



SMA Seminar: Tax Obligations on Medical Practice



Date: 8 March 2014, Saturday

Time: 2 pm - 4.30 pm

Venue: Scotts Medical Center, #08-07 Pacific Plaza, 9 Scotts Rd, Singapore 228210

Number of CME points: Pending approval from the Singapore Medical Council

To register, fill in the form below or visit <http://www.sma.org.sg/academy>.

(You may bring along one staff to the seminar or register your staff to attend on your behalf.)

Topics to be covered:

- Basic Tax Understanding
- Tax Obligations as a Business/Personal Income Tax
- Tax Obligations as a Company
- Productivity and Innovation Credit Scheme
- GST Requirements and Issues
- Common Errors Noted in the Audit of Medical Practitioners
- Discussion on Budget 2014
- Questions and Answers

In Collaboration With:



PROGRAMME

- 2 pm **Registration** (Refreshments Provided)
- 2.30 pm **Tax Obligations**
- Inland Revenue Authority of Singapore (IRAS)
- 3 pm **Productivity and Innovation Credit Scheme**
- IRAS
- 3.45 pm **Budget 2014 and Its Implications**
- Ms Koh Puay Hoon, Partner, Tax Services, RSM Chio Lim
- 4.15 pm **Panel Discussion**
Questions and Answers
- 4.30 pm **End of Seminar**

Please attach this slip when making payment for SMA Seminar: Tax Obligations on Medical Practice. Send your credit card details/mail your cheque to **Denise Tan, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 6223 1264, fax: 6224 7827 or email: denisetan@sma.org.sg**. A confirmation email will be issued to all applicants.

Name: _____ Handphone No.: _____

Email: _____ Profession/Specialty: _____

MCR No.: _____ SMA Member: Yes / No

Name of staff I would like to register for: _____

I would like to (registration fees inclusive of GST):

- Register myself for the seminar (SMA member: complimentary, non-member: \$80)
- Register my staff to attend the seminar on my behalf (SMA member: complimentary, non-member: \$80)
- Register both myself and my staff for the seminar (SMA member: complimentary, non-member: \$100)

Mode of payment

Credit Card
VISA/MasterCard No.: _____

Expiry Date: _____ / _____ CVV2/CVC2 No.: _____

Cheque (payable to Singapore Medical Association)
Bank: _____ Cheque No.: _____

Signature: _____ Date: _____