The Treasury

Yn Tashtey

Assessor

Nicola Guffogg

**Income Tax Division**

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**Agent Appointment By An Individual**

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| --- | --- | --- | --- | --- |
| **Agent Tax Reference Number** | |  | | **Income Tax or National Insurance Reference Number** |
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| Please read the notes on the back before completing this authority | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This authority allows the Income Tax Division to exchange information about your income tax and national insurance affairs with your appointed agent. It allows the appointed agent to act as your agent for tax and national insurance, including the submission of Income Tax Returns online and the use of other tax online enquiry and payment services. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | I/We *(capital letters)* | | | |  | | | | | | | | | | | |  | | | | | | | |  |  |
|  | Address | | | |  | | | | | | | | | | | |  | | | | | | | |  |  |
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|  | Post Code |  | | | | | | | | Tel No | | |  | | | | | | Mobile No |  | | | | |  |  |
|  |  | | | | | | | | |  | | |  | | | | | |  |  | | | | |  |  |
|  | authorise *(print your agent’s business name)* | | | | | | | | | |  | |  | | | | | |  |  | | | | |  |  |
|  | Agent’s Address | | | |  | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Post Code |  | | | | | | | | Tel No | | |  | | | | | | Mobile No |  | | | | |  |  |
|  | Fax No |  | | | | | | | | Email | | |  | | | | | | Client Ref |  | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | to act as agent for the following: *(please tick as appropriate, should you not wish your national insurance details to be available to your agent, please indicate)* | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **1) Personal Affairs** | | | | | | |  |  | | | |  | | | | |  | | | | | |  |  |  |
|  | **Including Tax & National Insurance** | | | | | | | | |  | | | | | | | | |  | | | | | |  |  |
|  | 2) Trust | | | | |  | |  |  |  | | | | | | | | | | | | | | |  |  |
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|  | 3) Estate | | | | |  | |  |  |  | | | | | | | | | | | | | | |  |  |
|  |  | | | | |  | |  |  |  | | | | | | | | | | | | | | |  |  |
|  | 4) Employer | | | | | | |  |  |  | | | | | | | | | | | | | | |  |  |
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|  | 5) Contractor | | | | | | |  |  |  | | | | | | | | | | | | | | |  |  |
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|  | 5) Third Party Payer | | | | | | |  |  |  | | | | | | | | | | | | | | |  |  |
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|  | 6) Partnership | | | | | | |  |  |  | | | | | | | | | | | | | | |  |  |
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| **For Official Use** | | | | | | |  | | | | | | | **Please see over.** | | | | | | | | | | | | |
| Client records noted: Initials | | | | | | |  | | | Date | | / / | |  | | | | | | | | | | | |  |
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|  | **This authority replaces any previous authority given by me/us. It applies to the current tax year and all future years and is to remain in force until cancelled by me/us in writing. This authority provides my/our agent with online access to all previous years’ returns and correspondence.** | | | | | | | | | |  |
|  | Signature |  | | | | Date | | / / | |  |  |
|  | *(please read notes below before signing)* | | | |  | |  | |  | |  |
|  | Full name |  | | | |  | |  | |  |  |
|  | *(print)* |  | | | |  | |  | |  |  |
|  | Signature |  | | | | Date | | / / | |  |  |
|  | *(spouse / other)* | | | |  | |  | |  | |  |
|  | Full name |  | | | |  | |  | |  |  |
|  | *(print)* | | | |  | |  | |  | |  |
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**Who is Responsible for Signing this Form?**

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| --- | --- | --- | --- |
|  | **Who the authority is for** | **Who signs the authority** |  |
|  |  |  |  |
|  | You | You. |  |
|  | You and your spouse/civil partner (if jointly assessed) | You and your spouse/civil partner. |  |
|  | Partnership | A partner of the partnership. This authority only applies to the partnership. Individual partners need to sign a separate authority for their individual tax affairs. |  |
|  | Trust | One or more of the trustees. |  |
|  | Employer’s registration | The individual or partners employing staff. |  |
|  | Contractor’s registration | The individual or partners taking on sub-contractors. |  |
|  | Estate | The Executor or Administrator (a copy of Will or Probate must accompany this form). |  |
|  | Power of Attorney | The appointed individual(s) (if not previously submitted, a copy of the Power of Attorney document must accompany this form). |  |
|  | Receiver for an Individual | The appointed individual(s) (if not previously submitted, a copy of the Court Order must accompany this form). |  |
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**PLEASE NOTE: It is your responsibility to make sure that your Income Tax Return is received on time, and to pay any income tax or national insurance that is due.**

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