

Tax reference

National Insurance number

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*Please use these if you write or call.
It will help to avoid delay.*



You could end up paying too much tax if you do not complete this form.

I need to check that the record of your recent jobs (or any periods when you were not working) is correct.

To do this I need your help. Please answer the questions on the back of this form and then return it to me in the envelope provided.

Address

- If the address above is wrong or incomplete, please give the correct address here

Postcode

- If you have changed your address in the last 12 months, please give your previous address here – this will help me find any earlier tax records for you

Postcode

National Insurance number

If your National Insurance number is different from the one shown at the top of this form, please give the correct one here

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please turn over ►

Issued by

Jobs

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 <i>for example, 28-06-99</i>		✓ 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"/> <small>Tax reference (if known):</small>	<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"/> <small>Tax reference (if known):</small>	<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"/> <small>Tax reference (if known):</small>	<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"/> <small>Tax reference (if known):</small>	<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"/> <small>Tax reference (if known):</small>	<input type="text"/>	£ <input type="text"/>

Pensions

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

Please complete in all cases

- 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

- Please give your title: Mr Mrs Miss
Ms other

Signature

Date

 / /