

## Tax Credits appeal form

## Fill in this form if you want to appeal against your Tax Credits notice.

Title, enter MR, MRS, MISS, MS, or other title  Surname	Have you arranged for someone to help with your appeal? Put 'X' in one box only.  No Yes Please give their name and address  Their full name
All other names	Address, including postcode
Your date of birth  D D M M Y Y Y Y	
National Insurance number  A A 1 2 3 4 5 6 A	
Address, including postcode	<ul> <li>Use the space below to tell us why you do not agree with the notice.</li> <li>You must say why you think the notice is wrong. If you think that some information we have is wrong, please tell us what you believe is the right information.</li> <li>If you are appealing against more than one notice, please tell us the date of each one, and give reasons why you disagree with each one.</li> <li>If you are appealing more than 30 days after the notice was sent to you, please say why your appeal was delayed.</li> </ul>
Daytime phone number	
I am appealing against the notice dated    D	Continue on the back if you need more space

TC623 BS09/04

## Appeal Form Fill in this form if you want to appeal against your tax credits

Have you, or your partner if you have one, also appealed Continue to tell us why you do not agree with this decision against a Child Benefit decision? Put 'X' in one box below only. By a partner we mean a person you are married to, or a person you live with as if you are married to them. Date of Child Benefit appeal Your signature If someone has been officially appointed to act for you, they should sign on your behalf. Date What to do now • Make sure you have completed this form in full. • Send this form to the address shown at the top of your notice. • Remember that this form must reach the office within 30 days of the date on your notice. For official use only Date