

P11D QUESTIONNAIRE - EXPENSES PAYMENTS AND BENEFITS
YEAR ENDED 5 APRIL 2023

| | |
|----------------------------------|--|
| EMPLOYER NAME | |
| PAYE REFERENCE | |
| DIRECTOR/EMPLOYEE NAME | |
| NATIONAL INSURANCE NUMBER | |
| DATE OF BIRTH | |

| MOTOR CAR DETAILS | Car 1 | Car 2 |
|---|-------------------------------|-------------------------------|
| Make, Model & Registration Number | | |
| List Price When New | | |
| Extras Fitted to Car - Cost | | |
| Fuel Type - delete as appropriate | Petrol/Diesel/Hybrid/Electric | Petrol/Diesel/Hybrid/Electric |
| Cubic Capacity (CC) | | |
| CO2 Emissions | | |
| Battery Mileage Range (Electric & Hybrid cars) | | |
| Date First Registered | | |
| Date First Made Available | | |
| Date Stopped Being Available | | |
| Amount(s) Paid by Employee for Private Use | | |

COMPANY CARS - FUEL

Was petrol or diesel provided for non-electric/hybrid cars?

| | |
|------------|-----------|
| Yes | No |
| Yes | No |

Did the employee/director reimburse for all private mileage?

Reimbursement by employee/director for private use, if any

| |
|---|
| £ |
|---|

VANS FOR PRIVATE USE

Was petrol or diesel provided for vans?

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|------------|-----------|
| Yes | No |
| Yes | No |

Did the employee/director reimburse for all private mileage?

Reimbursement by employee/director for private use, if any

| |
|---|
| £ |
|---|

BUSINESS MILEAGE ALLOWANCE

Business mileage and allowance paid

| | |
|-------------|---|
| _____ Miles | £ |
|-------------|---|

ENTERTAINMENT

Amount of any round sum allowance

| |
|---|
| £ |
|---|

Sums reimbursed

| |
|---|
| £ |
|---|

HOUSE, FLAT OR ACCOMMODATION

Details of accommodation and running expenses paid by employer (please attach details)

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WORK CARRIED OUT AT HOME

e.g. Decoration, repairs etc (please attach a breakdown)

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PERSONAL BILLS PAID

e.g. Rent, rates, electricity, gas etc

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COMPANY ASSETS AT DISPOSAL OF DIRECTOR/EMPLOYEE FOR PERSONAL USE

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VOUCHERS CAPABLE OF BEING EXCHANGED FOR GOODS/SERVICES/MONEY

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GOODS OR SERVICES SUPPLIED BELOW MARKET VALUE (please attach details)

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PRIVATE MEDICAL TREATMENT

Cost of treatment

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Insurance costs e.g. B.U.P.A.

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BENEFICIAL LOANS

Details of loans made to employee where rate of interest is less than market rate

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Details of loans waived

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EDUCATION OF CHILDREN

Private Fees, courses paid etc.

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OTHER EXPENSES AND BENEFITS

Home Telephone: Rental

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Home Telephone: Calls

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Contributions to house purchase

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Legal and accountancy fees

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Other - please specify

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Please note VAT should be included where applicable, even if the Employer is able to treat this as a VAT input.

I confirm the above information is true and correct: SIGN..... DATE.....
If you are in doubt as to whether an item should be included, please consult us.