDIFIONAL 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 st September 1998. Please forward your latest statement.
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).

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

BANKAND BUILDING SOCIETY RECEIVED - including interest on PPI/CCP payouts

		Total Amount	As Appropriate		
Name of Bank/ Building Society	Account Number	of Interest Received	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	If the benefit ceased or commenced in the year, please confirm the date of cessation or date of commencement

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Insurance Company	Policy Number	Net Premium Paid Per Month	If Policy Has Ceased Date Of Last Payment		

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