

INSTRUCTIONS

Please find enclosed your Tax Pack. We have provided a questionnaire which you are required to complete with your personal details and full UK employment history. This information is necessary to enable us to complete the relevant HMRC tax forms on your behalf.

It is important that the information you provide is accurate, or delays may occur. If you have any queries regarding what is required of you, please do not hesitate to contact us for further assistance.

You can **contact us** on one of the following:

Email: tax@hotelstaff.com

Phone: +44 (0) 845 259 3232

EMPLOYMENT HISTORY

If you have never made a claim for repayment of tax, we will need to provide full details of your employment history since arriving in the UK. Regardless of how short the period of employment, or whether or not you were taxed, we need to include this information in your claim.

If you have made a repayment claim before, we only need to go back as far as the last tax year which was claimed.

DOCUMENT CHECKLIST

Please check that you have provided the following:

YES

- Have you signed Our Agreement to confirm that you are happy for us to act on your behalf?
- Have you provided your personal details, including contact number and email address?
- Have you provided full details of your employment for the period claimed?
- Have you signed the HMRC forms enclosed – 7 signatures in total?
- Have you added ALL your tax documents (P45s, P60s, etc) to your tax pack?

WHAT NEXT?

If you are able tick all of the above, please post all your original documents and tax pack to the following address:

Hotel Staff
2nd Floor, 2 Bath Place
Rivington Street
London, EC2A 3DR

We look forward to receiving your completed tax pack!

HOTEL STAFF RESOURCES LTD

HMRC Registered Agent

Postal Address: 2nd Floor, 2 Bath Place, London EC2A 3DR

Company Number: 07259659

web: www.hotelstaff.com

email: tax@hotelstaff.com

ph: 0845 259 3232

OUR AGREEMENT

This document outlines the **terms and conditions** set by Hotel Staff Resources Ltd, hereafter referred to as 'Hotel Staff', to act as your tax agent. A declaration has been provided further below to confirm that you have read, understood and agree to the following:

- I have appointed Hotel Staff to act on my behalf as my **tax agent** in order to claim a repayment of any overpaid taxes. I have signed a 64-8 form (HMRC form enclosed) confirming their appointment.
 - I am aware that Hotel Staff will charge me a commission fee of **15%** of the refund amount received from HMRC. This will be deducted after my HMRC repayment has cleared into Hotel Staff's bank account.
 - The details for the bank account where I have requested my refund to be paid are correct.
 - I am aware that Hotel Staff will charge an additional £5 to pay my refund into an overseas bank account (non UK).
 - I have completed the employment history form with **full details of my employment** for the period claimed.
 - I am aware that **delays may occur** as a result of not having a permanent NI number, if I fail to disclose full details of my employment, or if HMRC experience processing delays. I will not hold Hotel Staff accountable for such delays as this is beyond their control.
 - Hotel Staff operate on a '**No Refund, No Fee**' basis, with no minimum charge. However, I am aware that this does not apply to the self-employed where a Self Assessment tax return must be completed. Additional fees would apply in this instance.
 - None of the above clauses affect your statutory rights.
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DECLARATION

I, acknowledge that I have read and agree to the above terms and conditions. This confirms that I appoint Hotel Staff to act as my tax agent.

Signed:

Date: / /

Please complete the following questions.
 Only your signature is required on the tax forms marked **Sign Here**
 Ensure you give the correct information, your claim depends on it.
 If you have any questions, please email: **tax@hotelstaff.com**

Personal Information

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Surname	<input type="text"/>	Title (Mr/Miss etc)	<input type="text"/>
NI Number	<input type="text"/>	Date of Birth	<input type="text"/>
Nationality	<input type="text"/>	Country of Birth	<input type="text"/>
Marriage Status	<input type="text"/>	Date of Marriage	<input type="text"/>

Address & Contact Information

UK Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Previous Address (UK)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>
Email	<input type="text"/>	Overseas Address	<input type="text"/> <input type="text"/> <input type="text"/>
Phone No	<input type="text"/>	Country	<input type="text"/>
Overseas No	<input type="text"/>	Post Code	<input type="text"/>

Tax Information

Arrival Date in UK	<input type="text"/>		YES	NO
Departure Date	<input type="text"/>	Have you claimed tax in the UK before ?	<input type="checkbox"/>	<input type="checkbox"/>
Type of Visa	<input type="text"/>	Have you worked through the CIS Scheme ?	<input type="checkbox"/>	<input type="checkbox"/>
		Have you ever been Self Employed ?	<input type="checkbox"/>	<input type="checkbox"/>
		Have you worked through a LTD Company ?	<input type="checkbox"/>	<input type="checkbox"/>

Account where your refund will be paid into

Bank Name	<input type="text"/>	Account No	<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"/>
Acc Holders Name	<input type="text"/>	Sort Code	<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"/>

Please complete the following questions.

Only your signature is required on the tax forms marked **Sign Here**

Ensure you give the correct information, your claim depends on it.

If you have any questions, please email: tax@hotelstaff.com

Employment History - First Employment to Current Employment

1 Employers Name

Starting Date

Leaving Date

Telephone No

2 Employers Name

Starting Date

Leaving Date

Telephone No

3 Employers Name

Starting Date

Leaving Date

Telephone No

4 Employers Name

Starting Date

Leaving Date

Telephone No

5 Employers Name

Starting Date

Leaving Date

Telephone No

6 Employers Name

Starting Date

Leaving Date

Telephone No

Notes

Signature _____

Date _____

Please complete, sign, then send this form to your HM Revenue & Customs office. Use CAPITAL letters

Date received by HM Revenue & Customs

Details of Claimant

Full name
Address
Postcode

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 aside).

/	/
---	---

Claimant's signature



Date

/	/
---	---

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 nominee/agent (delete as appropriate)*

HOTEL STAFF RESOURCES LTD

of (full address)

2ND FLOOR, 2 BATH PLACE
RIVINGTON STREET
LONDON
Postcode EC2A 3DR

Your/your nominee's bank or building society account number (delete as appropriate)

(REPAYMENT CHEQUE)

Branch Sort Code

- N/A -

Agent's reference (if applicable)

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to receive on my behalf the amount due.

Claimant's signature


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Date

/	/
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*enter the name of the account holder or the person who will receive the payable order.

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)
HOTEL STAFF RESOURCES LTD
I agree that the nominated agent has agreed to act on my/our behalf, and the information is correct and complete. The authorisation is limited to the matters shown on the right-hand side of this form.
Signature <small>see note 1 overleaf before signing</small>

Date

Give your personal details or Company registered office here

Address
Postcode
Telephone number

Give your agent's details here

Address	2ND FLOOR
	2 BATH PLACE
	RIVINGTON STREET
	LONDON
Postcode	EC2A 3DR
Telephone number	0845 259 3232
Agent codes (SA/CT/PAYE)	
Client reference	

For official use only

SA	<input type="checkbox"/>	___/___/___	COTAX	<input type="checkbox"/>	___/___/___
NIRS	<input type="checkbox"/>	___/___/___	EBS	<input type="checkbox"/>	___/___/___
COP	<input type="checkbox"/>	___/___/___	VAT	<input type="checkbox"/>	___/___/___
NTC	<input type="checkbox"/>	___/___/___	COP link	<input type="checkbox"/>	___/___/___

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

NOTE: Do not complete this section if you are an employee. Only tick the box if you are an employer operating PAYE

Employer PAYE Scheme

Employer PAYE reference

VAT (see notes 2 and 5 overleaf)

VAT registration number If not yet registered tick here

Current details continued

If you are self-employed, please enter the name and address of the business

Business name
Address
Postcode

Date the business started

	/		/	
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If you are a partner, please enter the full name of the partnership

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Please complete in all cases

Your address (if not correct over the page)

Address
Postcode

Telephone number (including national dialling code)

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Signature

--

SIGN HERE

Your National Insurance number (if not correct over the page)

--	--	--	--	--

Date of birth

	/		/	
--	---	--	---	--

Date

	/		/	
--	---	--	---	--

Employment history

We would like to know what you did since the date shown in BOX A on the front page. Please list in date order, all the jobs you had and any periods when you were out of work. Please continue on a separate sheet if needed.

Date from/to For example Oct 03/Jan 04	Tick the appropriate box that applies to you	Employed - enter your employer's full name, address and tax reference number Self-employed - enter your business name and address Jobseekers Allowance or Incapacity Benefit - enter the name of your Benefit Office	Total weekly income before stoppages and payroll or works number
	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Jobseeker <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Not earning <input type="checkbox"/>	Full name Address Postcode Tax reference	£ Payroll or works number
	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Jobseeker <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Not earning <input type="checkbox"/>	Full name Address Postcode Tax reference	£ Payroll or works number
	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Jobseeker <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Not earning <input type="checkbox"/>	Full name Address Postcode Tax reference	£ Payroll or works number

D Domicile Information

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

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

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

- 17 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?

E Declaration

I declare that

- I will notify the HM Revenue & Customs 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

SIGN HERE

Please return this form to the HM Revenue & Customs Office that sent it to you.

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 HM Revenue & Customs 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.

Your address		Name of nominee	HOTEL STAFF RESOURCES LTD	
		Address	2ND FLOOR, 2 BATH PLACE	
			RIVINGTON STREET	
Postcode		LONDON	Postcode	EC2A 3DR
Enter the account details where the nominee is a bank or building society		Branch Sort Code	- N/A -	Account number
				N/A

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

Signature **SIGN HERE** Date / /

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 **SIGN HERE** Date / /

Print your full name

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

Notes

The HMRC website contains information on residence and tax issues that you may find helpful: www.hmrc.gov.uk/cnr

If you are leaving the UK to work abroad, and you or your employer require advice about your National Insurance liability contact: Centre for Non-Residents, Employers Team, Benton Park View, Newcastle Upon Tyne, NE98 1ZZ.

For use in HM Revenue & Customs office

		Date	Initials
Personal pensions	Notice to S/M	/ /	
	Notice to S/A	/ /	
Life Assurance Paragraph 14	Notice to P.H.	/ /	
	Notice to L.O.	/ /	