

INSTRUCTIONS

Dear tax claimant,

Thank you for requesting our Welcome Pack!

Please fill the maximum information requested on our questionnaire, as it will make your claim quicker to be dealt with.

Please sign each FORMS were marked by the big **X**

Please DO NOT complete the forms, you have just to sign the forms, as some fields may make you lose your right to a refund.

A STATEMENT OF EARNINGS is the only document that can be used as the substitute of a P45's or P60's. Photocopies are not accepted by the HM Revenue & Customs.

Please send enclosed a copy of your passport (if you do not have a National Insurance number).

Return the all signs forms and completed questionnaire, altogether with yours documents to:

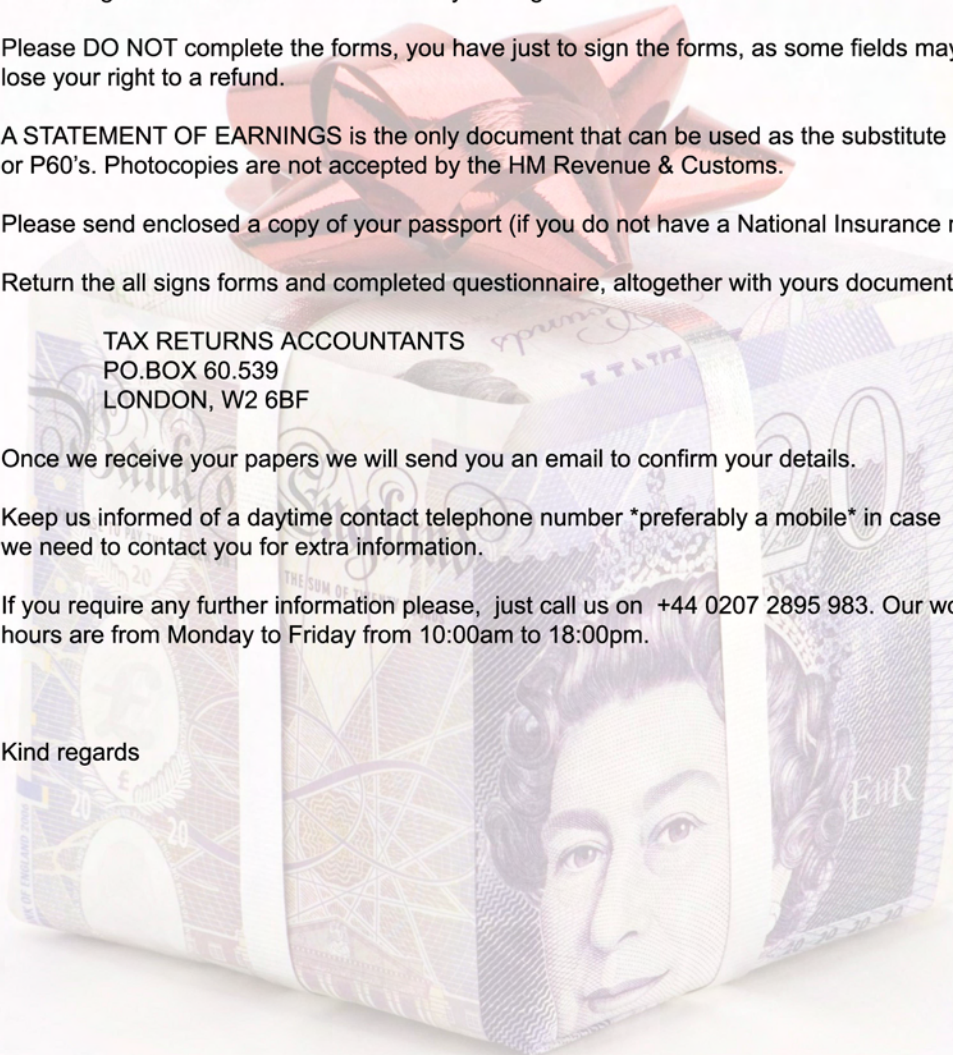
TAX RETURNS ACCOUNTANTS
PO.BOX 60.539
LONDON, W2 6BF

Once we receive your papers we will send you an email to confirm your details.

Keep us informed of a daytime contact telephone number *preferably a mobile* in case we need to contact you for extra information.

If you require any further information please, just call us on +44 0207 2895 983. Our working hours are from Monday to Friday from 10:00am to 18:00pm.

Kind regards



Personal Details

Full Name	<input type="text"/>	National Insur.	<input type="text"/>
Address in UK	<input type="text"/>	UTR	<input type="text"/>
	Postcode <input type="text"/>	Date of Birth	<input type="text"/>
Address abroad	<input type="text"/>	Telephone	<input type="text"/>
	Postcode <input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>	Nationality	<input type="text"/>
Spouse	<input type="text"/>	Date of Arrival UK	<input type="text"/>
	DOB <input type="text"/>	Date of Departure UK	<input type="text"/>
		Date of Marriage	<input type="text"/>
How did you hear about us?	<input type="checkbox"/> Magazine <input type="checkbox"/> Internet <input type="checkbox"/> friends <input type="checkbox"/> Other		Have you ever claimed tax refund? which tax year for? <input type="text"/> Have you ever been self-employed or worked within CIS? yes <input type="checkbox"/> no <input type="checkbox"/>

Employment details



Please give details of all the employers you have had in UK also include periods of unemployment and claiming benefits. Please ensure that all information are accurate, otherwise it may result in delays and changes in your estimated refund due incorrect information. If necessary, please attach any additional paper.

Employment Date		Employer's Name	Document Supplied
From	Until		
			P45 /P60 /SOE
			P45 /P60 /SOE
			P45 /P60 /SOE
			P45 /P60 /SOE
			P45 /P60 /SOE
			P45 /P60 /SOE

Bank Details



How do you want to receive your refund?

☐ UK Bank Transfer (free)
☐ International Bank Transfer (£10)

☐ Cheque (free)
☐ Cash (2,5% or Min £10)

Bank Name	<input type="text"/>	Sort Code	<input type="text"/>
Holders Name	<input type="text"/>	Account	<input type="text"/>
Address	<input type="text"/>	CPF/Swift	<input type="text"/>

I authorise Tax Returns Accountants pay into above into to the above bank account, my UK income tax refund, and I understand, that Tax Returns Responsibilities cease once this payment has been made.

Date: ____/____/____

Signature: **X** _____

office use only

1. The Service

1.1 I have agreed that Tax Returns Accountants will be acting on my behalf regarding to my PAYE tax claim or SA/CIS tax return. I have signed the 64-8 form in accordance.

1.2 I have provided a true statement of my personal details and employment records.

1.3 Tax Returns Accountants can not be held responsible for claims of clients who does not hold a National Insurance Number, provide inaccurate personal information or insufficient documents.

1.4 Tax Returns Accountants estimates the claims to be concluded within 8 weeks. I understand that Tax Returns Accountants is not HM Revenue & Customs. Therefore, once your claim is submitted to HM Revenue & Customs, it could take longer than the estimated time. I may contact Tax Returns Accountants for any queries after 8 weeks.

1.5 As a SA/CIS client, I am fully aware if I do not keep a proper record of my expenses and earnings (invoices, bank statements, receipts, etc.) for at least 6 years. I might be prosecuted by an internal inspector of taxes from HM Revenue & Customs.

2. The Charges

2.1 Tax Returns Accountants works on a "no refund, no fee" bases. However, fees may be applied to some SA/CIS Claim.

2.2 For PAYE claims will be charge a commission of 20% or a minimum fee of £50.00.

2.3 For SA/CIS claims will be charge a commission of 20% or a minimum fee of £220.00.

2.4 As a SA/CIS client, there will be an additional charge of £220 for any amendment on my previous Tax Returns.

2.5 As a client, I am fully aware that tax enquires due to incomplete or misleading information, would incur a £30 charge for extra administration services (telephone, correspondence, etc.). Also the refund estimated may change due to incorrect information.

2.6 If I decide to withdraw my claim from Tax Returns Accountants, I agree to pay the full fee within 14 days by cheque or bank transfer. If HM Revenue & Customs sent the repayment direct to me, I agree to pay Tax Returns Accountants fees within 14 days upon fund clearance. If the repayment may be withheld by HM Revenue & Customs due incomplete information, previous debits or tax enquires, I agree to pay the full fee to Tax Returns accountants within 14 days.

2.7 Tax Returns Accountants will charge an additional fee of £20.00 for any extra claim information.

3. The Payment

3.1 Tax Returns Accountants will make your repayment once the claims funds have been cleared into our account.

3.2 For International Bank Transfer an additional fee of £20.00 will be charged.

3.3 If I would like the payment to be made to other person account, I must provide a authorisation (letter), giving the Tax Returns Accountants authority to release the payment.

3.4 For payment payment authorised to any other person an proof of identity will be required.

I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS MENTIONED ABOVE.

Client's Signature: **X**_____ Date: _____

Signed on Behalf of Tax Returns Accountants _____

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Client's Signature: **X** _____ Date: _____

Signed on Behalf of Tax Returns Accountants _____

Please complete, sign, then send this form to your
HM Revenue & Customs office. Use **CAPITAL** letters

Date received by HM Revenue & Customs

Details of Claimant

Full name
Address
Postcode

Claim

I claim repayment of the amount overpaid by me, (for non SA claims the period
or year ended must be entered in the box aside).

/	/
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Claimant's
signature

X

Date

/	/
---	---

If you complete a Self Assessment Return your repayment will usually be sent direct to you or your nominee's bank or building society account. Please include the branch sort code, the account number and if appropriate, the name and address of the nominee in the authority below. If you or your nominee does not have a bank account, we can arrange for repayment to be made in the form of a payable order but you or your nominee will need to open a bank or building society account in order to cash it. If the repayment is to be sent to your nominee by payable order, the nominee's name and address must be entered in the authority below.

If you do not complete a Self Assessment Return your repayment will be made in the form of a payable order, which must be paid into a bank or building society account. If you do not have a bank or building society account you should nominate someone who does to receive the order for you. If the repayment is to be sent to a nominee or posted direct to your bank or building society by payable order, the name and address must be entered in the authority below. Also include your account number and sort code if the payable order is to be posted direct to your bank or building society.

Authority

I authorise nominee/agent (*delete as appropriate*)*

TAX RETURNS ACCOUNTANTS

of (*full address*)

402 B, HARROW ROAD
MAIDA HILL
LONDON
Postcode W9 2HU

Your/your nominee's bank or building society
account number (*delete as appropriate*)

XXXXXXXXXX

Branch Sort Code

XXX

Agent's reference (*if applicable*)

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to receive on my behalf the amount due.

Claimant's
signature

X

Date

/	/
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*enter the name of the account holder or the person who will receive the payable order.

Starting from _____, please list in **date order** all the jobs you have had and any periods when you were out of work. Please do not leave any gaps between the periods. Please use CAPITAL letters and **continue on a separate sheet of paper if you need to.**

If you have been out of work at any time and claimed Jobseekers Allowance **or** received taxable Incapacity Benefit please tick the appropriate box. If you were not working **and** not getting either of these benefits, please tick the 'Not earning' box.

Date in full for example, 28-06-99		✓ one box only for each period					If you ticked: Employed – enter your employer's full name and address, and Tax reference number (if known) Self-employed – enter your business name and address Jobseekers Allowance or Incapacity Benefit – enter the name of the Benefit Office Not earning – it helps if you can say what you were doing, for example, "abroad" or "in full time education"		Type of job, payroll/works number and branch or site you worked at	Total weekly income (with bonuses and overtime) before stoppages or weekly rate of benefit
From	To	Employed	Self- employed	Jobseekers Allowance	Incapacity Benefit	Not earning				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Tax reference (if known):	<input type="text"/>	£ <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Tax reference (if known):	<input type="text"/>	£ <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Tax reference (if known):	<input type="text"/>	£ <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Tax reference (if known):	<input type="text"/>	£ <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> Tax reference (if known):	<input type="text"/>	£ <input type="text"/>	


Pensions

Please complete in all cases

Please ✓ if you receive any of the following

- Pension from a previous employer ☐
(Give your tax reference, if known)
- A state retirement pension ☐
- Any other pension ☐
If you tick this box please state the type of pension below

- Date of birth / /
- Is your new job your only job? (✓) Yes ☐ No ☐
If no, give details of the other employment
(Add tax reference if known)
- What is the amount of your weekly or monthly pay for your current job? £ Weekly ☐ Monthly ☐

- If you agree to us contacting you by phone to discuss any queries, please give a contact number
0 20 7 289 5983 (AGENT)
- Please give your title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ other
- Signature 
- Date / /

D Domicile Information

Complete this Part only if you have answered 'Yes' to any of questions 8 to 11.

- 15 Where was your father domiciled at the date of your birth (in the case of a country with a federal system, please show the particular state or province)?

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- 16 Where do you consider you are domiciled and on what grounds (in the case of a country with a federal system, please show the particular state or province)?

- 17 a. What are your intentions for the future?

- b. If you do not intend to stay permanently in the UK, when and in what circumstances do you envisage that your residence will cease?

E Declaration

I declare that

- I will notify the HM Revenue & Customs without delay if there is a change in my circumstances or intentions which would affect any of the answers given
- the information I have given in this form is correct and complete to the best of my knowledge and belief.

Signature

X

Date

/	/
---	---

Present address

Address
Postcode

If appropriate, please print the full name and address of your present employer

Name
Address
Postcode

Additional Information

--

Please return this form to the HM Revenue & Customs Office that sent it to you.

Section 6 Repayment claim and payment authority*Complete unless directed to Section 7*

If you are being sent abroad by your present employer, any repayment of tax you are due will be dealt with through your employer's HM Revenue & Customs office, go to **Section 7**.

I claim repayment of tax that I may be entitled to for the year ending on 5 April ,
and enclose Parts 2 and 3 of my P45 Details of employee leaving work.

Please enter your address in the box below.

Any repayment will be made direct to you at that address unless you tell us otherwise.

If you want your repayment made to a nominee, complete the remaining boxes in this Section **as well**.

Your address 	Name of nominee TAX RETURNS ACCOUNTANTS
	Address 402 B, HARROW ROAD
	MAIDA HILL
 Postcode	LONDON Postcode W9 2HU

Enter the account details where the nominee is a bank or building society

Branch Sort Code	<div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div></div>	Account number	<div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div></div>
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I authorise repayment to be made to the person, bank or building society shown above.

Signature

X

Date

 / / **Section 7 Declaration***You can be prosecuted if you give false information*

The information I have given on this form is correct and complete to the best of my knowledge and belief.

Signature

X

Date

 / /

Print your full name

Please enter here a telephone number *including dialling code* at which we can contact you with any questions.

02072895983 (AGENT)**Notes**

The HMRC website contains information on residence and tax issues that you may find helpful: www.hmrc.gov.uk/cnr

If you are leaving the UK to work abroad, and you or your employer require advice about your **National Insurance liability** contact: **Centre for Non-Residents, Employers Team, Benton Park View, Newcastle Upon Tyne, NE98 1ZZ.**

For use in HM Revenue & Customs office

		Date	Initials
Personal pensions	Notice to S/M	<div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div>	
	Notice to S/A	<div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div>	
Life Assurance Paragraph 14	Notice to P.H.	<div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div>	
	Notice to L.O.	<div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div> / <div style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></div>	