HM Revenue & Customs

Tax claim

If your address is not shown complete the box below

Please complete the reference numbers in the boxes below.

SA reference

Employer PAYE reference (if applicable)

/

National Insurance number

Date *DD MM YYYY*

D D M M Y Y Y Y

Phone number

For our opening hours go to **www.hmrc.gov.uk**

Please turn over

What to do now

Please:
- complete and sign this form using capital letters, and
- return it to the adress shown at the top right of page one.

Details of claimant

Surname

First name(s)

Address

Postcode

Claim

I claim repayment of the amount overpaid by me.
For **non-SA claims** please state below the period the
claim relates to. From *DD MM YYYY*

2 0

To *DD MM YYYY*

2 0

If you complete a Self Assessment tax return
- We will usually send your repayment direct to you or
  your nominee's bank or building society account. Please
  include in the Authority below:
  – the name and address of the nominee
  – the account name and number *(if appropriate)*, and
  – the branch sort code.
- If you or your nominee does not have a bank account, we
  can arrange repayment 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 go
  to your nominee by payable order, enter the nominee's
  name and address in the Authority below.

Claimant's signature

Date *DD MM YYYY*

2 0

If you do not complete a Self Assessment tax return
- We will make your repayment 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 you want the repayment sent to a nominee or posted
  direct to your bank or building society by payable order,
  enter the name and address in the Authority below.
  Also include your account number and sort code if the
  payable order is to go direct to your bank or building
  society account.

Authority

I authorise

nominee ☐ agent ☐ *tick as appropriate.*
*Enter the name of the account holder or the person who
will receive the payable order.*

of *full address*

Postcode

to receive the amount due on my behalf.

Agent's reference *if appropriate.*

Your ☐ Your nominee's ☐ *tick as appropriate*

Name of account holder

Bank or building society account number

Branch sort code

☐☐ – ☐☐ – ☐☐

Address of bank or building society where account is held

Postcode

Claimant's signature

Date *DD MM YYYY*

2 0