



# SCHEDULE 3 EMPLOYEE EXPENSES CLAIM

# IT01/IT05

Year of Assessment

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1. Name	2. Taxpayer Registration Number
3) List parishes travelled to and frequency of visits. (that is, daily/ weekly/ monthly/ annually)	
4) If you use your own transport for business purposes, please state: Type, make and year: _____ cc rating: _____ Average km. per litre: _____ Cost to you: \$ _____ Date of purchase: _____ <span style="float: right;">(year / month / day)</span>	
5) Approximate total mileage usage of the car during the year: _____ kilometres	
6) Approximate total mileage used for private purposes during the year: _____ kilometres	
7) Is vehicle still in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8) If no, how was vehicle disposed of? <input type="checkbox"/> Sold <input type="checkbox"/> Scrapped <input type="checkbox"/> Stolen <input type="checkbox"/> Other, please state:	
9) If sold or scrapped, please state:    Amount realised: \$ _____ Date of sale: _____ <span style="float: right;">(year / month / day)</span>	

### Particulars of Expenses Claimed

*(Where an item is estimated, it should be so described and the basis of estimation stated).      Receipt bills for items may be requested.)*

#### Motor Vehicle Expenses:

Petrol: _____ Litres at \$ _____ per Litre . . . . .	10	
Oil: _____ Litres at \$ _____ per Litre . . . . .	11	
Repairs, tyres, etc. . . . .	12	
Motor Vehicle insurance . . . . .	13	
Motor Vehicle Fitness & Registration . . . . .	14	
Total Motor Vehicle Expenses (Add Lines 10, 11, 12, 13 and 14) . . . . .	15	
Less Motor Vehicle Expense relating to private purposes (Divide Line 6 by line 5 & multiply by Line 15) . . . . .	16	
Net Motor Vehicle Expenses relating to business purposes (Subtract Line 16 from Line 15) . . . . .	17	

#### Indirect Expenses:

Hotel expenses for the year:

_____ nights at \$ _____ average per night . . . . .	18	
Less estimated cost of living at home for the same period:		
_____ nights at \$ _____ average per night . . . . .	19	
Net hotel expenses (Subtract Line 19 from Line 18) . . . . .	20	
Other expenses . . . . .	21	

#### Reimbursed Amounts:

Amounts received from your employer(s) for:

Subsistence . . . . .	22	
Car allowance . . . . .	23	
Other items (please state) . . . . .	24	
Total Reimbursements (Add Lines 22, 23 & 24) . . . . .	25	
Net Amount Claimed (Add Lines 17, 20 & 21 & subtract Line 25) . . . . .	26	

**NB: Net Amount Claimed (Line 26) to be transferred to Section B, line 14 of IT05 (Individual PAYE, Pensioners Etc...) or Section B, line 24 of IT01 (Self Employed Individual)**