

Tax Claim Form



Society of British
Dental Nurses



**Society of British
Dental Nurses**

**British
Dental
Nurses**

YOU DON'T NEED TO SEND THIS PAGE TO HMRC.

Tax Claim Form



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Thank you for downloading the tax relief form from the Society of British Dental Nurses. Please complete the pages 1 to 4 for submission to your tax office, once you have completed the pages required use this checklist to verify your form before sending it to HMRC.

CLAIM CHECKLIST

CHECKLIST	
COVERING LETTER	
<input type="checkbox"/>	Have you entered your Address, Telephone, Email address
<input type="checkbox"/>	Have you entered your job title and employer
<input type="checkbox"/>	Have you signed the cover letter?
LAUNDERING MY DENTAL UNIFORM	
<input type="checkbox"/>	Have you ticked the appropriate tax years ?
<input type="checkbox"/>	Have you signed the declaration?
GDC REGISTRATION FEE	
<input type="checkbox"/>	Have you entered the fee paid against the appropriate tax years?
<input type="checkbox"/>	Have you signed the declaration?
INDEMNITY FEES	
<input type="checkbox"/>	Have you selected/entered a professional organization ?
<input type="checkbox"/>	Have you entered the fee paid against the appropriate tax years?
<input type="checkbox"/>	Have you signed the declaration?

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**Please *ONLY* send the Last four pages to your Personal Tax Office
Address at:**

HM Revenue & Customs
Pay As You Earn
PO Box 1970
Liverpool
L75 1WX

Tel: 0845 300 0627

The Inland Revenue will complete your claim as quickly as possible and aim to have the majority of claims settled within two months. You should contact the Inland Revenue if you do not get a response within that period. It is also advisable to send your application by recorded delivery.

Please note the tax office may decide to issue you with a refund by adjusting your PAYE tax code, rather than issuing a cheque.



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Dental Nurse Claim for Professional Expenses.

My Address	
Postcode	
Telephone Number	
Email Address	

Dear Sir/Madam

Surname	
First Name(s)	
National Insurance No	
Current Employer	
Job Title	

I am a registered dental care professional with the General Dental Council and do not complete a self assessment form. I would like to make a backdated claim for tax allowable relief on the following:

- Laundering my dental nurse uniform, at a tax relief rate of £125 per year.
- Compulsory Professional registration fees paid by myself to the General Dental Council. (GDC)
- Professional Indemnity

Please would you send me a cheque for my tax relief entitlement to the address above.

Yours faithfully,

Signed on 5 November 2017
Full name:

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I wish to make a claim for the following tax years (where each tax year begins on the 6th April and ends on the 5th April.):

LAUNDERING MY DENTAL NURSE UNIFORM	
I claim the amount of tax relief agreed to cover the cost of laundering of my uniform for the following tax years:	
<input type="checkbox"/>	2013 to 2014
<input type="checkbox"/>	2014 to 2015
<input type="checkbox"/>	2015 to 2016
<input type="checkbox"/>	2016 to 2017

I confirm that for each tax year for which I have claimed:

I worked as a dental nurse and I had to wear a uniform and My employer did not launder my uniform, or provide free laundry facilities, I had to pay the full cost of laundering my uniform, I laundered my uniform separately from other items of clothing in a high temperature wash I have not already had tax relief for the costs of laundering my uniform

DECLARATION	
I confirm that to the best of my knowledge and belief the details given above are correct and complete.	
Signed	
Date	5 November 2017
Full Name	

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As a registered dental care professional with the General Dental Council, I claim relief on the following amounts paid to the GDC as registration and annual retention fees.

GDC REGISTRATION FEE	
Amount Claimed	For Tax Year
£	2013 to 2014
£	2014 to 2015
£	2015 to 2016
£	2016 to 2017

I confirm that for each tax year for which I have claimed:

I have paid the full cost of the GDC registration fee myself.
My employer has not in anyway paid or subsidised my GDC fees.

DECLARATION	
I confirm that to the best of my knowledge and belief the details given above are correct and complete.	
Signed	
Date	5 November 2017
Full Name	

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COMPULSORY PROFESSIONAL INDEMNITY

I claim relief on the following amounts paid to the approved professional organisation:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | British Association of Dental Nurses |
| <input type="checkbox"/> | Dental Defence Union |
| <input type="checkbox"/> | Dental Protection Ltd |
| <input type="checkbox"/> | Medical and Dental Defence Union of Scotland |
| <input type="checkbox"/> | Other :
_____ |

COMPULSORY PROFESSIONAL INDEMNITY – AMOUNTS PAID

Amount Claimed	For Tax Year
£	2013 to 2014
£	2014 to 2015
£	2015 to 2016
£	2016 to 2017

OR I do not pay my own indemnity and therefore I will **not** claim relief here.

DECLARATION

I confirm that to the best of my knowledge and belief the details given above are correct and complete.

Signed	
Date	5 November 2017
Full Name	