



Questionnaire for Self-Assessment

Completion of this form is essential for the accurate personal income tax return

Personal Information

Full name:

Address:	English	Hungarian
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>

Phone no:

Mobil no:

Email address:

Date of Birth:

Marital Status:

National Insurance Number:

Unique Tax Reference Number:

Nature of business for sole traders:

Start date of the sole trader:

Status of Resident:

Rezidens:

yes no

Generally resident:

yes no

Address within the UK:

yes no

Child Benefit: yes no

Amount of Child benefit:

Number of children who after are you eligible for Child Benefit:

Does your and your partner's income exceed GBP 50.000 per annum?

yes no

End date of Child Benefit





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I M Bookkeeping Ltd

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Employment

Name of employer

Address of employer

Postcode

End date of employment

Director

yes no

Please also provide the followings form with the questionnaire

- Please also provide the followings form with the questionnaire
- Copies of P60 and P45 forms from all employment for the actual tax year
- P11D form Benefit In Kind which contains the extra benefits from the employer
- Tax code notice (if available)
- Receipts, invoices of work-related expenses if the employer had not paid.

Example:

- Member fees
- Tools or safety wear
- Travel expenses
- Insurance fees (doctors)

Private Pensions savings which were not deducted from salary by employer

Amount of State Pension

Extra income from any other investments, properties and assets

Please send your completed form to info@imbookkeeping.co.uk
If you have any quires please call us on +441772367053
or Skype: i.m.bookkeeping

SEND

