

## Your step-by-step guide to completing your taxpack

CISTaxback.com makes getting your tax back fast and hassle free. You just need to supply a bit of information and we'll do all the hard work.

Here's what you need to do:

### » CISTaxback.com Application form and contracts – Pages 2, 3 and 4

Complete page 2 with your personal and employment information. This information helps us to get you as much tax back as possible, so give as many details as you can. Write on the back of the page if you need to. Pages 3 and 4 are contracts - sign both and keep one for yourself.

**Don't forget to give us your current address on Page 2**

### » The Tax Forms – Pages 5 - 10

These tax forms only need to be signed where indicated by the black pens – there should be 8 signatures in total. You need to sign them in exactly the same way as in your passport. The tax office is very strict on how the tax forms are filled out. – you just need to sign and we'll do the rest.

**Do not complete any other information on the tax forms. If you add any additional information on these forms it may delay your tax refund.**

Post your forms to:

**CISTAXBACK.com FREEPOST RLYA-UGKC-UXAL, 167 Earls Court Road, London SW5 9RF**

### CHECKLIST:

Use this checklist to make sure you've done everything you need.

#### I have:

1. Completed and signed the application form and contracts ( <b>pages 2, 3 and 4</b> ) in full	<input type="checkbox"/>
2. Only signed the rest of the forms where indicated by the black pen and have not filled in any other information on these forms:	<input type="checkbox"/>
• <b>Page 3:</b> One signature.	<input type="checkbox"/>
• <b>Page 4:</b> One signature - Keep this as your copy.	<input type="checkbox"/>
• <b>Page 5:</b> One signature - Tax office form (authorising your agent).	<input type="checkbox"/>
• <b>Page 6:</b> Two signatures - Tax office form with our bank details.	<input type="checkbox"/>
• <b>Page 7:</b> One signature - Tax office form (Domicile Information). Do not complete, just sign.	<input type="checkbox"/>
• <b>Page 8:</b> Two signatures - Tax office form. Do not complete, just sign twice.	<input type="checkbox"/>
• <b>Page 9:</b> One signature - Tax office form. Do not complete, just sign.	<input type="checkbox"/>
• <b>Page 10:</b> One signature - Tax office form. Do not complete, just sign.	<input type="checkbox"/>
3. Enclosed any evidence of income and tax paid (invoice book, monthly statements, CIS certs, receipts).	<input type="checkbox"/>
4. Enclosed a copy of my passport (signature and photo page).	<input type="checkbox"/>
5. Made a photocopy of all my paperwork for my records.	<input type="checkbox"/>

**Do you have any questions?** Visit our website at [www.cistaxback.com](http://www.cistaxback.com)





*Please make sure to sign the form below.*

**Customer Contract**

1. I.....have instructed CISTAXBACK to act as my agent for my tax rebate claim. I have completed and signed form 64-8 to this effect.
2. I have read and completed a copy of the questionnaire and certify that it shows a true representation of my personal details and UK employment history. (I am aware that if I do not provide CISTAXBACK with the correct information a resubmission fee of £50 may be applicable).
3. I agree that the rebate shall be made payable to CISTAXBACK.
4. This contract is binding on both parties until the completion of payment made by CISTAXBACK.
5. CISTAXBACK will charge a commission rate of 15%. The claim takes approx 2-3 weeks on average. All clients will be subject to a minimum charge of £150. (You will not be charged commission and £150).
6. The commission rate is exclusive of Value Added Tax.
7. All correspondence, telephone, postal and incidental costs will be paid for by CISTAXBACK and are inclusive in the fee.
8. A telex transfer to Australia, New Zealand or South Africa costs £30. Telex transfer costs vary to all other countries.
9. CISTAXBACK reserve the right to refuse to process any claim without reason.
10. If you do not provide all the relevant documentation (CIS vouchers, Statement of Earnings, etc) CISTAXBACK will chase these up on your behalf. An additional charge of £20 will be charged for each document successfully obtained.
11. None of the above clauses affect your statutory rights.

Name in print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature:  \_\_\_\_\_



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Name in print: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Please read the notes on the back before completing this authority. This authority allows us to exchange and disclose information about you with your agent and to deal with them on matters within the responsibility of HM Revenue & Customs (HMRC), as specified on this form. This overrides any earlier authority given to HMRC. We will hold this authority until you tell us that the details have changed.

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.

I, (print your name)

of (name of your business, company or trust if applicable)

authorise HMRC to disclose information to

(agent's business name) **CIS Taxback**

who is acting on my/our behalf. This authorisation is limited to the matters shown on the right-hand side of this form.

Signature see note 1 before signing



Date

Give your personal details or Company registered office here

Address

Postcode

Telephone number

Give your agent's details here

Address

**CISTaxback.com**  
Construction Industry Refunds



**CISTaxback**

167 Earls Court Road  
London

Postcode

SW5 9RF

Telephone number

+44 207 244 6666

Agent codes (SA/CT/PAYE)

Client reference

For official use only

SA  / /  
NIRS  / /  
COP  / /  
NTC  / /

COTAX  / /  
EBS  / /  
VAT  / /  
COP link  / /

Individual\*/Partnership\*/Trust\* Tax Affairs   
\*delete as appropriate (including National Insurance).

Your National Insurance number (individuals only)

If you are self employed tick here

Unique Taxpayer Reference (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

Accounts Office reference

VAT  (see notes 2 and 5 overleaf)

VAT registration number

If not yet registered tick here

Please complete this form and then send it to your Inland Revenue office

Use CAPITAL letters

Date received by Inland Revenue office

## Details of Claimant

Full name
Address
Postcode

## Claim

I claim repayment of the amount due to me for the period or year ended

/	/
---	---

Signature


---

Date

/	/
---	---

Any repayment due 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 in your own name you should nominate someone else who does to receive the order for you.** The authority below can also be used to arrange for the repayment to be made either direct to your **own** bank or building society account **or** to the address of any person you wish to receive the payable order on your behalf. If you want the order to be sent direct to your own account please state your account number and the name and address of your bank or building society branch in the 'Authority' section below. This nomination relates to this claim only.

## Authority

Your bank or building society account number

<b>60321648</b>
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Branch Sort Code

<b>20-06-05</b>
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I authorise (*full name*)

<b>CISTaxback</b>
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of (*full address*)

	167 Earls Court Road
	London
	SW5 9RF

to receive on my behalf the amount due.

Claimant's signature


---

Date

/	/
---	---

## Part D Domicile Information

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

15 What is your date of birth?

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

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

18 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?

## Part E Declaration

I declare that

- I will notify the UK Inland Revenue 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

Date

Present address

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

Additional Information

Do you have a personal pension?

Yes  No

• If 'Yes' give details of all contributions you will continue to pay after leaving the UK

Name of personal pension scheme

Contract number

Contributions payable in the year to 5.4. £

• Did you notify your personal pension provider of your date of departure from the UK?

Yes  No

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 Inland Revenue 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.

You may have your repayment made

- to your bank or building society, or to any other person on your behalf, in the United Kingdom, or
• to branches of certain banks or a company set up by a UK bank, in the Irish Republic, the Isle of Man, or the Channel Islands.

Your address Postcode

Name of nominee CISTaxback
Address 167 Earls Court Road London Postcode SW5 9RF

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

Branch Sort Code

20-06-05

Account number

60321648

I authorise repayment to be made to the person, bank or building society shown above.

Signature

Signature box with pen icon

Date

Date box with slashes

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

Signature box with pen icon

Date

Date box with slashes

Print your full name

Print your full name box

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

Telephone number box

Notes

Broadly, if you are resident in the United Kingdom you will pay UK tax on all your income. If you are not resident you will pay UK tax only on income arising in the UK.

You will be not resident if, for example

- you will be living and working full-time in another country for at least a full tax year, and
• your visits back to the UK will total less than 183 days in any specific tax year, and average less than 91 days a tax year.

You can find more information in booklet IR20 Residents and Non-Residents - Liability to tax in the United Kingdom, available from any Inland Revenue Enquiry Centre or Inland Revenue office.

If you need help completing this form, contact the Inland Revenue office shown on the front.

If you are leaving the UK to work abroad, and you or your employer require advice about your National Insurance liability contact: National Insurance Contributions Office, International Services, Employers Unit, Longbenton, Newcastle Upon Tyne, NE98 1ZZ.

For use in the Inland Revenue office

Table with columns for Date and Initials, and rows for Personal pensions (Notice to S/M, Notice to S/A), Life Assurance (Notice to P.H., Notice to L.O.), Copy to Central Unit MIRAS, and Miras 80 to Central Unit if appropriate.




## Your tax adviser, if you have one

15	Your tax adviser's name	<input type="text" value="CISTaxback"/> <input type="text"/>	17	The first line of their address and the postcode	<input type="text" value="CISTaxback"/> <input type="text" value="167 Earls Court Road"/> <input type="text" value="SW5 9RF"/>
16	Their phone number	<input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> <input type="text"/>	18	The reference your adviser uses for you	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Any other information

19 Please give any other information in this space

## Signing your form and sending it back

20	If this Tax Return contains provisional or estimated figures, put 'X' in the box	<input type="checkbox"/>	21	If you are enclosing separate supplementary pages, put 'X' in the box	<input type="checkbox"/>
22 If you give false information, you may have to pay financial penalties and face prosecution. Please sign and date this form.					
The information I have given on this Tax Return and any supplementary pages is correct and complete to the best of my knowledge and belief					
Signature 				Date DD MM YYYY	
<input type="text"/>				<input type="text"/>	
23 If you have signed on behalf of someone else, enter the capacity. For example, executor, receiver				25 If you filled in boxes 23 and 24 enter your name	
<input type="text"/>				<input type="text"/>	
24 Enter the name of the person you have signed for				26 and your address	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				<input type="text"/>	

**Finally**, please send us your completed form in the envelope provided.