

**Tax Credit Helpline****0345 300 3900**

Minicom/Textphone

0345 300 3909

If you prefer to speak in Welsh

0300 200 1900

Text Relay service prefix number

18001

Overpayments Dispute Team

Tax Credit Office

PRESTON

PR1 4AT

Please use this form if you think you should not have to pay back your tax credits overpayment because you met your responsibilities but we did not meet ours.

You must send this form back to us within three months from the date of your award notice telling you of the overpayment. The time limit applies to all overpayments on the award notice whether they are new or from previous years.

**Do not** use this form if you need more time to pay the overpayment. You will need to contact the Overpayment Helpline on **0845 302 1429**. If you want to appeal against the decision about the amount of tax credits that you are entitled to, go to [www.hmrc.gov.uk/taxcreditsappeals](http://www.hmrc.gov.uk/taxcreditsappeals) or phone the Tax Credit Helpline on **0345 300 3900**.

If you need more information about the overpayment, please phone the Tax Credit Helpline.

You must tell us within a month of receiving your award notice if any of the information on it about your circumstances is wrong or incomplete. You must also tell us about most changes of circumstances within one month of the change.

**Your responsibilities are to:**

- give us accurate and up to date information
- tell us when your circumstances change
- check the information about your circumstances shown on your award notices and tell us if anything is wrong, missing or incomplete
- check that your payments match the amounts shown on your award notices and tell us if they don't.

**Our responsibilities are to:**

- give you the correct advice
- accurately record and use the information you give us
- change your award, if appropriate, within 30 days of the date we receive new information
- use the information you give us to pay you the right amounts of tax credits.

To find out what you can expect from us and what we expect from you go to [www.hmrc.gov.uk/charter](http://www.hmrc.gov.uk/charter) and have a look at *Your Charter*.

**Your details****1 Your surname****2 Your first name(s)****3 Your National Insurance number****4 Did the overpayment you are disputing happen in a joint claim?**Yes ☐ No ☐

If Yes, please go to question 5.

If No, please go to question 8.

**Your partner's details****5 Your partner's surname****6 Your partner's first name(s)****7 Your partner's National Insurance number**

## About the disputed overpayment

8 In what tax year, or in what period, did the overpayment you are disputing happen?

*This information can be found on your award notices or any letters we have sent you about the overpayment*

9 Did you contact us to tell us that:

• the award notice showed wrong or incomplete personal circumstances?

Yes

☐

No

☐

• your payments did not match those shown on your award notice?

Yes

☐

No

☐

10 Do you think that the overpayment happened because:

• we didn't change your award within 30 days of you telling us about a change that reduced your payments?

Yes

☐

No

☐

• we made a mistake?

Yes

☐

No

☐

• we gave you incorrect advice?

Yes

☐

No

☐

11 For each 'Yes' box you ticked in questions 9 and 10, please give details here about what happened, when this happened and when you got in touch with us. *If you need more space, please continue on a separate sheet: write your name and National Insurance number at the top and attach it to this form*

Date of contact (if known)	Details
<input type="text"/>	<input type="text"/>

12 If you have ticked 'No' to questions 9 and 10, please give details here about why you dispute the overpayment

Please include any exceptional circumstances that meant you were unable to meet your responsibilities at the time.

13 We may need more information from you

Please give us your address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Please give us your phone number to help us deal with your query as soon as possible

Daytime

Mobile

Please give us a time of day, between 8.30am and 5pm Monday to Friday, that you will be available for us to phone you

14 Please sign and date this form

Signature

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"/>
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Please send this form to the address shown on page 1.