

Request to reconsider recovery of overpaid tax credits

Part 1 – Your details

Surname (Block capitals)

Title (Mr, Mrs, Miss etc)

First Name

National Insurance No.

Address

Daytime contact no.

Evening contact no.

Your Partner's Details (If applicable)

Surname (Block capitals)

Title (Mr, Mrs, Miss etc)

First Name

National Insurance No.

Address

Daytime contact no.

Evening contact no.

Part 2 – What we need to know so we can look at your case again

When we find that we have paid more tax credits than people were entitled to, we would usually expect the money to be paid back.

But if we have paid too much tax credits as a result of our mistake, we will not collect the payments if we consider it was reasonable for you to believe that the amounts were correct. You should therefore give us information about our mistake, and tell us why you think the overpayment should not be recovered.

More information about how we treat overpayments is available in our leaflet Code of Practice 26 'What happens if we have paid you too much tax credits' which is included with this letter.

Part 3 – Why I/we think the decision to recover overpaid tax credits is wrong

I/we would like you to look again at the decision to ask me/us to pay back the tax credits I/we have been overpaid.

I/we believe your decision is wrong because:

Note: You must answer one or more of the following questions.

1. I/we believed that the amount of tax credits being paid was correct for my/our circumstances because

2. It was not possible to tell that the tax credits payments were incorrect because

3. I/we knew that the tax credits payments were incorrect and took the following steps to tell you that they were wrong.

Please continue on a separate piece of paper if you need more space to answer any of the questions. Make sure that your name and National Insurance number are clearly written on each separate sheet of paper.

Part 4 – Declaration

I/we declare that the information given on this form is correct and complete to the best of my/our knowledge and belief

Claimant's Name

Partner's Name (if applicable)

Claimant's Signature

Partner's signature (if applicable)

Date

When you have completed this form please send it to

If you are in Great Britain:
Overpayments Disputes Team
Tax Credit Office (GB)
Preston
PR1 0SB

If you are in Northern Ireland or another country in the European Economic Area (EEA)*
Overpayments Team
Tax Credit Office (NI)
Dorchester House
52-58 Great Victoria Street
Belfast
BT2 7WF

*Countries in the EEA are:

Austria	Belgium	Cyprus	France
		Denmark	
		Finland	
Germany	Greece	Iceland	Ireland
Liechtenstein	Luxembourg	Netherlands	Norway
			Italy
			Portugal

Spain

Sweden

From May 2004 the following countries are also part of the EEA:

Lithuania

Czech Republic
Malta

Estonia
Poland

Hungary
Slovakia

Latvia
Slovenia