

#### P11D Questionnaire 2020/2021

| COMPANY NAME:  |  |                           |
|--|--|---------------------------|
| PAYE SCHEME NO:  |  |                           |
| ACCOUNTS REFERENCE NO.   |  |                           |
| NAME:  |  | Director/Employee*        |
| NATIONAL INSURANCE NO:   | *Delete as appropriate                 |                           |
| P11Ds are required for anyone with reportable benefits in kind who is a Also Benefits In Kind provided to others by reason of the employment   |  | uses, children etc).      |
| To avoid penalties, P11D's must be submitted to HM Revenue and Customs Please complete this information and return it to us by 31 May 2021 - we cabut it means that we may not be able to meet the deadline. |  | received after that date, |
| Please answer all the questions even if you believe the information has alresinformation to HM Revenue & Customs on time.  | ady been supplied, this will enable us | to submit the correct     |
| Benefits can be reported in several different sections of the P11D, dependin   | g on whom the contract is between.     |                           |
| The 3 situations are:  |  |                           |
| 1 The contract is with the employee and provider, and the employer makes   | s a payment on behalf of the employe   | e direct to the provider. |
| 2 The contract is with the employee and provider, and the employer reimbu  | urses the employee.                    |                           |
| 3 The contract is with the employer and provider, and the employer makes   | a payment direct to the provider.      |                           |
| 1 - Company Car  |  |                           |
| Does the company provide a company car for the director/employee?  |  | YES / NO                  |
| If YES, and we do not already have this information, please complete the following   | rm attached to this questionnaire      |                           |
| Please provide a copy of the purchase invoice and vehicle registration   | document if available.                 |                           |
| 2 - Company Van  |  |                           |
| Does the company provide a van for private use?  |  | YES / NO                  |
| Is the van shared with other employees?  |  | YES / NO                  |
| If YES to either, please complete the form attached to this questionnaire  |  |                           |
| 3 - Private Car Mileage Allowances & Fuel  |  |                           |
| Has the company paid mileage allowances or actual fuel costs to the director   | or/employee using a privately owned or | car? YES / NO             |
| If YES, please confirm the following:  | Business mileage                       |                           |
|  | Mileage rate used                      |                           |
|  | Amount paid                            | £                         |
| How does the company reimburse the director/employee?  |  |                           |
| Has a company fuel card been provided to purchase fuel?  |  | YES / NO                  |
| If YES, please confirm total cost of fuel purchased using the fuel card  |  | £                         |
|  |  | VAT inclusive             |
| Has the director/employee reimbursed the company for private mileage?  |  | YES / NO                  |

# 4 - Motorcycles D lf <u>5</u>

| Does the company own a motorcycle?  |                              | YES / NO  |
|---|------------------------------|---|
| If YES, is the motorcycle available for private use?  |                              | YES / NO  |
| 5 - Payments For Use of Home Telephone  |                              |   |
| Does the company meet, or reimburse any part of the director/employee's hor   | me telephone bills?          | YES / NO  |
| If YES, who is the contract between? (please refer to front page)   |                              | 1/2/3   |
| Is there a separate business line?  |                              | YES / NO  |
| How much was met by the company or reimbursed to the director/employee?   |                              | £   |
|   |                              | VAT inclusive   |
| Does the above include line rental, private calls & internet connections?   |                              | YES / NO  |
| If YES, please provide a breakdown  | Business Calls               | £ VAT inclusive   |
|   | Private Calls                | £   |
|   | Line Rental                  | VAT inclusive   |
| Please provide copies of telephone bills if available   | Internet Connection Charges  | VAT inclusive   |
|   |                              | VAT inclusive   |
| 6 - Mobile Telephones   |                              |   |
| Does the company meet or reimburse any part of the director/employee's mol  | bile telephone bills?        | YES / NO  |
| If YES, who is the contract between? (please refer to front page)   |                              | 1/2/3   |
| How much was met by the company or reimbursed to the director/employee?   |                              | £   |
|   |                              |   |
| Lings the above include private calls X, reptail  |                              | VAT inclusive   |
| Does the above include private calls & rental?  | Dustrasa Calla               | YES / NO  |
| If YES, please provide a breakdown of the calls & rental  | Business Calls               |   |
| ·   | Business Calls Private Calls | YES / NO  £  VAT inclusive                                  |
| ·   |                              | YES / NO  £  VAT inclusive £  VAT inclusive                 |
| If YES, please provide a breakdown of the calls & rental  | Private Calls                | YES / NO  £  VAT inclusive  £  VAT inclusive                |
| If YES, please provide a breakdown of the calls & rental  | Private Calls                | YES / NO  £  VAT inclusive £  VAT inclusive                 |
| If YES, please provide a breakdown of the calls & rental  Please provide copies of telephone bills if available   | Private Calls Line Rental    | YES / NO  £  VAT inclusive £  VAT inclusive                 |
| If YES, please provide a breakdown of the calls & rental  Please provide copies of telephone bills if available  7 - Private Medical Insurance  | Private Calls Line Rental    | YES / NO  £  VAT inclusive  £  VAT inclusive  VAT inclusive |
| If YES, please provide a breakdown of the calls & rental  Please provide copies of telephone bills if available  7 - Private Medical Insurance  Does the company pay premiums for private medical insurance, permanent here   | Private Calls Line Rental    | YES / NO  £  VAT inclusive  £  VAT inclusive  YAT inclusive |
| If YES, please provide a breakdown of the calls & rental  Please provide copies of telephone bills if available  7 - Private Medical Insurance  Does the company pay premiums for private medical insurance, permanent here.  If YES, who is the contract between? (please refer to front page) | Private Calls Line Rental    | YES / NO  £  VAT inclusive  £  VAT inclusive  YAT inclusive |

VAT inclusive

VAT inclusive

£

#### 8 - Subscriptions & Professional Fees

| Does the compar<br>or health clubs, n<br>[For further guid | YES / NO   |   |                          |
|--|--|---|--------------------------|
| If YES, who is the   | e contract between? (please refe                                   | r to front page)  | 1/2/3                    |
| Date Paid  | Type of Subscription/Fee   | Provider of Benefit   | Premium (Per Month/Year) |
|  |  |   | £                        |
|  |  |   | VAT inclusive            |
|  |  |   | VAT inclusive            |
| 9 - Living Acco  | ommodation   |   |                          |
| Does the compar  | ny provide living accommodation                                    | for the director/employee?                                    | YES / NO                 |
| If <b>YES</b> , please co                                  | omplete the form attached to this                                  | questionnaire   |                          |
| 10 - Interest-fr   | ree & Low Interest Loans   |   |                          |
| Has the company  | y provided a beneficial loan to the                                | director/employee, including director's overdrawn account?    | YES / NO                 |
| (if the total amou   | int outstanding on all non-qualifyir                               | ng loans does not exceed £10,000 at any time in the year, the | ere is no benefit).      |
| If YES, the maxir  | mum balance outstanding at any                                     | time in the year  | £                        |
| The maximum ba   | alance on later of day loan was ta                                 | sken out or at 6 April 2020                                   | £                        |
| The maximum ba   | alance on earlier of day loan was                                  | discharged or at 5 April 2021                                 | £                        |
| Amount of interes  | st paid for 2020/21 if any   |   | £                        |
| If the loan was ta   | aken out or repaid during 2020/21                                  | then please provide us with the relevant dates.               |                          |
| 11 - Assets Tra  | <u>ansferred</u>   |   |                          |
|  | company's assets been transferre<br>at less than the market value? | ed (cars, computers, etc) to the director/employee            | YES / NO                 |
| If YES, what is th   | ne cost/market value of the asset                                  |   | £                        |
| The amount paid  | by director/employee   |   | £                        |
| Description  |  |   |                          |
| 12 - Assets Pla  | aced at the Employee's Disp  | <u>osal</u>   |                          |
| Has the company  | y provided assets to the director/e                                | employee for private use?                                     | YES / NO                 |
| If <b>YES</b> , please pro                                 | rovide details   |   |                          |
|  |  |   |                          |
|  |  |   |                          |
|  |  |   |                          |

#### 13 - Working From Home

| i ias tiie  | company reimbursed the director/employee expenses for u  | use of home as an office?   |                          | YES / NO                           |  |  |
|---|--|---|--------------------------|------------------------------------|--|--|
| If YES, please provide the amounts paid for the following                                       |  | Electricity and Gas charges   | £                        |                                    |  |  |
|   |  | Contents insurance  | 3                        | VAT inclusive                      |  |  |
|   |  | Council Tax charges   | £                        | VAT inclusive                      |  |  |
|   |  | Rent paid (if any)  | £                        | VAT inclusive                      |  |  |
|   |  | Anything else   | 3                        |                                    |  |  |
| Desc  | ription of other expenses:   |   |                          |                                    |  |  |
|   |  |   |                          |                                    |  |  |
|   |  |   |                          |                                    |  |  |
|   |  |   |                          |                                    |  |  |
| 14 - Ex   | penses Payments  |   |                          |                                    |  |  |
| removed<br>cases th<br>unless a   | direment to report to HMRC business expenses paid for by dor the 2016/17 tax year onwards. The item may still be rous is is now covered by an exemption. This will not be the call previously agreed dispensation or new exemption agreemed like to point out that it is now a statutory requirement for | eportable if it involves the employee in some use if non-standard benchmarking is used as ment covers this. | other capa<br>a method o | acity, but in most<br>of repayment |  |  |
| 15 - Em   | nployer Supported Childcare  |   |                          |                                    |  |  |
|   | te this section if you provide employees with tax efficient chamployees.   | nildcare vouchers, or contract directly with a c  | hildcare pı              | rovider on behalf                  |  |  |
|   | ents are made in excess of the weekly tax free limit then na<br>old be collected through form P11D.  | tional insurance should already have been de  | ealt with th             | rough payroll and                  |  |  |
| 1. Do y   | ou have employees who joined your scheme earlier than 6  | 6 April 2011?   |                          | YES / NO                           |  |  |
|   | what is the annual amount paid over and above the tax free<br>3 per month)   | e limit of £55 per week?  | £                        |                                    |  |  |
| 2. Do y   | ou have employees who joined your scheme between 6 A   | pril 2011 and 3 October 2018?   |                          | YES / NO                           |  |  |
| a. If YES, was the required basic earnings assessment carried out at the start of the tax year: |  |   |                          | YES / NO                           |  |  |
|   | i. If YES, what is the annual amount paid over and above the tax free limit of £55 / £28 / £25 per week?  (£243 / £124 / £110 per month)   |   |                          |                                    |  |  |
|   | <b>NO</b> , the entire payment is taxable and subject to NI. What r the scheme?  | were the total annual payments made   | £                        |                                    |  |  |
|   | any of the above opted into the Tax-Free Childcare insteatober 2018.   | d? This is compusory for new joiners from   |                          | YES / NO                           |  |  |
| i. If <b>Y</b>  | YES has the company continued to pay for childcare? It wo  | ould be taxable and subject to NI if so.  |                          | YES / NO                           |  |  |
| ii. If '  | YES what is the date that this happened?   |   |                          |                                    |  |  |
| <u>17 - Pa</u>  | yrolled Benefits In Kind   |   |                          |                                    |  |  |
| Have ar   | ny benefits in kind had tax and National Insurance deducted  | d directly through payroll rather than via a P1   | 1D?                      | YES / NO                           |  |  |
| If <b>YES</b> , I   | has the employer registered with HMRC to payroll benefits  | and expenses using their online service?  |                          | YES / NO                           |  |  |
| Please please please please   | provide details of the payrolled benefits, including the natureducted.   | re of the benefit, the value of the benefit and v   | whether or               | not Class 1 NI has                 |  |  |
|   |  |   |                          |                                    |  |  |
|   |  |   |                          |                                    |  |  |

#### 17 - Entertaining

| If the company has paid for staff entertaining that does not fall under the various allowances, please let me know. The | he most frequent items |
|---|------------------------|
| that are usually not reportable are:  |                        |

- Client and candidate entertaining
- Annual events costing under £150 per head per annum
- Items bought for employees costing under £50 per head that are not performance rewards or contractual entitlements

| - Subsistence within reason  |
|--|
| [For further guidance call 01462 687333]   |
| 18 - Other   |
| If you have provided any other benefits or expenses, please give details below (e.g. spouse/partner expenses on business trips, late night taxis, excessive staff entertaining, relocation expenses, expenses payments using non-standard calculation methods, etc.)  [For further guidance call 01462 687333] |
|  |
|  |
|  |
|  |
|  |
| 19 - Salary Sacrifice / Optional Remuneration Arrangements (OpRA)  |
| For any of the items in previous points, has the employee received reduced gross wages as a result of this benefit in kind?  |
| If YES, what did this relate to and how much salary was sacrificed?  |
|  |
|  |
| Was the salary sacrifice agreement made on or before 5 April 2017?  YES / NO   |
| If YES, has the agreement or the benefit in kind been amended or renewed from 6 April 2017 onwards?  YES / NO  YES / NO  |
|  |
| 20 - Declaration   |
| I certify that this P11D questionnaire has been completed to the best of my knowledge and I understand that the information provided will be used for the completion of forms P11D.  |
| Signed   |
| Position   |
| Date   |

## P11D Car Questionnaire 2020/2021

| Cars provided for private use to an employee or director, including commuting to a regular workplace |
|--|
|--|

| Company Name  |   |                |
|---|---|----------------|
| Employee or Director's Name   |   |                |
| Employee or Director's National Insurance Number  |   |                |
| Exact Details of Make and Model   |   |                |
| Registration Number   |   |                |
| Transmission  |   |                |
| Engine Size   | cc  |                |
| Date First Registered <sup>1</sup>  |   |                |
| Fuel type <sup>2</sup>  |   |                |
| Carbon Dioxide (CO2) Emissions  | grams of CO <sub>2</sub><br>per kilometre   |                |
| 1 - If the car was first registered on or after 1 January 19                              | 98, give the approved CO2 emissions at the date of first  | t registration |
| 2 - Fuel types:   | F - Diesel cars meeting Euro standard 6d D - Other fully diesel cars E- Pure electric A - Any other fuel, including diesel hybrids not falling un | nder F         |
| 3 - Electric range in miles is only required for cars with en                             |   | idoi i         |
| List price of the car at the date of first registration                                   | £ VAT inclusive   |                |
| Price of accessories not included in the price of the car                                 | £ VAT inclusive   |                |
| Date the car was made available to the employee   | From To   |                |
| Capital contribution made by the employee towards the cost of the car and for accessories | £   |                |
| Is fuel for private use provided with this car?   | YES / NO  |                |
| If yes, does the employee reimburse all private fuel used                                 | YES / NO  |                |

Please note that travel to and from a principal workplace in a car counts as a private journey.

### P11D Van Questionnaire 2020/2021

Vans provided to an employee/director for private use in addition to business use and ordinary commuting.

#### To be completed if any of the following apply:-

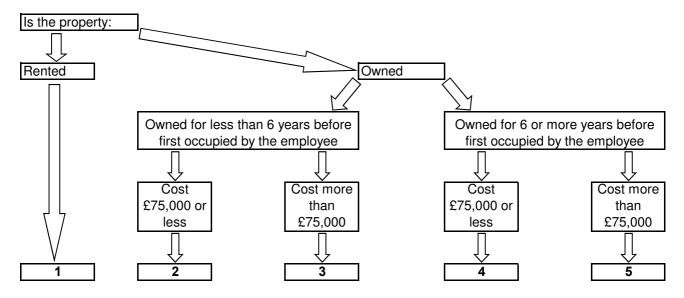
- 1 The van is used to do supermarket shopping most weeks.
- 2 The van is taken away and used on holiday.
- 3 The van is used outside of work for non-business activities more than four times a year.

| Company Name  |      |   |
|---|------|---|
|   |      |   |
| Employee or Director's Name                               |      |   |
|   |      |   |
| Employee or Director's National Insurance<br>Number       |      |   |
|   |      |   |
| Registration Number                                       |      |   |
|   |      |   |
| Date First Registered                                     |      |   |
|   |      |   |
| Date the van was made available to the employee           | From | То                                      |
|   | _1   |   |
| Name of employee who the van is shared with               |      |   |
|   |      |   |
| Date the van was shared                                   | From | То                                      |
|   |      |   |
| Percentage of sharing between employee's                  |      |   |
|   |      |   |
| Is the van fully electric?                                |      | YES / NO                                |
| · · · · · · · · · · · · · · · · · · ·                     |      |   |
| Is fuel for private use provided with this van?           | Τ    | YES / NO                                |
| in the private and provided that the fall                 |      | - · · · · · · · · · · · · · · · · · · · |
| If yes, does the employee reimburse all private fuel used |      | YES / NO                                |
| · · · · · · · · · · · · · · · · · · ·                     |      | · · · · · · · · · · · · · · · · · · ·   |

Please note that travel to and from a workplace in a van counts as a business journey.

<sup>1 -</sup> HMRC deem that business mileage is allowed at 45p per business mile for the first 10,000 miles; 25p per business mile thereafter. Please note that travel to and from a workplace in a van counts as a business journey.

## P11D Living Accommodation Questionnaire 2020/2021



Select property type: 1 / 2 / 3 / 4 / 5 and complete relevant questions

| Question   | Applicable to property types: | Response                             |
|--|-------------------------------|--------------------------------------|
| What rent has been paid by the employer during the year?   | 1                             |                                      |
| What is the gross rateable value of the property?  | all types                     |                                      |
| What improvement costs have been incurred by the employer since acquisition?   | types 2 to 5                  |                                      |
| What (if any) capital contribution was made by the employee to the above improvement costs?  | types 2 to 5                  |                                      |
| What was the market value of the property when it was <b>first</b> occupied by the employee?   | types 4 & 5                   |                                      |
| What rent has been paid by the employee during the year?   | all types                     |                                      |
| What expenses (light and heat, council tax, maintenance etc) have been borne by the employer and not reimbursed by the employee during the year? | all types                     | Please detail on<br>a separate sheet |
| If the property is furnished, what was the original cost of all the furnishings currently in the property?                                       | all types                     | Please detail on<br>a separate sheet |

Where the property qualifies for an exemption from a benefit arising, please provide details on a separate sheet.