

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	Have you arranged for someone to help with your appeal?
	Put 'X' in one box only.
	No. Voc. Plazes give their name and address
Surname	No Yes Please give their name and address
Sumanc	Their full name
All other names	
	Address, including postcode
Your date of birth	
National Insurance number	
A A 1 2 3 4 5 6 A	
Address, including postcode	
	Use the space below to tell us why you do not agree with the
	notice.
	• 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.
	 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.
	If you are appealing more than 30 days after the notice was
	sent to you, please say why your appeal was delayed.
Daytime phone number	
I am appealing against the notice dated	
	Continue on the back if you need more space
about my tax credits claim.	

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

Continue to tell us why you do not agree with this decision	Have you, or your partner if you have one, also appealed against a Child Benefit decision? Put 'X' in one box below only.
	No Yes
	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
	DD MM YYYY
	Your signature
	If someone has been officially appointed to act for you, they should sign on your behalf.
	Date
	D D M M Y Y Y Y
	What to do now
	Make sure you have completed this form in full. Can define the address shown at the tag of your paties
	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
	DD MM YYY