

UTR  
Tax reference  
Employer reference

Issue address

Date

HM Revenue & Customs office address

Telephone

For  
Reference

## Your tax return

This notice requires you, by law, to make a return of your taxable income and capital gains, and any documents requested, for the year from 6 April 2010 to 5 April 2011.

### Deadlines

We must receive your tax return by these dates:

- if you are using a **paper** return - by **31 October 2011**, (or 3 months after the date of this notice if that's later), or
- if you are filing a return **online** - by **31 January 2012**, (or 3 months after the date of this notice if that's later).

If your return is late you will be charged a **£100 penalty**. If your return is more than 3 months late, you will be charged daily penalties of £10 a day.

If you pay late you will be charged interest and a late payment penalty.

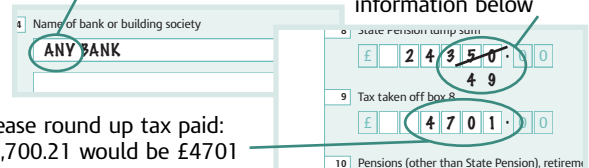
### How to file your return

To file online, go to [www.hmrc.gov.uk/online](http://www.hmrc.gov.uk/online)

To file on paper, please fill in this form using the rules below.

Use black ink and capital letters

Cross out any mistakes and write the correct information below



Please round up tax paid:  
£4,700.21 would be £4701

- Enter your figures in whole pounds - ignore the pence. Round down income and round up expenses and tax paid - it is to your benefit.
- If a box does not apply, please leave it blank - do not strike through empty boxes or write anything else.

## Starting your tax return

Before you start to fill it in, look through your tax return to make sure there is a section for all your income and claims - you may need some separate supplementary pages (see page TR 2 and pages TRG 2 to 6 of the tax return guide). If you need help please use the tax return guide, phone the number shown above or **0845 9000 444**, or go to [www.hmrc.gov.uk/sa](http://www.hmrc.gov.uk/sa)

## Your personal details

<p><b>1</b> Your date of birth - <i>it helps get your tax right</i> DD MM YYYY</p> <p>□□ □□ □□□□</p>	<p><b>3</b> Your phone number</p> <p>□□□□□□□□□□□□□□</p>
<p><b>2</b> Your name and address - <i>if it is different from what is on the front of this form. Please write the correct details underneath the wrong ones, and put 'X' in the box</i></p> <p>□</p>	<p><b>4</b> Your National Insurance number - <i>leave blank if the correct number is shown above</i></p> <p>□□ □□ □□ □□ □□</p>









## Your tax adviser, if you have one

This section is optional. Please see the note on page TRG 24 about authorising your tax adviser.

<b>15</b> Your tax adviser's name <input type="text"/> <input type="text"/>	<b>17</b> The first line of their address and the postcode <input type="text"/> <input type="text"/> <input type="text"/>
<b>16</b> Their phone number <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"/>	<b>18</b> 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

<b>20</b> If this tax return contains provisional or estimated figures, put 'X' in the box <input type="checkbox"/>	<b>21</b> If you are enclosing separate supplementary pages, put 'X' in the box <input type="checkbox"/>
<b>22</b> 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 <span style="float: right;">Date DD MM YYYY <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>	
<b>23</b> If you have signed on behalf of someone else, enter the capacity. For example, executor, receiver <input type="text"/>	<b>25</b> If you filled in boxes 23 and 24 enter your name <input type="text"/> <input type="text"/>
<b>24</b> Enter the name of the person you have signed for <input type="text"/> <input type="text"/>	<b>26</b> and your address <input type="text"/> <input type="text"/>

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