



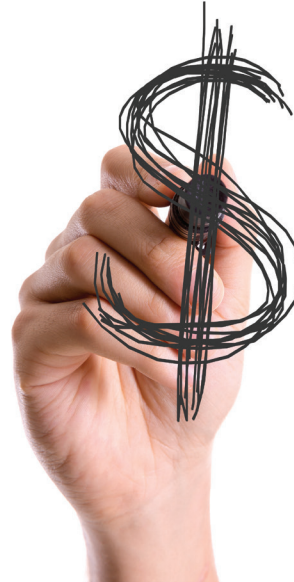
For Doctors, For Patients

SMA Seminar: Tax Obligations on Medical Practice

Date: 09 April 2016, Saturday
Venue: M Hotel, Level 10

Time: 1 pm – 4.30 pm
CPE Points: Max 2

TIME FOR TAXES



Need help? Join us at our seminar to pick up tips from the experts on tax filing and gain insights on initiatives from budget 2016 to support your medical practice.

Who should attend?

Clinic owners (especially new owners and those not represented by tax agents), and representatives who are responsible for the preparation and filing of the Income Tax Return and other corporate tax matters.

1 pm	Registration (Lunch will be provided)
2 pm	Tax Obligations of a Medical Practitioner <i>Mr Shajahan, Senior Tax Auditor, (Individual Income Tax – Ruling & Compliance Branch), Inland Revenue Authority of Singapore (IRAS)</i>
2.30 pm	Productivity and Innovation Credit (PIC) Scheme – Find out what's new! <i>Ms Elyn Hong, Senior Tax Officer (Individual Income Tax – Self-Employed Branch), IRAS</i>
3.15 pm	Budget 2016 and its Implications <i>Ms Koh Puay Hoon, Partner, Tax Services, RSM Chio Lim</i>
3.45 pm	Questions & Answers
4 pm	Tax Planning <i>Mr Stephan Chew, Principal Consultant, Summit Planners Pte Ltd</i>
4.20 pm	Closing

Please return this slip for SMA Seminar: Tax Obligations on Medical Practice to **Carina Lee, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850**. Tel: 62231264, fax: 62247827 or email: carinalee@sma.org.sg. A confirmation email will be issued to all applicants.

Name: _____ MCR no.: _____ Specialty: _____

Contact no.: _____ Email: _____

Mailing address: _____

I would like to (inclusive of GST):

- Register myself for the seminar (SMA Member: complimentary, Non-member: \$80)
 Register my staff to attend 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/ Master Card no.: _____ - _____ - _____ - _____
 Expiry date: _____ / _____ CVV2/CVC2 no.: _____
- Cheque (payable to Singapore Medical Association)
 Bank: _____ Cheque no.: _____
 Signature: _____ Date: _____

By registering for this event, you consent to the collection, usage and disclosure of personal data provided for the purpose of this event, as well as having your photographs and/or videos taken by SMA and its appointed agents for the purpose of publicity and reporting of the event.