

About this form

Only the person who claimed Child Benefit should fill in this form.

Before filling in this form, please read the information at www.hmrc.gov.uk/childbenefitcharge

You can authorise a tax adviser (for example, an accountant) to act on your behalf in relation to matters about the High Income Child Benefit charge. Following authorisation, your tax adviser will be able to:

- ask about any Child Benefit payments you have received
- tell Child Benefit Office of your decision to stop or restart your Child Benefit payments
- discuss matters relating to your decision with Child Benefit Office on your behalf.

You must tell the Child Benefit Office straightaway if you want to remove or change your nominated tax adviser and cancel this authorisation.

It is still your responsibility to tell Child Benefit Office straightaway about any changes that might affect your entitlement to Child Benefit. Child Benefit Office will continue to send correspondence to you, the person who claimed Child Benefit, not your tax adviser. However, if you fill in this form of authority we will answer queries from your tax adviser in writing or by phone in relation to the High Income Child Benefit charge.

How to fill in this form

This form is designed to be downloaded and saved on your computer and filled in on screen. When you have filled it in, you will need to print it, then sign and date the Declaration. If you need to make changes to the form, you will need to amend the form saved on your computer and then print off a new version. When you have filled it in send it to:

Child Benefit Office
PO Box 1
NEWCASTLE UPON TYNE
NE88 1AA

Your rights and obligations

Your Charter explains what you can expect from us and what we expect from you. For more information go to www.hmrc.gov.uk/charter

Your details

Please answer these questions to confirm that you are the person who claimed Child Benefit.

<p>Surname or family name</p> <input type="text"/>	<p>Daytime phone number (including dialling code)</p> <input type="text"/>
<p>First name(s)</p> <input type="text"/>	<p>National Insurance number</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Date of birth DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Child Benefit number</p> <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"/>
<p>Address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	

Child details

Give details of one of the children you claimed Child Benefit for.

Surname or family name <input type="text"/>	First name(s) <input type="text"/> Date of birth <i>DD MM YYYY</i> <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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About your tax adviser

Please fill in the details of the business or person you want to authorise to act on your behalf.

Business name or full name <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	Daytime phone number (including dialling code) <input type="text"/> Email address <input type="text"/> Client reference <i>if applicable</i> <input type="text"/>
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What to do now

- Save a copy of this form on your computer for your records. If you have to make any changes then you will need to submit another form
- print a copy
- sign and date the Declaration section, then
- send this form to:

Child Benefit Office
PO Box 1
NEWCASTLE UPON TYNE
NE88 1AA

Declaration

- I confirm I am the person who has been claiming and is entitled to receive Child Benefit.
- I authorise the tax adviser named on this form to act on my behalf for the High Income Child Benefit charge and for Child Benefit Office to disclose information to them about these matters.
- I declare that the information I have given on this form is correct and complete.

Signature

Date *DD MM YYYY*

Name