

Tax Information Pack



CONTENTS

Information required for Tax Review

HMRC Form 64-8 (Authority to deal directly with HMRC)

Form R38 (Tax Refund request)

The **Tax Academy CIC** is a Social Enterprise created to help Prisoners, Ex-Offenders and those that simply cannot afford professional advice with their tax affairs.

The **Tax Academy CIC** is a member of the **HMRC Individuals Stakeholder Forum** and the **HMRC Voluntary Sector Tax Resolution Service (VSTRS)**.

The **Tax Academy CIC** is the leading provider of Tax Support in prisons.

When completing the Tax Review Information form attached, please provide as much detail as possible such as employment history, type of job and whether you paid any job-related costs such as subscriptions, uniforms, mileage etc. Please also enclose any letters from **HMRC** or any paperwork that you might have.

SELF-EMPLOYED

- FREE COMPLETION AND SUBMISSION OF SELF-ASSESSMENT RETURNS
- FREE TAX REVIEW (FOUR YEARS)
- FREE TAX PENALTY APPEALS
- WE SPECIALISE IN HELPING YOU WHERE THERE ARE MULTIPLE TAX YEARS OUTSTANDING!
- WE HELP THOSE PARTICULARLY IN THE CONSTRUCTION INDUSTRY

EMPLOYED (PAYE)

- IF YOU PAID TAX YOU ARE POSSIBLY ENTITLED TO A TAX REFUND
- FREE TAX REVIEW (FOUR YEARS)
- REFUNDS CAN BE PAID INTO YOUR SPENDS ACCOUNT IN PRISON OR YOUR PERSONAL BANK ACCOUNT
- FREE TAX SUPPORT WITH YOUR TAX AFFAIRS AFTER RELEASE INCLUDING TAX CODE CHECK

FREE TAX SUPPORT WITH YOUR TAX AFFAIRS AFTER RELEASE

FREE ACCOUNTING SOFTWARE AND ACCOUNTANCY SUPPORT ON RELEASE

By signing the enclosed forms you are agreeing for **The Tax Academy CIC** to act directly on your behalf with **HMRC** and for it to deduct a fee of 20% plus VAT from any refund that might be due to you. We receive no grant funding or financial assistance for the work we do, and your contribution will be used to help others with their tax affairs whilst in prison. **There is no charge for any of our work unless there is a tax refund.**

Please send forms to:

Paul Retout, The Tax Academy CIC
Unit 4 | Ffordd Yr Onnen | Lon Parcwr Business Park
Ruthin | Denbighshire LL15 1NJ
Telephone: 01824 704535


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Information required for Tax Review



PERSONAL DETAILS

First name:

Date of birth:

Middle name:

National Insurance Number:

Surname:

PRISON DETAILS

Prison:

Prison number:

Date entered prison:

Date of release (if known):

OTHER DETAILS

Contact address:

Contact telephone number:

.....
.....
.....
.....

.....

Are you married? - YES/NO

If YES, is your spouse in employment
or been previously employed? - YES/NO

EMPLOYMENT DETAILS

Self-employed – YES/NO

Self-employment /employment history:

2020/21

2016/17

2019/20

2015/16

2018/19

2014/15

2017/18

Please supply further information on a separate piece of paper.

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Please tick the box(es) and provide the reference(s) requested **only** for those matters for which you want HMRC to deal with your agent.

Individual*/Partnership*/Trust* Tax Affairs ☐ *select

*delete as appropriate (including National Insurance)

Your National Insurance number (individuals only)

--	--	--	--	--	--	--	--

If you are self employed tick here ☐

Unique Taxpayer Reference (UTR) (if applicable)

--	--	--	--	--	--	--	--	--

If UTR not yet issued tick here ☐

If you are a Self Assessment taxpayer, we will send your Statement of Account to you, but if you would like us to send it to your agent instead, please tick here ☐

Tax credits

Your National Insurance number (only if not entered above)

If you have a joint tax credit claim and the other claimant wants HMRC to deal with this agent, they should sign here
Name

Signature

Joint claimant's National Insurance number

Corporation Tax

Company Registration Number

Company's Unique Taxpayer Reference

Employer PAYE Scheme
Employer PAYE reference

SA	☐	<u> </u> / <u> </u> / <u> </u>	COTAX	☐	<u> </u> / <u> </u> / <u> </u>
NIRS	☐	<u> </u> / <u> </u> / <u> </u>	EBS	☐	<u> </u> / <u> </u> / <u> </u>
COP	☐	<u> </u> / <u> </u> / <u> </u>	VAT	☐	<u> </u> / <u> </u> / <u> </u>
NTC	☐	<u> </u> / <u> </u> / <u> </u>	COP link	☐	<u> </u> / <u> </u> / <u> </u>

VAT ☐ (see notes 2 and 5 overleaf)

VAT Registration Number

☐☐☐☐☐☐☐☐☐☐

If not yet registered tick here ☐

Authority for Tax Refund



DETAILS OF CLAIMANT

Name:.....

Prison/Contact Address:.....

National Insurance Number:

.....

.....

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).

2014/15 ☐ 2015/16 ☐ 2016/17 ☐ 2017/18 ☐ 2018/19 ☐ 2019/20 ☐ 2020/21 ☐

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 my agent The Tax Academy CIC™ to receive the payable order.

The Tax Academy CIC™

Unit 4 Ffordd Yr Onnen

Lon Parcwr Business Park

Ruthin

Denbighshire

LL15 1NJ

AGENT BANK DETAILS

Unity Trust Bank plc	Account name:	The Tax Academy CIC Clients' Money
Nine Brindley Place	Sort code:	60-83-01
Birmingham	Account number:	20336479
B1 2HB	Ref: (prison number)	
 Claimant signature:		 Date: